



*Protecting, maintaining and improving the health of all Minnesotans*

December 1, 2011

Dear Surgical Center Administrator:

The Minnesota Health Care Cost Information (HCCIS) Act (Minnesota Statutes, sections 144.695 to 144.703) requires all licensed Freestanding Outpatient Surgical Centers (FOSC) to file financial, utilization, and services data on an annual basis with the Minnesota Department of Health (MDH). The 2011 FOSC report is due on **March 1, 2012**. This letter outlines the reporting requirements for the 2011 report. The 2011 FOSC formset and instructions can be downloaded from the following Web site:

<http://www.health.state.mn.us/divs/hpsc/dap/hccis/har.htm>.

As indicated in the instructions, please include your facility's HCCIS ID on all correspondence and when you submit the following:

- Completed 2011 FOSC formset by **secure file upload** at [https://apps.health.state.mn.us/mdh\\_upload/](https://apps.health.state.mn.us/mdh_upload/).  
Note that step 2 of the secure file upload application will request an email address.  
Use: **Health.hccis@state.mn.us**
- Signed certification page (PDF by secure file upload)
- Audited Financial Statement (PDF by secure file upload)
- Medicare Cost Report – if applicable (PDF by secure file upload)
- Filing fee of \$200.00 payable to: Treasurer, State of Minnesota (**mail** to address below) – Please be sure to **identify your facility** when you send in the filing fee.
- Additional information sufficient to allow MDH to complete a retrospective review of each major capital spending commitment (Capital Expend Project Specific tab in formset)

ATTN: Amy Camp / HCCIS  
Health Economics Program  
Minnesota Department of Health  
P.O. Box 64882  
St. Paul, MN 55164-0882

MDH requires the use of the electronic spreadsheet in completing the formset. Many of the fields are automatically calculated and have built in audits that will save time and reduce the possibility of errors. Note that your report will not be considered complete until all components are received. Please contact me at (651) 201-3575 or [amy.camp@state.mn.us](mailto:amy.camp@state.mn.us) with any questions.

Sincerely,

A handwritten signature in black ink that reads "Amy L. Camp". The signature is written in a cursive style with a loop at the end of the last name.

Amy Camp, HCCIS Administrator  
Health Economics Program  
Division of Health Policy

cc: Designated FOSC Contact Person