

EVIDENCE OF PHYSICIAN NEED CHECKLIST

Date: _____

Recruit Name: _____

Specialty: _____

QUANTITATIVE EVIDENCE

	For the defined service area, the physician-to-population ratio for the above specialty is below the accepted benchmark as shown by a report prepared by a qualified consultant or publicly available from another reputable source; i.e., the report reflects a net need for additional physicians.
	Waiting periods for appointments or travel times for patients seeking the above specialty services in the defined service area exceed statewide or national averages or benchmarks.
	The practice location is in an area designated as a Health Professional Shortage Area (HPSA).
	The practice location is in a Medically Underserved Area (MUA).
	The population to be served is a Medically Underserved Population (MUP).
	The practice location has been designated a rural health clinic.
	The practice location has been designated a federally qualified health center (FQHC) or is located in an economically depressed inner-city area with a median household income of \$ _____ in the year _____ compared to a statewide median of \$ _____ and a national median of \$ _____.
	The recruit will agree to serve a substantial number of patients (i.e., %) who: are part of a MUP; or reside in a HPSA, MUA, or isolated rural area (agreement must define commitment)
	There is a demonstrated reluctance of physicians to relocate to the defined service area (attach summary of unsuccessful recruitment efforts, including names of recruits, dates, specialties, and current practice locations based on AMA or equivalent databases)
	A reduction in the number of physicians for this specialty can be reasonably expected in the community as a result of anticipated retirements within the next three to five years.
	The physician needs assessment indicates an insufficient number of physicians in the above specialty are willing to accept Medicare and/or Medicaid and indigent patients; the recruit will accept such patients on a nondiscriminatory basis.
	The recruit will staff a new facility or service in the community that has obtained a certificate of need pursuant to state law by means of a process including an examination of the need for the service or facility in the community, i.e., a substantive or comparative review of need
	Other factors related to cost, quality, or access to care (e.g., physicians donate time at an indigent clinic, FQHC, or accept a minimum level of charity care patients; recruiting is essential to maintaining a particular service in the community; high ED call burden for this specialty; patients are frequently referred for care outside the defined service area; there are current scope of practice limitations; reduction in current practice hours has occurred or is anticipated; existing quality concerns; specialty represents a unique service opportunity; a disproportionately high number of residents in the specialty leave the state).

For further information about this Acuvance Coker service, please contact:

Stephen Ross, MHA, FHFMA, CMPE

Senior Vice President

Direct: (706) 676-0345

sross@cokergroup.com

EVIDENCE OF PHYSICIAN NEED CHECKLIST

QUALITATIVE EVIDENCE

Demonstrate inadequate access (specific payer access for Medicare and Medicaid as well as average new patient appointment wait times).

Demonstrate loss of essential community program, not hospital-specific (i.e., trauma).

Demonstrate the risk of physician loss over the next several years due to departures, risk of retirement, or reduction in practice hours.

Explanation:

Completed by: _____

Date: _____

This outline provides general information only and does not constitute legal or tax advice.

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EVIDENCE OF PHYSICIAN NEED CHECKLIST

Date: _____

Recruit Name: _____

Specialty: _____

QUANTITATIVE EVIDENCE:

	For the defined service area, the physician-to-population ratio for the above specialty is below the accepted benchmark as shown by a report prepared by a qualified consultant or publicly available from another reputable source; i.e., the report reflects a net need for additional physicians.
	Waiting periods for appointments or travel times for patients seeking the above specialty services in the defined service area exceed statewide or national averages or benchmarks.
	The practice location is in an area designated as a Health Professional Shortage Area (HPSA).
	The practice location is in a Medically Underserved Area (MUA).
	The population to be served is a Medically Underserved Population (MUP).
	The practice location has been designated a rural health clinic.
	The practice location has been designated a federally qualified health center (FQHC) or is located in an economically depressed inner-city area with a median household income of \$ _____ in the year _____ compared to a statewide median of \$ _____ and a national median of \$ _____.
	The recruit will agree to serve a substantial number of patients (i.e., %) who: are part of a MUP; or reside in a HPSA, MUA, or isolated rural area (agreement must define commitment)
	There is a demonstrated reluctance of physicians to relocate to the defined service area (attach summary of unsuccessful recruitment efforts, including names of recruits, dates, specialties, and current practice locations based on AMA or equivalent databases)
	A reduction in the number of physicians for this specialty can be reasonably expected in the community as a result of anticipated retirements within the next three to five years.
	The physician needs assessment indicates an insufficient number of physicians in the above specialty are willing to accept Medicare and/or Medicaid and indigent patients; the recruit will accept such patients on a nondiscriminatory basis.
	The recruit will staff a new facility or service in the community that has obtained a certificate of need pursuant to state law by means of a process including an examination of the need for the service or facility in the community, i.e., a substantive or comparative review of need
	Other factors related to cost, quality, or access to care (e.g., physicians donate time at an indigent clinic, FQHC, or accept a minimum level of charity care patients; recruiting is essential to maintaining a particular service in the community; high ED call burden for this specialty; patients are frequently referred for care outside the defined service area; there are current scope of practice limitations; reduction in current practice hours has occurred or is anticipated; existing quality concerns; specialty represents a unique service opportunity; a disproportionately high number of residents in the specialty leave the state).

