

Chapter 013 Other Health Services

Other ambulatory health services consist of primary, specialty, and supportive medical services provided on an outpatient basis, in contrast to services provided in the home or to persons who are inpatients. The term ambulatory care implies that patients must travel to a location outside the home to receive services that do not require an overnight hospital stay. This chapter describes several organizations which provide ambulatory care in Mississippi. In addition, the chapter discusses home health services in Mississippi.

100 Community Health Centers

Community Health Centers (CHCs) are private, non-profit community-based health care organizations established to provide preventive and primary health care services to people who face significant access barriers to the health care system. The centers receive federal grant funds from the Department of Health and Human Services under Section 330 of the Public Health Service Act. This federal support subsidizes the cost of care for indigent and uninsured individuals and covers the cost of non-reimbursable services such as preventive care and health education. The overall health status and special health needs of the CHC service area population determine the federal funding level. A community-based governing body provides direction and grant fund accountability for each CHC.

Community Health Centers provide access to medical care for residents who are plagued by a shortage of medical services, financial restrictions, and other social or economic barriers. The centers coordinate federal, state, and local resources to effectively deliver health care services in rural and underserved areas and provide a true health care "safety net" for the medically disadvantaged.

CHC staff include primary care physicians, dentists, nurse practitioners, physician assistants, and other health care providers. The centers provide comprehensive health services, including medical, dental, radiology, pharmacy, nutrition, health education, social services, and transportation. The CHC program began in 1965 and developed into a national network of more than 1,029 primary health care centers in 3,600 different locations serving approximately 15 million poor and underserved individuals in the United States. For millions of disadvantaged Americans, community health centers are increasingly becoming the only source of affordable care.

CHCs meet a great need in Mississippi. The increase in the number of families living in poverty, without health insurance, and the number of elderly Mississippians unable to afford the high cost of medical care makes the centers extremely valuable to the communities they serve. The past decade brought much progress in the publicly supported health care system. CHCs are located in 19 rural areas and 3 urban areas across the state. Mississippi now has 22 Community Health Centers with 128 satellite clinics including more than 100 primary care delivery sites. CHC's provide health services through school-based clinics and mobile units and are staffed by board certified employees as well as other auxiliary providers.

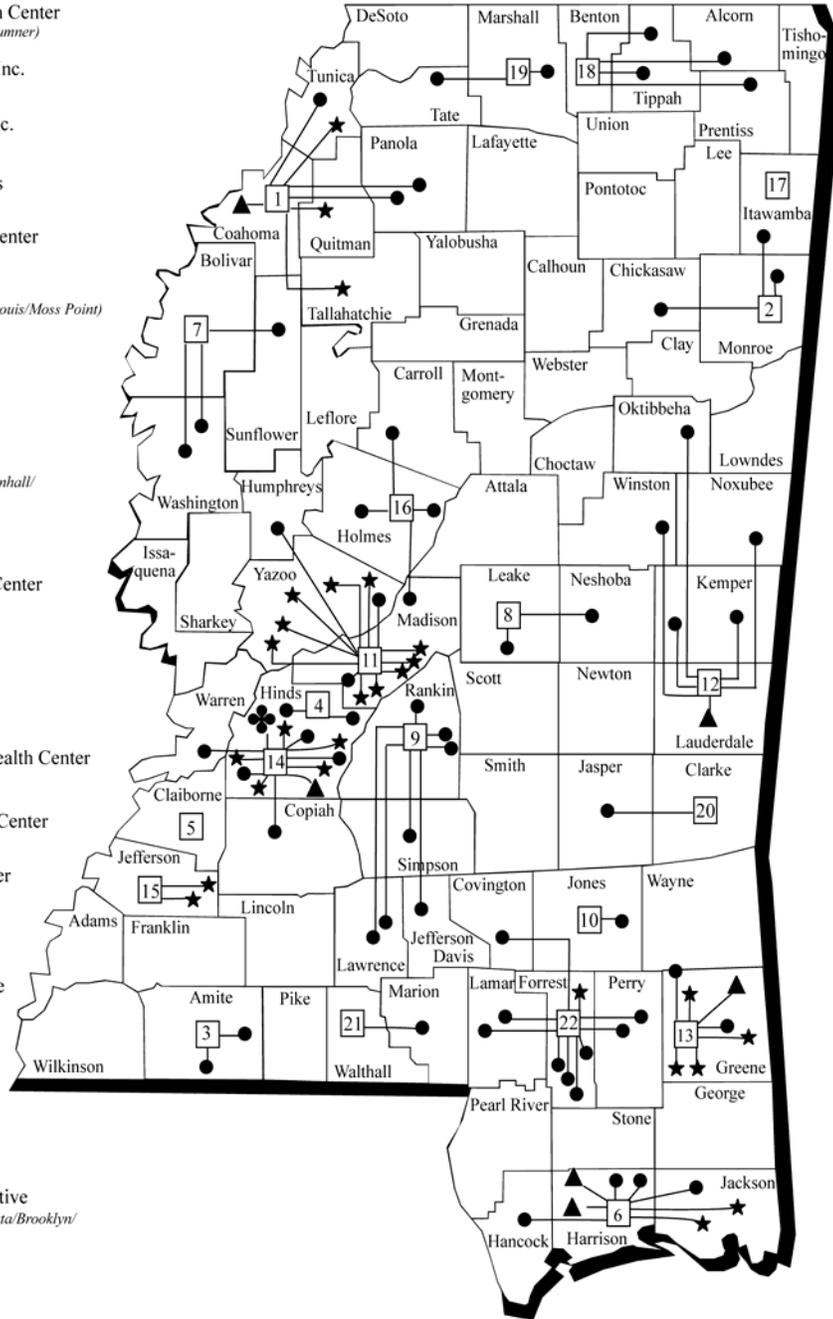
Map XIII-1 shows the location of the community health centers and satellite clinics. During calendar year 2004, these centers provided medical, dental, and other services to 310,807 Mississippians and recorded 996,564 patient visits; 44.1 percent of community health center patients serviced in 2004 were uninsured.

