

# **BAYLOR SCOTT & WHITE HEALTH/SWHP TECHNOLOGY ASSESSMENT Reminders**

**Please make sure you pay attention to the submission due dates to be able to participate at the earliest meeting date.**

**Please make sure you have included a completed FMEA and Financial Pages.**

## BAYLOR SCOTT & WHITE HEALTH/SWHP TECHNOLOGY ASSESSMENT OVERVIEW & INTRODUCTION

The Baylor Scott & White Health (BSWH) and Scott & White Health Plan (SWHP) Technology Assessment Committee evaluates the clinical efficacy, safety, cost, and fee information for new, replacement or uncovered medical and behavioral procedures, treatments, devices or equipment. This assessment is used to evaluate not only the efficacy, safety, and cost effectiveness of the new procedures, devices or treatments, but also for consideration for coverage under SWHP and review of other coverage determinations made by other major insurers.

The current standing committee consists of the Scott and White Memorial Hospital (SWMH) Chief Medical Officer, SWHP Chief Medical Officer, SWHP Medical Directors, BSWH Chief Executive Officer, BSWH Chief Operations Officer, BSWH Chief Medical Officer, BSWH Associate Chief Medical Officer, SWHP Medical Director for System Improvement, BSWH Chairman of the Department of Medicine, BSWH Chairman of the Department of Orthopedic Surgery, BSWH Chairman of the Department of Surgery, Hillcrest Baptist Medical Center Chief Medical Officer and Executive Vice President, BSWH-Round Rock Chief Medical Officer, BSWH-Brenham Chief Medical Officer, SWMH Chief Nursing Executive, BSWH Vice President of Quality, Safety and Regulatory Services, BSWH Chief Financial Officer, BSWH Vice President-Pharmacy Services, BSWH Director of Sourcing and Contracting, BSWH Vice President-Managed Care/Financial Planning, BSWH Vice President-Revenue Cycle Operations, Hospital Division, SWMH Chief Nursing Officer, and SWHP Associate Vice President-Medical Services.









The Technology Assessment Committee requests that you (the Clinic Department that is most directly involved and/or appears to be the one that will use the technology under assessment), to complete the attached forms and analysis for their consideration during the technology/new procedure assessment.

Should you have any questions, please do not hesitate to contact the following:

New Procedure (Clinical) Form: [Dr. Beverly Grimshaw, SWHP Medical Director](#)  
[Phone/email 254-298-3231/ bgrimshaw@sw.org](#)

Financial Analysis Form:  
System Finance

There are eight separate tabs in this Excel workbook, and please complete all Forms or review supporting information as applicable. Dynamic links to separate tabs follow:

	Final Signature Page
	Checklist
	New Procedure Form
	FMEA Worksheet
	FMEA Training Tool
	Financial Analysis Form
	Financial Summary - Page FS1
	Financial Summary - Page FS2

The completed forms and other supporting information are to be timely submitted electronically, as well as, a manual signed copy, to [Dr. Beverly Grimshaw \(bgrimshaw@sw.org\)](#) **ten business days prior** to the scheduled Technology Assessment Committee meeting.

## VERSION 14

DATE REVISED/UPDATED 1/1/2014  
DATE TAC APPROVED 4/25/2014

**BAYLOR SCOTT & WHITE HEALTH/SWHP  
TECHNOLOGY ASSESSMENT  
SIGNATURE PAGE**

**VERSION 14**

6/2/2014 11:05

**Name of procedure(medical/surgical) or behavioral health  
treatment/technology/device/equipment (Enter on New Procedure Form):**  
ENTER NAME ON NEW PROCEDURE FORM

**Name of Department (Individual and/or Group) making the application (Enter on  
New Procedure Form):**  
ENTER DEPT ON NEW PROCEDURE FORM

Please have the individual sign on the first line, and type the name of the individual on the second line  
for each respective signor. A signature is required for the manual copy to be sent to the Technical  
Assessment Committee. Reviewed and approved by the following (as appropriate and applicable):

\_\_\_\_\_  
\_\_\_\_\_  
**Department Clinical Chair** **DATE**  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
**Division Clinical Chair** **DATE**  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
**Sponsoring Physician** **DATE**  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
**Department Administrator** **DATE**  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
**Reimbursement Administration** **DATE**  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
**Division Administrator** **DATE**  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
**Director, Material Management** **DATE**  
\_\_\_\_\_

LINK TO OVERVIEW PAGE



**BAYLOR SCOTT & WHITE HEALTH/SWHP  
TECHNOLOGY ASSESSMENT  
CHECKLIST OF INFORMATION AND  
ANALYSIS REQUIRED**

VERSION

**DONE**

1 Scott and White Health Care (SWHC) and Scott and White Health Plan (SWHP) Technology Assessment Committee (TAC) will utilize evidence-based reports from Haye's Technology Assessment, Inc. for review analysis and recommendations regarding SWHP coverage determinations. If Haye's does not have a review, the requesting physician/specialty service will be required to submit a minimum of three well-designed and well-conducted clinical investigations published in peer review journals to include:

☐

o Medical evidence to support that the new technology can measure or alter the physiologic changes related to disease, illness or condition.

o Medical evidence that based upon medical facts, the new technology positively affects the health outcome of the patient.

2 Completion of the Financial Analysis Form. Note that additional information related to the cost-benefit of the new technology are welcome, but at a minimum, the financial analysis on the Financial Analysis Form must be completed. It is noted that the provided financial analysis may not be adequate for multiple CPT codes, etc., and therefore additional financial analysis information should be provided. All Financial Analysis Form Questions with a diamond (♦) must be completed. Finance is available to assist you in developing more a more detailed financial analysis or schedules.

