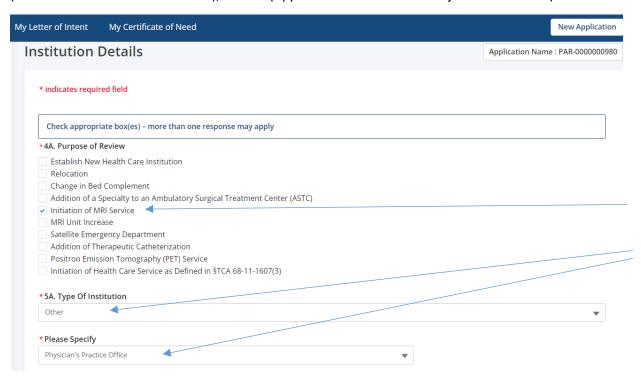
HFC has developed data templates for the **General Criteria (Need)** section of the Certificate of Need E-Application.

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).



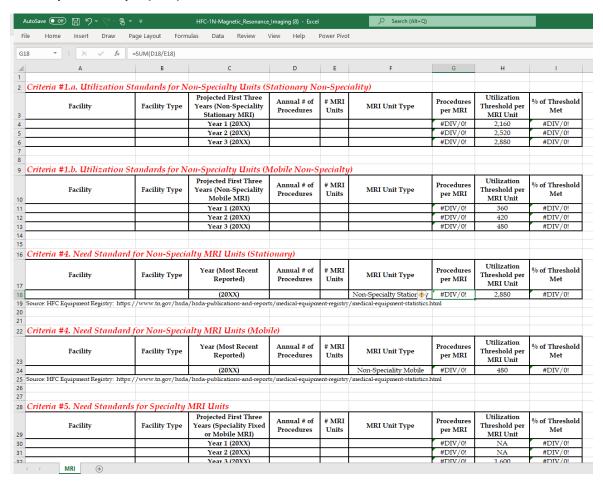
The excel templates are project specific and are associated with the following application items:

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

# **E-Application Item 1N**

Need

### 1N Template Example (MRI)



### 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/hsda/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/hsda/documents/HFC-6N-Magnetic Resonance Imaging.xlsx)

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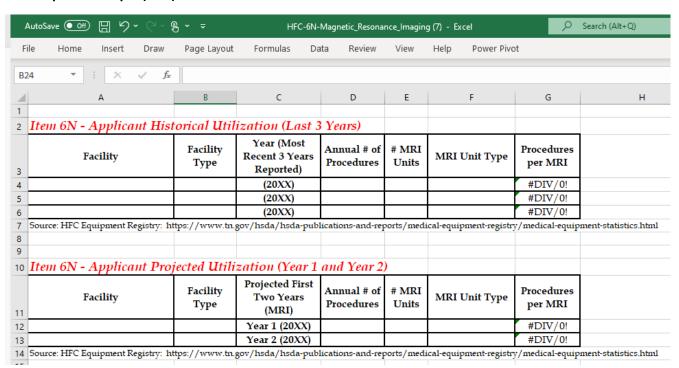
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### 5N Template Example (MRI)

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## **6N Template Example (MRI)**



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 <u>not required</u> 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 @ <u>HSDA.Staff@tn.gov</u>, or 615-741-2364 with any questions about the use of these templates.