Map XIII - 1

Mississippi Community Health Centers (Section 330)

Main Sites and Satellite Locations

1. Aaron E. Henry Community Health Center
(Clarksdale/Tunica/Marks/Batesville/Como/Summer)
2. ACCESS Family Health Services, Inc.
(Smithville/Houlka/Tremont)
3. Amite County Medical Services, Inc.
(Liberty/Gloster)
4. Central Mississippi Health Services
(Jackson/Tougaloo)
5. Claiborne County Family Health Center
(Port Gibson)
6. Coastal Family Health Center
(Biloxi/Gulfport/Saucier/Vancleave/Bay St. Louis/Moss Point)
7. Delta Health Center
(Mound Bayou/Greenville/Moorhead)
8. East Central MS Health Care
(Sebastopol/Walnut Grove/Philadelphia)
9. Family Health Care Clinic
(Brandon/Pelahatchie/Pearl/Prentiss/Mendenhall/Monticello/New Hebron/Flowood)
10. Family Health Center
(Laurel/Sandersville)
11. G. A. Carmichael Family Health Center
(Canton/Belzoni/Yazoo City)
12. Greater Meridian Health Clinic
(DeKalb/Louisville/Scooba/Starkville)
13. Greene Area Medical Extenders
(Leakesville/State Line/McLain/Richton)
14. Jackson-Hinds Comprehensive Health Center
(Jackson/Utica/Vicksburg/Hazellhurst)
15. Jefferson Comprehensive Health Center
(Fayette)
16. Mallory Community Health Center
(Lexington/Tchula/Vaiden/Durant/Canton)
17. Mantachie Clinic
(Mantachie/Marietta)
18. North Benton County Health Care
(Ashland/Walnut/Ripley/Booneville)
19. Northeast MS Health Care
(Byhalia/Mt. Pleasant/Cold Water)
20. Outreach Health Services
(Shubuta/Heidelberg)
21. SHARP Family Care Center
(Tylertown/Columbia)
22. Southeast MS Rural Health Initiative
(Hattiesburg/Seminary/Sunrall/New Augusta/Brooklyn/Lumberton/Beaumont)



Main Site	Satellite Clinic	School-Based Clinic	Homeless Clinic	Mobile Unit
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101 Hospital Outpatient Services

Seventy Mississippi hospitals reported having organized outpatient services during Fiscal Year 2005. Table XIII-1 shows the number of hospital outpatient departments and outpatient visits in the state by general hospital service area.

During FY 2005, there were 1,674,009 visits to hospital emergency rooms and an additional 2,262,596 visits to hospital outpatient clinics, for a total of 3,936,605 visits. These statistics represent a decrease over 2004's total of 4,153,278 visits to hospital emergency rooms and outpatient clinics.

Table XIII-1
**Selected Data for Hospital-Based or Affiliated Outpatient Clinics
 by General Hospital Service Area**
 FY 2005

General Hospital Service Area	Number with Emergency Departments	Number of Emergency Room Visits	Number of Hospitals with Organized Outpatient Departments	Number of Outpatient Clinic Visits	Total Outpatient Visits
Mississippi	87	1,674,009	70	2,262,596	3,936,605
1	23	372,253	17	506,571	878,824
2	12	195,404	10	215,567	410,971
3	22	427,124	18	550,566	977,690
4	7	109,488	6	111,841	221,329
5	6	73,513	4	53,848	127,361
6	7	220,656	6	237,846	458,502
7	10	275,571	9	586,357	861,928

Source: Applications for Renewal of Hospital License for Calendar Year 2006 and FY 2005 Annual Hospital Report, Mississippi Department of Health

102 Ambulatory Surgery Services

In 1977, the federal government established reimbursement policies with ambulatory surgery incentives. Insurance companies also realized the potential for savings in using outpatient services and began to encourage ambulatory surgery. The number of freestanding ambulatory surgery centers grew rapidly as a result of these factors.

However, more hospitals began to establish ambulatory surgery facilities, and subsequent changes in reimbursement methods favored hospitals. Consequently, the growth of freestanding facilities slowed, and the number of ambulatory surgeries performed in hospital-based facilities increased.

Through its licensure program, Mississippi ensures that ambulatory surgery providers are capable of giving quality health care. Providers must comply with quality assurance requirements and allow on-site inspections by the state's licensing authority. In addition, ambulatory surgery centers participating in the Medicare program must meet federal quality assurance standards.

Present Status

During FY 2005, 72 of the state's 97 medical/surgical hospitals reported a total of 266,555 general surgical procedures. This number included 147,702 ambulatory surgeries, a slight increase of 3.42 percent over the 142,816 ambulatory surgeries performed in hospitals during 2004. The percentage of surgeries performed on an outpatient basis in hospitals has risen from 6.6 percent in 1981 to 55.4 percent in 2005. Table XIII-2 displays by general hospital service area the number of total surgeries performed in hospitals, the number of ambulatory surgeries performed in hospitals, the number of operating rooms, and the average number of procedures per day per operating room.

Mississippi licenses 24 freestanding ambulatory surgery facilities. Table XIII-3 shows, by county, the distribution of facilities, the number of ambulatory surgeries performed in the freestanding facilities, the number of operating rooms/suites, and the average number of surgical procedures per day per operating room. The 24 freestanding ambulatory surgical facilities reported 89,707 procedures during calendar year 2005, a 7.3 percent decrease in the 96,752 procedures performed in these facilities during 2004.

In 2005, total outpatient surgeries (hospitals and freestanding facilities combined) comprised 66.6 percent of all surgeries performed in the state, compared to 66.2 percent in 2004. The total number of outpatient surgeries decreased slightly from 239,568 in 2004 to 237,409 in 2005. Freestanding ambulatory surgeries accounted for 37.8 percent of all the ambulatory surgeries performed in 2005, compared to 40 percent in 2004. The number of procedures performed in freestanding facilities was 25.2 percent of total surgeries in 2005 and 26.8 percent in 2004.

In 2005, there were 379 operating suites located in the state's general acute care hospitals and 86 operating suites in the freestanding facilities. The average usage rate of operating suites in hospitals increased from 2.79 procedures per day in 2004 to 2.81 procedures per day in 2005. For freestanding facilities, the average usage rate increased from 4.50 procedures per day in 2004 to 4.17 procedures in 2005. **Note:** These usage rates are based on 250 working days per year (five days per week for 50 weeks).

Table XIII-2
Selected Hospital Affiliated Ambulatory Surgery Data by General Hospital Service Area
 FY 2005

General Hospital Service Area	Total Number of Surgeries	Number of Hospitals	Number of Ambulatory Surgeries	Ambulatory Surgeries / Total Surgeries (Percent of)	Number of Operating Rooms / Suites	Average¹ Number of Surgical Procedures per Day / Suite
Mississippi	266,555	72	147,702	55.4	379	2.81
1	53,570	17	29,736	55.5	78	2.75
2	25,406	8	16,235	63.9	41	2.48
3	86,561	18	45,567	52.6	120	2.89
4	23,436	7	15,650	66.8	34	2.76
5	10,568	6	6,634	62.8	16	2.64
6	21,720	6	9,523	43.8	36	2.41
7	45,294	10	24,357	53.8	54	3.36

¹Based on 250 working days per year
 Source: Applications for Renewal of Hospital License for Calendar Year 2006 and FY 2005 Annual Hospital Report

