

August 13, 2021

Mr. John Ryan
General Counsel, PrairieCare
9400 Zane Avenue North
Brooklyn Park, MN 55443

Transmitted via email

Dear Mr. Ryan,

Thank you again for submitting the PrairieCare proposal to add 30 licensed beds to the existing mental health specialty hospital in Brooklyn Park, Minnesota. As is our custom, we have posted the proposal online at: <https://www.health.state.mn.us/data/economics/moratorium/index.html>.

After reviewing the proposal, we request that PrairieCare submit the following additional information so that the Minnesota Department of Health (MDH) may appropriately consider relevant factors specified in Minnesota Statutes, Section 144.552 (c). As you know, recent changes to the statute require that the additional information be made available within 14 days of receipt of this request. This request, as well as summary data from your response will be posted online as well.

Requested Additional Information:

- (1) Whether the new hospital beds are needed to provide timely access to care or access to new or improved services
 - The application mentions that internal utilization data and statistical modeling was used to establish need for 30 additional hospital beds. Please share this information with us and include major assumptions, the sources of those assumptions, methods used, and input data brought to bear in the analysis.
 - The application cites transfer requests from other hospitals to admit patients. For the most recent 36 months, please provide monthly counts of:
 - Transfer requests from emergency departments (ED)
 - Transfer requests from non-ED sources
 - Counts of patient admissions accepted from emergency departments
 - Counts of patient admissions accepted from non-ED sources
 - PrairieCare administrative claims data is necessary for MDH to assess daily occupancy levels, describe the patient population, and allow comparisons to other hospitals' administrative data. Please provide de-identified claims information for inpatient services for the most recent 36-month period with the following data fields:
 - De-identified unique patient number,
 - Date of admission,
 - Date of discharge,
 - Transfer into the hospital,
 - Transfer out of the hospital,
 - Admission type,

- Age at admission,
- Gender,
- ZIP code,
- Race,
- Hispanic ethnicity,
- Primary language,
- Principal diagnosis,
- Any secondary diagnoses,
- Total charges, and
- Primary payer.

For non-public, de-identified claims data,¹ submit via secure file transfer. Our staff is happy to provide instructions when you are ready to share the information.

(2) The financial and staffing impact of the new hospital beds on existing acute-care hospitals with comparable services

- All hospitals in Minnesota file annual financial, utilization, and service line information with MDH²; specialty hospitals such as PrairieCare Brooklyn Park file an abbreviated version of this report. Please submit the following sections of the Hospital Annual Report for the past three fiscal years to allow us to evaluate the potential financial impact of the expansion on other hospitals:
 - Section 1: Revenue and Expense Summary
 - Section 2: Non-Operating Revenue and Expenses
 - Section 3: Patient Revenue
 - Section 4: Other Operating Revenue
 - Section 9: Patient Care Charge Summary
 - Section 10: Inpatient/Outpatient/Other Charges Summary
 - Section 11: Outpatient Charges Summary
 - Section 15: Inpatient/Outpatient Adjustment Summary
 - Section 16: Natural Expense Summary
- Similarly, please submit the following sections of the Hospital Annual Report for the past five fiscal years to allow us to evaluate the potential staffing impact of the expansion on other hospitals.
 - Section 27: Hospital Employed Staffing by Employee Classification (Compensation/FTEs)
 - Section 28: Hospital Employed Staffing by Employee Classification (Employed Staff)
 - Section 29: Consultant/Contract Staffing by Employee Classification
- In addition, to the extent possible, please estimate the following:
 - How might the expansion impact staffing vacancies at other nearby hospitals?
 - What are the current constraints in filling staff such as average length of time to fill positions by major employee classification?

¹ Guidance for data elements with definitions and type of data can be found at the US Department of Health and Human Services website here: <https://www.hcup-us.ahrq.gov/db/state/siddist/siddistvarnote2019.jsp>. Any non-public data received from PrairieCare will be held in accordance with Chapter 13, Government Data Practices of Minnesota Statutes.

² See the following website for more information on the Hospital Annual Report including downloadable forms and instructions: <https://www.health.state.mn.us/data/economics/hccis/forms.html#hospital>

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- What are the estimated compensation costs (wages and benefits) once hospital beds are fully operational?
- (3) The extent to which the new hospital or hospital beds will provide services to nonpaying or low-income patients relative to the level of services provided to these groups by existing hospitals in the region
- Please submit the following sections of the Hospital Annual Report for the past five fiscal years to allow us to evaluate the provision of care to low-income and non-paying patients.
 - Section 13: Primary Payer Charges Summary
 - Section 14: Primary Payer Adjustments and Uncollectibles
 - Section 17: Bad Debt Write Offs
 - Section 21: Community Benefit Summary
 - Section 22: Charity Care Summary
 - Please notify MDH about whether PrairieCare Brooklyn Park Hospital, like other hospitals in the state, has entered into an agreement with the Minnesota Attorney General related to hospital billing and collection practices for patients without health insurance. As part of your response, please let us know the dates and terms for any agreement.

If you have any questions about this request, please contact Alisha Simon, who can be reached at 651-968-6048 or alisha.simon@state.mn.us. Information about MDH secure file transfer process can be obtained by contacting Nathan Hierlmaier at nathan.hierlmaier@state.mn.us or 651-201-3541.

Sincerely,



Stefan Gildemeister
Director, Health Economics Program
PO Box 64882
St. Paul, MN 55164-0882