EVIDENCE OF PHYSICIAN NEED CHECKLIST

Date: _____

Recruit Name: _____

Specialty: _____

QUANTITATIVE AND QUALITATIVE EVIDENCE:

	For the defined service area, the physician-to-population ratio for the above specialty is below the accepted benchmark as shown by a report prepared by a qualified consultant or publicly available from another reputable source; i.e., the report reflects a net need for additional physicians.
	Waiting periods for appointments or travel times for patients seeking the above specialty services in the defined service area exceed statewide or national averages or benchmarks.
	The practice location is in an area designated as a Health Professional Shortage Area (HPSA).
	The practice location is in a Medically Underserved Area (MUA).
	The population to be served is a Medically Underserved Population (MUP).
	The practice location has been designated a rural health clinic.
	The practice location has been designated a federally qualified health center (FQHC) or is located in an economically depressed inner-city area with a median household income of \$ _____ in the year _____ compared to a statewide median of \$ _____ and a national median of \$ _____.
	The recruit will agree to serve a substantial number of patients (i.e., %) who: are part of a MUP; or reside in a HPSA, MUA, or isolated rural area (agreement must define commitment)
	There is a demonstrated reluctance of physicians to relocate to the defined service area (attach summary of unsuccessful recruitment efforts, including names of recruits, dates, specialties, and current practice locations based on AMA or equivalent databases)
	A reduction in the number of physicians for this specialty can be reasonably expected in the community as a result of anticipated retirements within the next three to five years.
	The physician needs assessment indicates an insufficient number of physicians in the above specialty are willing to accept Medicare and/or Medicaid and indigent patients; the recruit will accept such patients on a nondiscriminatory basis.
	The recruit will staff a new facility or service in the community that has obtained a certificate of need pursuant to state law by means of a process including an examination of the need for the service or facility in the community, i.e., a substantive or comparative review of need
	Other factors related to cost, quality, or access to care (e.g., physicians donate time at an indigent clinic, FQHC, or accept a minimum level of charity care patients; recruiting is essential to maintaining a particular service in the community; high ED call burden for this specialty; patients are frequently referred for care outside the defined service area; there are current scope of practice limitations; reduction in current practice hours has occurred or is anticipated; existing quality concerns; specialty represents a unique service opportunity; a disproportionately high number of residents in the specialty leave the state).
	Demonstrate inadequate access (specific payer access for Medicare and Medicaid as well as average new patient appointment wait times).
	Demonstrate loss of essential community program, not hospital-specific (i.e., trauma).
	Demonstrate the risk of physician loss over the next several years due to departures, risk of retirement, or reduction in practice hours.
Explanation:	
Completed by: _____ Date: _____	

EVIDENCE OF COMMUNITY NEED CHECKLIST

Date: _____

Recruit Name: _____

Specialty: _____

QUANTITATIVE EVIDENCE:

	There are not enough physicians in the community overall by population demand ratios of _____ (need) by _____ (year)
	In the new practice's ZIP code, the physician-to-population ratio for the above specialty is below the accepted ideal benchmark as shown by a report prepared by a qualified consultant or publicly available from another reputable source; i.e., the report reflects a net need for services at the new practice location (attach relevant documentation)
	Waiting periods or travel times for patients seeking the above specialty services in the hospital's service area exceed statewide or national averages (attach supporting survey Qualitative Tab Demand Tool)
	The practice location is in an area designated as a Health Professional Shortage Area ("HPSA") as defined in 42 C.F.R. §§ 5.1 - 5.4 (attach proof of designation)
	The practice location is in a Medically Underserved Area ("MUA") designated by the secretary of HHS pursuant to 42 U.S.C. § 254b(b)(3) (attach proof of designation)
	The population to be served is a Medically Underserved Population ("MUP") designated by the Secretary of HHS pursuant to 42 U.S.C. § 254b(b)(3) (attach proof of designation)
	The practice location has been designated a rural health clinic as defined in 42 U.S.C. § 1395x(aa)(2) or is located in an isolated rural area (attach copy of designation or other support)
	The practice location has been designated a federally qualified health center ("FQHC") as defined in 42 U.S.C. § 1395x(aa)(2) or is located in an economically depressed inner-city area with a median household income for a family of four of \$ _____ in the year _____ compared to a statewide median of \$ _____ and a national median of \$ _____ (attach copy of designation and relevant census data or other proof of demographics)
	The recruit will agree to serve a substantial number of patients (i.e., %) who: reside in a ZIP code with a physician-to-population ratio below the ideal ratio; are part of a MUP; or reside in a HPSA, MUA, or isolated rural area (agreement must define commitment)
	There is a demonstrated reluctance of physicians to relocate to the hospital's service area (attach summary of unsuccessful recruitment efforts, including names of recruits, dates, specialties, and current practice locations based on AMA or equivalent databases)
	A reduction in the number of physicians of this specialty can be reasonably expected in the community as a result of anticipated retirements within the next three years.
	The hospital's physician needs assessment indicates an insufficient number of physicians in the above specialty are willing to accept Medicare and/or Medicaid and indigent patients; the recruit will accept such patients on a nondiscriminatory basis (attach Demand Tool Qualitative Tab assessment)
	The recruit will staff a new facility or service in the community that has obtained a certificate of need pursuant to state law by means of a process including an examination of the need for the service or facility in the community, i.e., a substantive or comparative review of need
	Other factors related to cost, quality, or access to care (e.g., disproportionately high number of residents in the specialty leave the state, donate time at indigent clinic or FQHC, accept minimum level of charity care patients, essential to maintaining particular service at hospital); requires approval of hospital legal counsel. Please explain here and attach supporting documentation:

Explanation: _____

QUALITATIVE EVIDENCE

	Demonstrate inadequate access (specific payor access for Medicare and Medicaid as well as average new patient appointment wait times). Explanation:	
	Demonstrate loss of essential community program, not hospital specific (i.e. trauma). Explanation:	
	Demonstrate risk of physician loss over next several years due to departures, "risk of retirement," or reduction in practice hours. D. Demonstrate succession need:	
	Explanation:	
	Completed by: Third Party CNA: _____	Date: _____
	Completed by: _____	Date: _____