Table XIII-3
Selected Freestanding Ambulatory Surgery Data by County
 CY 2005

County (General Hospital Service Area)	Number of Freestanding Ambulatory Surgery Centers	Number of Ambulatory Surgeries Performed	Number of Operating Rooms/Suites	Number¹ of Surgical Procedures Per Day/O.R. Suite
Mississippi	24	89,707	86	4.17
Alcorn (1)	1	3,493	3	4.66
Lafayette (1)	1	2,774	3	3.70
Lee (1)	1	5,971	6	3.98
DeSoto (2)	1	1,116	2	2.23
Hinds (3)	4	19,762	19	4.16
Rankin (3)	1	4,255	4	4.26
Pike (5)	1	3,200	3	4.27
Forrest (6)	5	16,896	20	3.38
Jones (6)	1	2,301	2	4.60
Harrison (7)	5	17,708	15	4.72
Jackson (7)	3	12,231	9	5.44

¹Based on 250 working days per year
 Source: Survey of individual ambulatory surgery centers conducted April 2006; Division of Health Planning and Resource Development, Mississippi Department of Health

**Certificate of Need
Criteria and Standards
for
Ambulatory Surgery Services**

Should the Mississippi Department of Health receive a Certificate of Need application regarding the acquisition and/or otherwise control of major medical equipment or the provision of a service for which specific CON criteria and standards have not been adopted, the application shall be deferred until the Department of Health has developed and adopted CON criteria and standards. If the Department has not developed CON criteria and standards within 180 days of receiving a CON application, the application will be reviewed using the general CON review criteria and standards presented in the *Mississippi Certificate of Need Review Manual* and all adopted rules, procedures, and plans of the Mississippi Department of Health.

**103 Policy Statement Regarding Certificate of Need Applications for
 Ambulatory Surgery Services**

1. Ambulatory Surgery Planning Areas (ASPAs): The Mississippi Department of Health (MDH) shall use the ASPAs as outlined on Map XIII-2 of this *Plan* for planning and Certificate of Need (CON) decisions. The need for ambulatory surgery facilities in any given ASPA shall be calculated independently of all other ASPAs.
2. Ambulatory Surgery Facility Service Areas: An applicant's Ambulatory Surgery Facility Service Area must have a population base of approximately 60,000 within 30 minutes normal driving time or 25 miles, whichever is greater, of the proposed/established facility. **Note:** Licensure standards require a freestanding facility to be within 15 minutes traveling time of an acute care hospital and a transfer agreement with said hospital must be in place before a CON may be issued. Additionally, the ambulatory surgery facility service area must have a stable or increasing population.
3. Definitions: The Glossary of this *Plan* includes the definitions in the state statute regarding ambulatory surgery services.
4. Surgeries Offered: The MDH shall not approve single service ambulatory surgery centers. Only multi-specialty ambulatory surgery center proposals may be approved for a CON.
5. Minimum Surgical Operations: The minimum of 1,000 surgeries required to determine need is based on five (5) surgeries per operating room per day x 5 days per week x 50 weeks per year x 80 percent utilization rate.
6. Present Utilization of Ambulatory Surgery Services: The MDH shall consider the utilization of existing services and the presence of valid CONs for services within a given ASPA when reviewing CON applications.
7. Optimum Capacity: The optimum capacity of an ambulatory surgery facility is 800 surgeries per operating room per year. The MDH shall not issue a CON for the establishment or expansion of an additional facility(ies) unless the existing facilities within the ASPA have performed in aggregate at least 800 surgeries per operating room per year for the most recent 12-month reporting period, as reflected in data supplied to and/or verified by the MDH. The MDH may collect additional information it deems essential to render a decision regarding any application. Optimum capacity is based on four (4) surgeries per operating room per day x 5 days per week x 50 weeks per year x 80 percent utilization rate.
8. Conversion of Existing Service: Applications proposing the conversion of existing inpatient capacity to hospital-affiliated ambulatory surgical facilities located within the hospital shall receive approval preference over detached or freestanding ambulatory surgical facilities if the applicant can show that such conversion is less costly than new construction and if the application substantially meets other adopted criteria.
9. Construction/Expansion of Facility: Any applicant proposing to construct a new facility or major renovation to provide ambulatory surgery must propose to build/renovate no fewer than two operating rooms.
10. Indigent/Charity Care: The applicant shall be required to provide a “reasonable amount” of indigent/charity care as described in Chapter I of this *Plan*.

104 **Certificate of Need Criteria and Standards for Ambulatory Surgery Services**

The MDH will review applications for a CON for new ambulatory surgery facilities, as defined in Mississippi law, under the statutory requirements of Sections 41-7-173, 41-7-191, and 41-7-193, Mississippi Code of 1972 Annotated, as amended. The MDH will also review applications submitted for Certificate of Need in accordance with the rules and regulations in the *Mississippi Certificate of Need Review Manual*; all adopted rules, procedures, and plans of the Mississippi Department of Health; and the specific criteria and standards listed below.

The offering of ambulatory surgery services is reviewable if the proposed provider has not provided those services on a regular basis within twelve (12) months prior to the time such services would be offered. In addition, ambulatory surgery services require CON review when the establishment or expansion of the services involve a capital expenditure in excess of \$2,000,000.

1. **Need Criterion: The applicant shall demonstrate that the proposed ambulatory surgery facility shall perform a minimum average of 1,000 surgeries per operating room per year.**
2. The applicant must document that the proposed Ambulatory Surgery Facility Service Area has a population base of approximately 60,000 within 30 minutes travel time.
3. An applicant proposing to offer ambulatory surgery services shall document that the existing facilities in the ambulatory surgery planning area have been utilized for a minimum of 800 surgeries per operating room per year for the most recent 12-month reporting period as reflected in data supplied to and/or verified by the Mississippi Department of Health. The MDH may collect additional information it deems essential to render a decision regarding any application.
4. The applicant must document that the proposed program shall provide a full range of surgical services in general surgery.
5. The applicant must provide documentation that the facility will be economically viable within two years of initiation.
6. The proposed facility must show support from the local physicians who will be expected to utilize the facility.
7. Medical staff of the facility must live within a 25-mile radius of the facility.
8. The proposed facility must have a formal agreement with a full service hospital to provide services which are required beyond the scope of the ambulatory surgical facility's programs. The facility must also have a formal process for providing follow-up services to the patients (e.g., home health care, outpatient services) through proper coordination mechanisms.
9. Indigent/Charity Care: The applicant shall affirm that the applicant will provide a "reasonable amount" of indigent/charity care by stating the amount of indigent/charity care the applicant intends to provide.

105 Home Health Care

Home health care describes health services and personal care rendered to an individual in the home. Properly administered, home health care may reduce the length of hospital stays and may delay or preclude entry into a nursing home. With Medicare and other payors limiting reimbursement for inpatient care, hospitals routinely discharge patients earlier than in past years, resulting in a greater demand for home health care and an expansion of the type of care home health agencies deliver. These agencies now provide high technology services such as intravenous therapy, hyperalimentation, and oncology chemotherapy, in addition to more traditional services such as skilled nursing.

