

HFC has developed data templates for the **General Criteria (Need)** section of the Certificate of Need E-Application.

The applicant's responses to items **4A. (Purpose of Review)** and **5A. (Type of Institution)** will generate hyperlinks to project specific templates within the E-Application Items 1N (Criteria and Standards), 5N (Service Area Historical Utilization), and 6N (Applicant's Historical and Projected Utilization).

My Letter of Intent My Certificate of Need New Application

Application Name : PAR-000000980

Institution Details

* indicates required field

Check appropriate box(es) - more than one response may apply

***4A. Purpose of Review**

- Establish New Health Care Institution
- Relocation
- Change in Bed Complement
- Addition of a Specialty to an Ambulatory Surgical Treatment Center (ASTC)
- Initiation of MRI Service
- MRI Unit Increase
- Satellite Emergency Department
- Addition of Therapeutic Catheterization
- Positron Emission Tomography (PET) Service
- Initiation of Health Care Service as Defined in STCA 68-11-1607(3)

***5A. Type Of Institution**

Other

***Please Specify**

Physician's Practice Office

The excel templates are project specific and are associated with the following application items:

- **1N. (Criteria and Standards)**
- **5N. (Service Area Historical Utilization)**
- **6N. (Applicant's Historical and Projected Utilization)**

E-Application Item 1N

Need

The responses to this section of the application will help determine whether the project will provide needed health care facilities or services in the area to be served.

***1N. Provide responses as an attachment to the applicable criteria and standards for the type of institution or service requested. A word version and pdf version for each reviewable type of institution or service are located at the following website. [https://www.tn.gov/content/dam/tn/hstda/documents/Magnetic_Resonance_Imaging.docx](https://www.tn.gov/content/dam/tn/hstda/documents/Magnetic_Resonance Imaging.docx) (Attachment 1N, see template here)**

Salesforce Sans 12 B I U ABC Bulleted List Numbered List Indent Outdent Link Unlink Insert Image

1N Template Example (MRI)

AutoSave Off | HFC-1N-Magnetic_Resonance_Imaging (6) - Excel | Search (Alt+Q)

File Home Insert Draw Page Layout Formulas Data Review View Help Power Pivot

G18 | X ✓ fx | =SUM(D18/E18)

Facility	Facility Type	Projected First Three Years (Non-Specialty Stationary MRI)	Annual # of Procedures	# MRI Units	MRI Unit Type	Procedures per MRI	Utilization Threshold per MRI Unit	% of Threshold Met
		Year 1 (20XX)				#DIV/0!	2,160	#DIV/0!
		Year 2 (20XX)				#DIV/0!	2,520	#DIV/0!
		Year 3 (20XX)				#DIV/0!	2,880	#DIV/0!

Criteria #1.a. Utilization Standards for Non-Specialty Units (Stationary Non-Specialty)

Facility	Facility Type	Projected First Three Years (Non-Specialty Mobile MRI)	Annual # of Procedures	# MRI Units	MRI Unit Type	Procedures per MRI	Utilization Threshold per MRI Unit	% of Threshold Met
		Year 1 (20XX)				#DIV/0!	360	#DIV/0!
		Year 2 (20XX)				#DIV/0!	420	#DIV/0!
		Year 3 (20XX)				#DIV/0!	480	#DIV/0!

Criteria #1.b. Utilization Standards for Non-Specialty Units (Mobile Non-Specialty)

Facility	Facility Type	Year (Most Recent Reported)	Annual # of Procedures	# MRI Units	MRI Unit Type	Procedures per MRI	Utilization Threshold per MRI Unit	% of Threshold Met
		(20XX)			Non-Specialty Stationary	#DIV/0!	2,880	#DIV/0!

Source: HFC Equipment Registry: <https://www.tn.gov/hhsa/hhsa-publications-and-reports/medical-equipment-registry/medical-equipment-statistics.html>

Criteria #4. Need Standard for Non-Specialty MRI Units (Stationary)

Facility	Facility Type	Year (Most Recent Reported)	Annual # of Procedures	# MRI Units	MRI Unit Type	Procedures per MRI	Utilization Threshold per MRI Unit	% of Threshold Met
		(20XX)			Non-Specialty Mobile	#DIV/0!	480	#DIV/0!

Source: HFC Equipment Registry: <https://www.tn.gov/hhsa/hhsa-publications-and-reports/medical-equipment-registry/medical-equipment-statistics.html>

Criteria #4. Need Standard for Non-Specialty MRI Units (Mobile)

Facility	Facility Type	Projected First Three Years (Specialty Fixed or Mobile MRI)	Annual # of Procedures	# MRI Units	MRI Unit Type	Procedures per MRI	Utilization Threshold per MRI Unit	% of Threshold Met
		Year 1 (20XX)				#DIV/0!	N/A	#DIV/0!
		Year 2 (20XX)				#DIV/0!	N/A	#DIV/0!
		Year 3 (20XX)				#DIV/0!	1,600	#DIV/0!

Criteria #5. Need Standards for Specialty MRI Units

E-Application Items 5N and 6N

*5N. Describe the existing and approved but unimplemented services of similar healthcare providers in the service area. Include utilization and/or occupancy trends for each of the most recent three years of data available for this type of project. List each provider and its utilization and/or occupancy individually. Inpatient bed projects must include the following data: Admissions or discharges, patient days, Average length of stay, and occupancy. Other projects should use the most appropriate measures, e.g. cases, procedures, visits, admissions, etc. This does not apply to projects that are solely relocating a service.

For more information on worksheet/template, (https://www.tn.gov/content/dam/tn/hhsa/documents/HFC-5N-Magnetic_Resonance_Imaging.xlsx)



*6N. Provide applicable utilization and/or occupancy statistics for your institution services for each of the past three years and the project annual utilization for each of the two years following completion of the project. Additionally, provide the details regarding the methodology used to project utilization. The methodology must include detailed calculations or documentation from referral sources, and identification of all assumptions.

For more information on worksheet/template, (https://www.tn.gov/content/dam/tn/hhsa/documents/HFC-6N-Magnetic_Resonance_Imaging.xlsx)



Each set of specific criteria and standards i.e. (Ambulatory Surgical Treatment Centers, Home Health Services, etc.) require unique data points related to service area historical and projected utilization, geographic proximity of the project site in relation to other service providers, and other considerations.

The purpose of these templates is to provide the applicant with a baseline set of data points with formatting suggestions based upon historical applications.

Applicants are **not required** to utilize the templates provided. The templates have been developed as a resource to simplify the application process and limit the number of supplemental questions posed to the applicant by HFC staff. Applicants should include any additional data deemed appropriate for the Health Facility Commission's consideration within its CON application.

Please contact HFC staff @ HSDA.Staff@tn.gov, or 615-741-2364 with any questions about the use of these templates.