Mississippi licensure regulations define a home health agency as: "a public or privately owned agency or organization, or a subdivision of such an agency or organization, properly authorized to conduct business in Mississippi, which is primarily engaged in providing to individuals at the written direction of a licensed physician, in the individual's place of residence, skilled nursing services provided by or under the supervision of a registered nurse licensed to practice in Mississippi, and one or more of the following additional services or items:

1. physical, occupational, or speech therapy
2. medical social services
3. home health aide services
4. other services as approved by the licensing agency
5. medical supplies, other than drugs and biologicals, and the use of medical appliances
6. medical services provided by a resident in training at a hospital under a teaching program of such hospital."

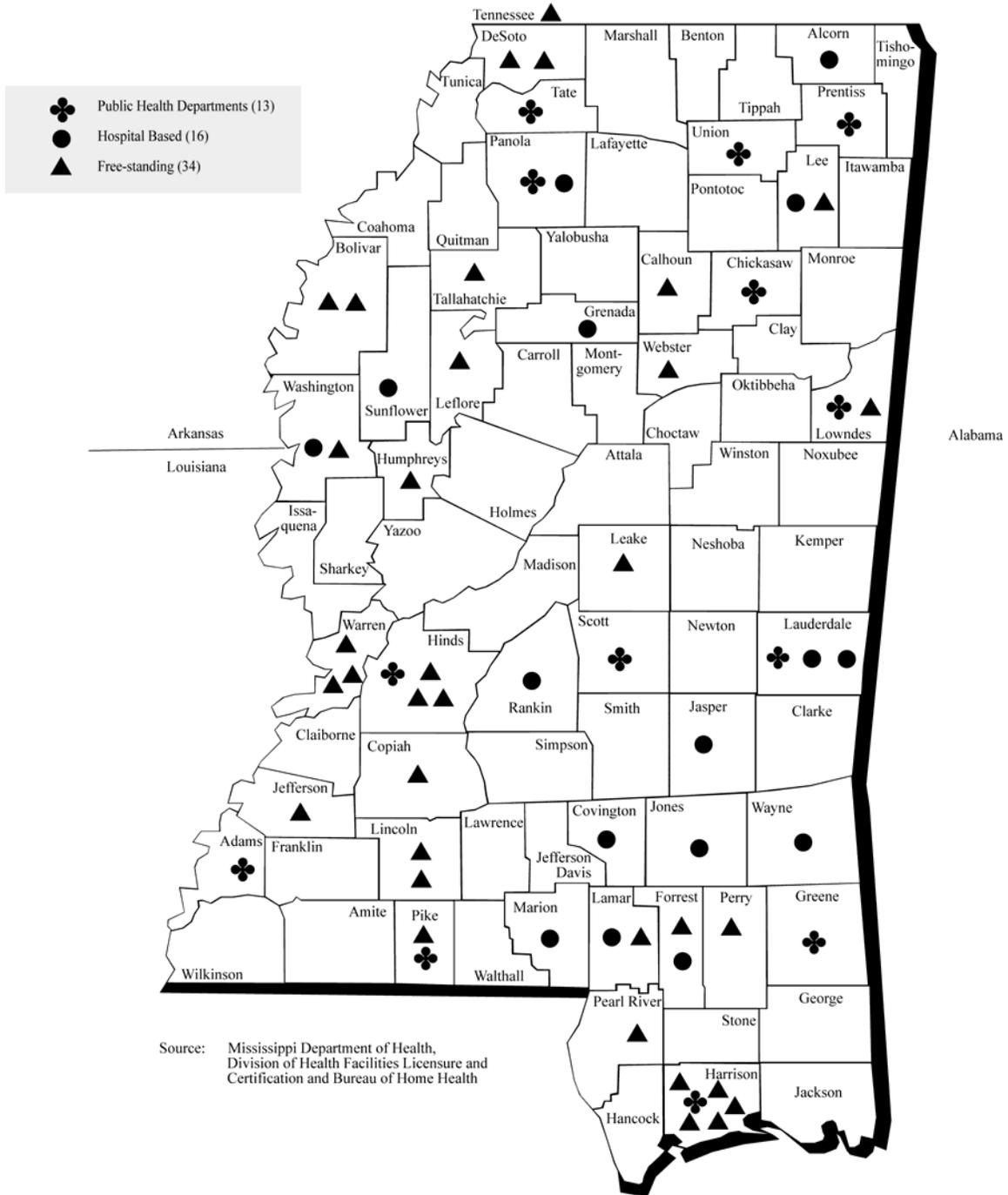
All skilled nursing services and the services listed in items a. through d. must be provided directly by the licensed home health agency. For the purposes of this *Plan*, "directly" means either through an agency employee or by an arrangement with another individual not defined as a health care facility in Section 41-7-173 (h), Mississippi Code 1972, as amended. The requirements of this paragraph do not apply to health care facilities which had contracts for the above services with a home health agency on January 1, 1990.

Existing Situation

Mississippi's *2004 Report on Home Health Agencies* (the latest available) indicated that 62,700 Mississippians received home health services during the year, an increase of 4.9 percent from the 59,769 patients served in 2003. There were 2,352,343 home health care visits made in 2004. Each patient (all payor sources) received an average of 38 visits, the same as in 2003. Mississippi has 16 hospital-based home health agencies, 34 freestanding agencies, and 13 regional home health agencies operated by the MDH.

Map XIII-3 shows the central office locations, by type, of all home health agencies in Mississippi — hospital-based, freestanding, and Department of Health agencies.

Map XIII - 3 Location of Home Health Agencies



**Certificate of Need
Criteria and Standards
for
Home Health Agencies/Services**

Should the Mississippi Department of Health receive a Certificate of Need application regarding the acquisition and/or otherwise control of major medical equipment or the provision of a service for which specific CON criteria and standards have not been adopted, the application shall be deferred until the Department of Health has developed and adopted CON criteria and standards. If the Department has not developed CON criteria and standards within 180 days of receiving a CON application, the application will be reviewed using the general CON review criteria and standards presented in the *Mississippi Certificate of Need Review Manual* and all adopted rules, procedures, and plans of the Mississippi Department of Health.

106 Policy Statement Regarding Certificate of Need Applications for the Establishment of a Home Health Agency and/or the Offering of Home Health Services

1. Service Areas: The need for home health agencies/services shall be determined on a county by county basis.
2. Determination of Need: A possible need for home health services may exist in a county if for the most recent calendar year available that county had fewer home health care visits per 1,000 elderly (65+) population than the average number of visits received per 1,000 elderly (65+) in the "ten-state region" consisting of Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, and Tennessee.
3. Unmet Need: If it is determined that an unmet need exists in a given county, the unmet need must be equivalent to 50 patients in each county proposed to be served. Based on 2004 data 1,450 visits approximates 50 patients.
4. All CON applications for the establishment of a home health agency and/or the offering of home health services shall be considered substantive and will be reviewed accordingly.

107 Certificate of Need Criteria and Standards for the Establishment of a Home Health Agency and/or the Offering of Home Health Services

If the present moratorium were removed or partially lifted, the MDH would review applications for a CON for the establishment of a home health agency and/or the offering of home health services under the applicable statutory requirements of Sections 41-7-173, 41-7-191, and 41-7-193, Mississippi Code of 1972, as amended. The MDH will also review applications submitted for CON according to the general criteria as listed in the *Mississippi Certificate of Need Review Manual*; all adopted rules, procedures, and plans of the MDH; and the specific criteria and standards listed below.

The development or otherwise establishment of a home health agency requires CON. The offering of home health services is reviewable if the proposed provider has not provided those services on a regular basis within the period of twelve (12) months prior to the time such services would be offered.

1. **Need Criterion: The applicant shall document that a possible need for home health services exists in each county proposed to be served using the methodology contained in this section of the *Plan*.**
2. The applicant shall state the boundaries of the proposed home health service area in the application.
3. The applicant shall document that each county proposed to be served has an unmet need equal to 50 patients, using a ratio of **1,450 patient visits equals 50 patients**.
4. The applicant shall document that the home office of a new home health agency shall be located in a county included in the approved service area of the new agency. An existing agency receiving CON approval for the expansion of services may establish a sub-unit or branch office if such meets all licensing requirements of the Division of Licensure.

5. The application shall document the following for each county to be served:
 - a. Letters of intent from physicians who will utilize the proposed services.
 - b. Information indicating the types of cases physicians would refer to the proposed agency and the projected number of cases by category expected to be served each month for the initial year of operation.
 - c. Information from physicians who will utilize the proposed service indicating the number and type of referrals to existing agencies over the previous 12 months.
 - d. Evidence that patients or providers in the area proposed to be served have attempted to find services and have not been able to secure such services.
 - e. Projected operating statements for the first three years, including:
 - i. total cost per licensed unit;
 - ii. average cost per visit by category of visit; and
 - iii. average cost per patient based on the average number of visits per patient.
 - f. Information concerning whether proposed agencies would provide services different from those available from existing agencies.

108 Statistical Need Methodology for Home Health Services

The methodology used to calculate the average number of visits per 1,000 elderly (65+) in the 10-state region is:

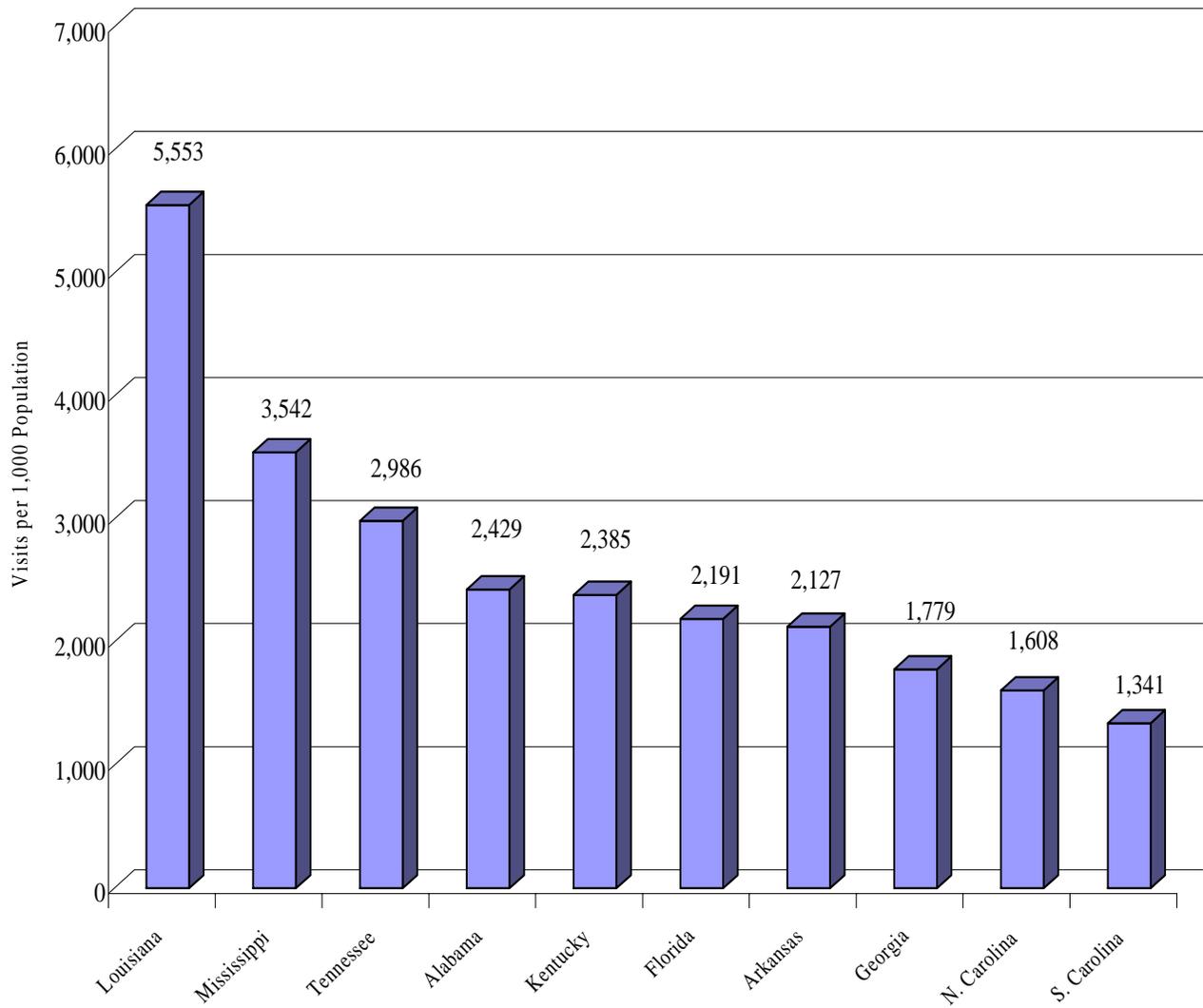
1. The 10-state region consists of Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, and Tennessee.
2. The 2010 projected population aged 65 and older are estimates from each state.
3. Table XIII-4 shows the average number of Medicare paid home health visits per 1,000 elderly (65+) for the 10-state region, according to 2004 data from Palmetto GBA - Medicare Statistical Analysis Department of the Centers for Medicare and Medicaid Services. Figure XIII-1 shows the total number of Medicare paid home health visits per 1,000 elderly in the 10-state region.
4. In 2004, the region average of home health visits per 1,000 population aged 65 and older was 2,375. An average patient in the region received 29 home health visits. Therefore 1,450 visits equal 50 patients. **Note:** The Mississippi average for 2004 was 3,542 visits (Medicare reimbursed) per 1,000 population aged 65 and older, and an average patient received 33 visits.

Table XIII-4
**Medicare Home Health Statistics
 In the Ten-State Region**
 January 1, 2004 – December 31, 2004

	2010 Population 65+	2004 Total Medicare-Paid Home Health Visits	Medicare-Paid Home Health Visits per 1,000 Population 65+	Total Medicare Reimbursement	Total Medicare Home Health Patients	Average Reimbursement per Patient	Average Visits per Patient
Region Total	9,575,245	22,746,812	2375.59	3,155,173,532	773,063	\$4,081.39	29.42
Alabama	648,889	1,576,061	2,429	\$219,853,225	54,011	\$4,071	29
Arkansas	412,152	876,565	2,127	\$102,124,579	28,931	\$3,530	30
Florida	3,418,697	7,489,576	2,191	\$993,284,693	259,714	\$3,825	29
Georgia	980,824	1,744,457	1,779	\$265,474,320	68,881	\$3,854	25
Kentucky	557,471	1,329,291	2,385	\$181,134,956	48,981	\$3,698	27
Louisiana	582,340	3,233,750	5,553	\$407,044,745	67,357	\$6,043	48
Mississippi	379,025	1,342,691	3,542	\$188,537,160	40,995	\$4,599	33
North Carolina	1,161,164	1,867,043	1,608	\$304,600,614	89,707	\$3,396	21
South Carolina	605,660	812,187	1,341	\$145,396,971	40,345	\$3,604	20
Tennessee	829,023	2,475,191	2,986	\$347,722,269	74,141	\$4,690	33

Source: Palmetto GBA – Medicare Statistical Analysis Department, HCIS (Health Care Information System), April 20, 2006

Figure XIII-1
Total Medicare Paid Home Health Visits Per 1,000 Population
Aged 65+ in the Ten-State Region
 2004



Note: 2004 Average Home Health Visits per 1,000 Population Aged 65+ in the Ten-State Region is 2,375.59

109 **End Stage Renal Disease**

End stage renal disease (ESRD) describes the loss of kidney function from chronic renal failure to the extent that the remaining kidney function will no longer sustain life. The kidney's function of filtering waste products from the blood and removing fluid and salts from the body is essential for life; consequently, if untreated, end stage renal disease results in death.

Treatment generally consists of either transplantation or dialysis which consists of either peritoneal dialysis or hemodialysis. In peritoneal dialysis, the patient's own abdominal membrane is part of the "equipment". A dialyzing fluid is placed in the abdominal cavity through a plastic tube, and waste products (fluid and salts) exchange across the peritoneal membrane between the patient's blood and the dialyzing fluid. Hemodialysis is the process by which an artificial kidney machine "washes" metabolic waste products from the bloodstream and removes fluids and salts.

The kidney machine or peritoneal dialysis mimics the function normally done by the kidney. Dialysis can be done either by the patient and an assistant in the home, in a facility, or by professional staff in a hospital or limited care facility. Mississippi had 70 ESRD facilities providing maintenance dialysis services as of April 2006, and four additional facilities CON-approved but not yet operational. Map XIII-4 shows the facility locations and Table XIII-5 shows the number of existing and CON approved ESRD facilities by county.

Kidney transplantation is the treatment of choice for most patients with end stage renal failure. Unfortunately, suitable kidneys will probably never be available in the number that would be required to treat everyone with this mode of therapy. In kidney transplantation, a healthy kidney is removed from a donor and placed into an ESRD patient. Donors for kidney transplantation may come either from a close relative, such as a sibling or parent, or from an emotionally connected donor, such as a spouse or close associate. Kidneys may also be obtained from cadaver donors who have the closest matching tissue type. Living donors are preferred because they function longer than cadaver kidneys – 30 years for a living donor versus 15 years for a cadaver kidney.

The University of Mississippi Medical Center, the only transplant program in the state, performed 14 cadaver transplants during the calendar year 2005. It is certified by membership in the United Network of Organ Sharing, a private agency under contract from the Health Care Financing Administration. Transplant results are comparable to those with transplant programs with similar population basis and can be viewed on the Internet under www.unos.net. An equal number of transplants in Mississippi residents are performed in neighboring states.

Table XIII-5
Number of Existing and CON Approved ESRD Facilities by County

ESRD Facilities by County	Number of Certified and CON Approved Stations
Adams RCG of Natchez	31 31
Alcorn FMC of Corinth	19 19
Attala Central Dialysis Unit-Kosciusko	14 14
Bolivar RCG of Cleveland	31 31
Claiborne Renex Dialysis Facility of Port Gibson - Port Gibson	10 10
Clarke Pachuta Dialysis ¹	9 9
Coahoma RCG of Clarksdale	40 40
Copiah FMC of Hazlehurst RCG of Hazlehurst	27 10 17
Covington Collins Dialysis Unit - Collins	21 21
DeSoto RCG of Southaven	40 40
Forrest Hattiesburg Clinic Dialysis Unit	46 46
Franklin Magnolia Dialysis	4 4
George Lucedale Dialysis	16 16
Grenada RCG of Grenada	25 25
Hancock BMA - South Miss Kidney Center - Bay St. Louis	14 14

¹ CON Approved but not yet licensed

Table XIII-5 (con't)
Number of Existing and CON Approved ESRD Facilities by County

ESRD Facilities by County	Number of Certified and CON Approved Stations
Harrison	80
BMA - South Miss Kidney Center - Biloxi	20
BMA - South Miss Kidney Center - Gulfport	24
BMA - South Miss Kidney Center - Orange Grove	16
BMA - South Miss Kidney Center - D'Iberville	4
BMA - South Miss Kidney Center - North Gulfport	16
Hinds	221
FMC - Jackson	37
FMC of Southwest Jackson	29
RCG of North Jackson	46
RCG of South Jackson	35
Renex Dialysis Facility of Speights Memorial - Jackson	18
University of Miss Medical Center - Jackson	21
University Hospital & Clinics Transplantation	35
Holmes	17
RCG of Lexington	17
Humphreys	6
RCG of Belzoni ¹	6
Issaquena	10
RCG of Mayersville	10
Jackson	45
Ocean Springs Dialysis	17
Pascagoula Dialysis	28
Jasper	15
Bay Springs Dialysis Unit - Bay Springs	15
Jones	30
Laurel Dialysis Center - Laurel	30
Lafayette	28
FMC of Oxford	28
Lauderdale	54
RCG of Meridian	54
Lawrence	6
Silver Creek Dialysis ¹	6
Leake	15
FMC of Carthage	15
Lee	28
FMC of Tupelo	28

¹ CON Approved but not yet licensed

Table XIII-5 (con't)
Number of Existing and CON Approved ESRD Facilities by County

ESRD Facilities by County	Number of Certified and CON Approved Stations
Leflore	27
RCG of Greenwood	27
Lincoln	25
RCG of Brookhaven	25
Lowndes	35
RCG of Columbus	35
Madison	40
FMC of Canton	18
RCG of Canton	22
Marion	30
Columbia Dialysis Unit - Columbia	30
Marshall	17
FMC of Holly Springs	17
Monroe	26
FMC of Aberdeen	26
Montgomery	6
RCG of Montgomery County ¹	6
Neshoba	30
RCG of Philadelphia	30
Newton	16
RCG of Newton	16
Noxubee	14
RCG of Macon	14
Oktibbeha	18
RCG of Starkville	18
Panola	24
FMC of Sardis	24
Pearl River	17
Pearl River Dialysis Center - Picayune	17
Perry	16
Richton Dialysis Unit	16
Pike	28
RCG of McComb	28

¹ CON Approved but not yet licensed

Table XIII-5 (con't)
Number of Existing and CON Approved ESRD Facilities by County

ESRD Facilities by County	Number of Certified and CON Approved Stations
Rankin	29
RCG of Brandon	15
FMC of Brandon	14
Scott	53
FMC - Forest	41
Central Dialysis Unit of Forest	12
Simpson	15
FMC - Magee	15
Stone	12
Wiggins Dialysis Unit - Wiggins	12
Sunflower	21
RCG of Indianola	21
Tunica	12
RCG of Tunica - Tunica	12
Walthall	20
Tylertown Dialysis Unit - Tylertown	20
Warren	23
RCG of Vicksburg	23
Washington	35
Mid-Delta Kidney Center, Inc	0
RCG of Greenville	35
Wayne	15
Waynesboro Renal Dialysis Unit - Waynesboro	15
Webster	13
FMC of Europa	13
Wilkinson	17
RCG of Centerville	17
Winston	17
RCG of Louisville	17
Yazoo	14
FMC - Yazoo City	14
State Total	1,567

¹ CON Approved but not yet licensed

**Certificate of Need
Criteria and Standards
for
End Stage Renal Disease Facilities**

Should the Mississippi Department of Health receive a Certificate of Need application regarding the acquisition and/or otherwise control of major medical equipment or the provision of a service for which specific CON criteria and standards have not been adopted, the application shall be deferred until the Department of Health has developed and adopted CON criteria and standards. If the Department has not developed CON criteria and standards within 180 days of receiving a CON application, the application will be reviewed using the general CON review criteria and standards presented in the *Mississippi Certificate of Need Review Manual* and all adopted rules, procedures, and plans of the Mississippi Department of Health.

110 Policy Statement Regarding Certificate of Need Applications for the Establishment of End Stage Renal Disease (ESRD) Facilities

1. Establishment of an ESRD Facility: The provision or proposed provision of maintenance dialysis services constitutes the establishment of an ESRD facility if the proposed provider has not provided those services on a regular basis within the period of twelve (12) months prior to the time such services would be offered.
2. Annual Review Cycle: The MDH shall accept and process CON applications proposing the establishment of ESRD facilities in accordance with the following review cycle:
 - a. Applications may be submitted only during the period beginning July 1 and ending September 1 (5:00 p.m.) each year.
 - b. All applications received during this period (July 1 through September 1 each year) which are deemed "complete" by October 1 of the year of submission, will be entered into the 90-day review cycle (October-December cycle).
 - c. The State Health Officer will make CON decisions on "complete" applications in the month of December each year.
 - d. Any CON application received other than in accordance with the above review cycle shall not be accepted by the Department, but shall be returned to the applicant.
3. Type of Review: CON applications for ESRD services shall be considered substantive as defined under the appropriate *Mississippi State Health Plan*, and "complete" competing applications from the same ESRD Facility Service Area shall be batched.
4. ESRD Facility Service Area: An ESRD Facility Service Area is defined as the area within thirty (30) highway miles of an existing or proposed ESRD facility. ESRD Facility Service Areas, including the Service Areas of existing facilities which overlap with the proposed Service Area, shall be used for planning purposes.
5. CON Approval: A CON application for the establishment of an ESRD facility shall be considered for approval only when each individual facility within an applicant's proposed ESRD Facility Service Area has maintained, at a minimum, an annual or prorated utilization rate of 80 percent as verified by the MDH. The 12 months prior to the month of submission of the CON application shall be used to determine utilization, if such information is available and verifiable by the Department.
6. Need Threshold: For planning and CON purposes a need for an additional ESRD facility may exist when each individual operational ESRD station within a given ESRD Facility Service Area has maintained an annual utilization rate of 80 percent, i.e. an average of 749 dialyses per station per year.
7. Utilization Definitions:
 - a. Full Utilization: For planning and CON purposes, full (100 percent) utilization is defined as an average of 936 dialyses per station per year.

- b. **Optimum Utilization:** For planning and CON purposes, optimum (75 percent) utilization is defined as an average of 702 dialyses per station per year.
- c. **Need Utilization:** For planning and CON purposes, need (80 percent) utilization is defined as an average of 749 dialyses per station per year.

These utilization definitions are based upon three (3) shifts per day six (6) days per week, or eighteen (18) shifts per week. Only equipment (peritoneal or hemodialysis) that requires staff assistance for dialysis and is in operation shall be counted in determining the utilization rate. Utilization of equipment in operation less than twelve (12) months shall be prorated for the period of time in actual use.

- 8. **Outstanding CONs:** ESRD facilities that have received CON approval but are not operational shall be considered to be operating at 50 percent, which is the minimum utilization rate for a facility the first year of operation.
- 9. **Utilization Data:** The Department may use any source of data, subject to verification by the Department, it deems appropriate to determine current utilization or projected utilization of services in existing or proposed ESRD facilities. The source of data may include, but is not limited to, Medicare Certification records maintained by the Division of Health Facilities Licensure and Certification, ESRD Network #8 data, and Centers for Medicare and Medicaid Services (CMS) data.
- 10. **Minimum Expected Utilization:** It is anticipated that a new ESRD facility may not be able to reach optimum utilization (75 percent) of four ESRD stations during the initial phase of operation. Therefore, for the purposes of CON approval, an application must demonstrate how the applicant can reasonably expect to have 50 percent utilization of a minimum of four ESRD stations by the end of the first full year of operation; 65 percent utilization by the end of the second full year of operation; and 75 percent utilization by the end of the third full year of operation.
- 11. **Minimum Size Facility:** No CON application for the establishment of a new ESRD facility shall be approved for less than four (4) stations.
- 12. **Non-Discrimination:** An applicant shall affirm that within the scope of its available services, neither the facility nor its staff shall have policies or procedures which would exclude patients because of race, color, age, sex, ethnicity, or ability to pay.
- 13. **Indigent/Charity Care:** An applicant shall be required to provide a "reasonable amount" of indigent/charity care as described in Chapter I of this *Plan*.
- 14. **Staffing:** The facility must meet, at a minimum, the requirements and qualifications for staffing as contained in 42 CFR 405.2100. In addition, the facility must meet all staffing requirements and qualifications contained in the service specific criteria and standards.
- 15. **Federal Definitions:** The definitions contained in 42 CFR 405.2100 through 405.2310 shall be used as necessary in conducting health planning and CON activities.
- 16. **Affiliation with a Renal Transplant Center:** ESRD facilities shall be required to enter into a written affiliation agreement with a renal transplant center.

111 Certificate of Need Criteria and Standards for End Stage Renal Disease (ESRD) Facilities

The Mississippi Department of Health will review applications for a Certificate of Need for the establishment of an ESRD facility under the applicable statutory requirements of Sections 41-7-173, 41-7-191, and 41-7-193, Mississippi Code of 1972, as amended. The MDH will also review applications for Certificate of Need according to the general criteria as listed in the *Mississippi Certificate of Need Review Manual*; all adopted rules, procedures, and plans of the Mississippi Department of Health; and the specific criteria and standards listed below.

When a provider proposes to offer ESRD services in an ESRD facility service area where he does not currently provide services or proposes to transfer an existing ESRD unit(s) from a current location into a different ESRD facility service area, it will constitute the establishment of a new ESRD health care facility. (**Note:** The transfer of dialysis stations from an existing ESRD facility to any other location is a relocation of a health care facility or portion thereof and requires Certificate of Need review. Likewise, new dialysis stations placed into service at a site separate and distinct from an existing ESRD facility constitutes the establishment of a new health care facility and requires Certificate of Need review. Dialysis stations placed into service in an individual patient's home or residence, solely for the treatment of the individual patient concerned, are exempt from this regulation.)

Establishment of an End Stage Renal Disease (ESRD) Facility

- 1. Need Criterion:** An applicant proposing the establishment of a limited care renal dialysis facility or the relocation of a portion of an existing ESRD facility's dialysis stations to another location shall demonstrate, subject to verification by the Mississippi Department of health, that each individual existing ESRD facility in the proposed ESRD Facility Service Area has (a) maintained a minimum annual utilization rate of eighty (80) percent, or (b) that the location of the proposed ESRD facility is in a county which does not currently have an existing ESRD facility but whose ESRD relative risk score using current ESRD Network 8 data is 1.5 or higher. **Note: ESRD Policy Statements 2, 4, 5, and 6 do not apply to criterion 1(b).**
- 2. Number of Stations:** The applicant shall state the number of ESRD stations that are to be located in the proposed facility. No new facility shall be approved for less than four (4) dialysis stations.
- 3. Minimum Utilization:** The application shall demonstrate that the applicant can reasonably expect to meet the minimum utilization requirements as stated in ESRD Policy Statement #10.
- 4. Minimum Services:** The application shall affirm that the facility will provide, at a minimum, social, dietetic, and rehabilitative services. Rehabilitative services may be provided on a referral basis.
- 5. Access to Needed Services:** The application shall affirm that the applicant will provide for reasonable access to equipment/facilities for such needs as vascular access and transfusions required by stable maintenance ESRD patients.

6. Hours of Operation: The application shall state the facility's hours of operation each day of the week. The schedule should accommodate patients seeking services after normal working hours.
7. Home Training Program: The application shall affirm that the applicant will make a home training program available to those patients who are medically eligible and receptive to such a program. The application shall affirm that the applicant will counsel all patients on the availability of and eligibility requirements to enter the home/self-dialysis program.
8. Indigent/Charity Care: The application shall affirm that the applicant will provide a "reasonable amount" of indigent/charity care. The application shall also state the amount of indigent/charity care the applicant intends to provide.
9. Facility Staffing: The application shall describe the facility's staffing by category (i.e., registered nurse, technologist, technician, social worker, dietician) as follows:
 - a. Qualifications (minimum education and experience requirements)
 - b. Specific Duties
 - c. Full Time Equivalent (FTE) based upon expected utilization
10. Staffing Qualifications: The applicant shall affirm that the staff of the facility will meet, at a minimum, all requirements and qualifications as stated in 42 CFR, Chapter IV, Subpart U.
11. Staffing Time:
 - a. The applicant shall affirm that when the unit is in operation, at least one (1) R.N. will be on duty. There shall be a minimum of two (2) persons for each dialysis shift, one of which must be an R.N.
 - b. The applicant shall affirm that the medical director or a designated physician will be on-site or on-call at all times when the unit is in operation. It is desirable to have one other physician to supplement the services of the medical director.
 - c. The applicant shall affirm that when the unit is not in operation, the medical director or designated physician and a registered nurse will be on-call.
12. Data Collection: The application shall affirm that the applicant will record and maintain, at a minimum, the following utilization data and make this data available to the Mississippi Department of Health as required. The time frame for the submission of the utilization data shall be established by the Department.
 - a. Utilization data, e.g., days of operation, shifts, inventory and classification of all stations, number of patients in dialysis, transplanted, or expired.
 - b. The number of charity/indigent patients (as defined in this *Plan*) served by the facility and the number of dialysis procedures provided to these patients free of charge or at a specified reduced rate.
13. Staff Training: The application shall affirm that the applicant will provide an ongoing program of training in dialysis techniques for nurses and technicians at the facility.

14. Scope of Privileges: The applicant shall affirm that the facility shall provide access to doctors of medicine or osteopathic medicine licensed by the State of Mississippi who possess qualifications established by the governing body of the facility.
15. Affiliation with a Renal Transplant Center: The applicant shall affirm that within one year of commencing operation the facility will enter into an affiliation agreement with a transplantation center. The written agreement shall describe the relationship between the transplantation facility and the ESRD facility and the specific services that the transplantation center will provide to patients of the ESRD facility. The agreement must include at least the following:
 - a. time frame for initial assessment and evaluation of patients for transplantation,
 - b. composition of the assessment/evaluation team at the transplant center,
 - c. method for periodic re-evaluation,
 - d. criteria by which a patient will be evaluated and periodically re-evaluated for transplantation, and
 - e. signatures of the duly authorized persons representing the facilities and the agency providing the services.
 - f. Furthermore, the application shall affirm that the applicant understands and agrees that failure to comply with this criterion may (after due process) result in revocation of the Certificate of Need.

Establishment of a Renal Transplant Center

1. **Need Criterion: The applicant shall document that the proposed renal transplant center will serve a minimum population of 3.5 million people.**
2. The applicant shall document that the proposed facility will provide, at a minimum, the following:
 - a. medical-surgical specialty services required for the care of ESRD transplant patients;
 - b. acute dialysis services;
 - c. an organ procurement system;
 - d. an organ preservation program; and
 - e. a tissue typing laboratory.
3. The applicant shall document that the facility will perform a minimum of 25 transplants annually.