☐

3 Completion of the New Procedure Form.

☐

4 Completion of the Final Signature Page.

☐

5 Completion of the FMEA worksheet, if applicable.

☐

6 Submit completed forms and other supporting information to [Dr. Beverly Grimshaw, SWHP Medical Director](#) ([bgrimshaw@sw.org](mailto:bgrimshaw@sw.org)) in both an electronic copy and a signed manual copy.

☐

LINK TO OVERVIEW PAGE





**BAYLOR SCOTT & WHITE HEALTH/SWHP  
TECHNOLOGY ASSESSMENT  
NEW PROCEDURE FORM**

PAGE NP1

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**NOTE: Please enter information on lines or shaded areas provided. Should additional space be needed, please make reference to attached information.**

**Name of procedure(medical/surgical) or behavioral health treatment/technology/device/equipment (Enter on New Procedure Form):**

ENTER NAME ON NEW PROCEDURE FORM

**Name of Department (Individual and/or Group) making the application:**

ENTER DEPT ON NEW PROCEDURE FORM

**Please Check One**

**YES**

**NO**

**1 Has the procedure been used elsewhere?**

☐☐

**If YES, please include details here:**

**YES**

**NO**

**2 Does this new procedure replace current procedures?**

☐☐

**If YES, please include details here:**

**3 If YES to 2, does the new procedure have advantages over the current procedures?**

**YES**

**NO**

☐☐

**If YES, please include details here:**

**SCOTT & WHITE/SWHP  
TECHNOLOGY ASSESSMENT  
NEW PROCEDURE FORM**

PAGE NP2

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**Please Check One**

**YES**

**NO**

**4 Has the procedure been evaluated elsewhere?**

☐☐

**If YES, please include details here:**

**If YES, please attach and list a minimum of three clinical investigations  
conducted in peer reviews:**

**5 If the procedure involves the use of a new medical  
device, has the device been approved for this  
purpose by the following (Refer to additional  
device questions at number 11):**

**YES**

**NO**

**FDA**

☐☐

**Medicare**

☐☐

**Other:**

☐☐

**Other:**

☐☐

**Please attach support.**

**6 Are there any training requirements for the  
proposed new procedure or equipment?**

**YES**

**NO**

☐☐

**If YES, please include details here:**

**SCOTT & WHITE/SWHP  
TECHNOLOGY ASSESSMENT  
NEW PROCEDURE FORM**

**PAGE NP3**

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	<b>Please Check One</b>	
	<b>YES</b>	<b>NO</b>
<b>7</b> Has a patient information or education sheet and/or plan been developed?	<input type="checkbox"/>	<input type="checkbox"/>

If YES, please attach support.

**8** How will outcomes be monitored?

Please include details here:

<b>9</b> If the procedure carries with it a risk for adverse events are there criteria for reviewing outcomes before further procedures are performed?	<b>YES</b>	<b>NO</b>
	<input type="checkbox"/>	<input type="checkbox"/>

If YES, please complete FMEA WORKSHEET and include other details here:

Link to FMEA Worksheet here:



**SCOTT & WHITE/SWHP  
TECHNOLOGY ASSESSMENT  
NEW PROCEDURE FORM**

**PAGE NP4**

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	<b>Please Check One</b>	
	<b>YES</b>	<b>NO</b>
<b>10</b> Is there any additional follow-up care required for the new procedure?	<input type="checkbox"/>	<input type="checkbox"/>

If YES, please include details here:

**11** As discussed in 5, if this new procedure includes a new medical device (product), briefly describe this product:

<b>12</b> Is there a current in-house product now performing the same function or procedure?	<b>YES</b>	<b>NO</b>
	<input type="checkbox"/>	<input type="checkbox"/>

If YES, please include details here:

**SCOTT & WHITE/SWHP  
TECHNOLOGY ASSESSMENT  
NEW PROCEDURE FORM**

**PAGE NP5**

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**13 Will the requested new product replace or supplement current in-house products?**

<b>Please Check One</b>	
<b>YES</b>	<b>NO</b>
<input type="checkbox"/>	<input type="checkbox"/>

**If YES, please include details here:**

**14 What other departments will use or be affected by this product?**

<b>YES</b>	<b>NO</b>
<input type="checkbox"/>	<input type="checkbox"/>

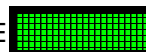
**Please include details here:**

**15 Are there resident & other training education issues to consider for approving this procedure/device?**

<b>YES</b>	<b>NO</b>
<input type="checkbox"/>	<input type="checkbox"/>

**Please include details here:**

**LINK TO OVERVIEW PAGE**



**BAYLOR SCOTT & WHITE H  
TECHNOLOGY ASSESSMENT  
FMEA WORKSHEET**

[LINK TO OVERVIEW PAGE](#)

**Note:** Refer to FMEA Training Tool Tab for more information regarding the FMEA Worksheet.

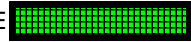
Process:	
Specific Process Step:	
Date Revised:	
Severity	1: no effect on output, 5: moderate effect, 8: serious effect, 10: hazardous effect
Occurrence	1: failure unlikely, 5: occasional failure, 8: high # of failures likely, 10: failures certain
Detection	1: will detect failure, 5: might detect failure, 10: almost certain not to detect failures
RPN =	Severity Rating x Occurrence Rating x Detection Rating

[illegible]

## BAYLOR SCOTT & WHITE HEALTH/SWHP TECHNOLOGY ASSESSMENT

### Failure Mode and Effect Analysis (FMEA): *Training Tool*

LINK TO OVERVIEW PAGE



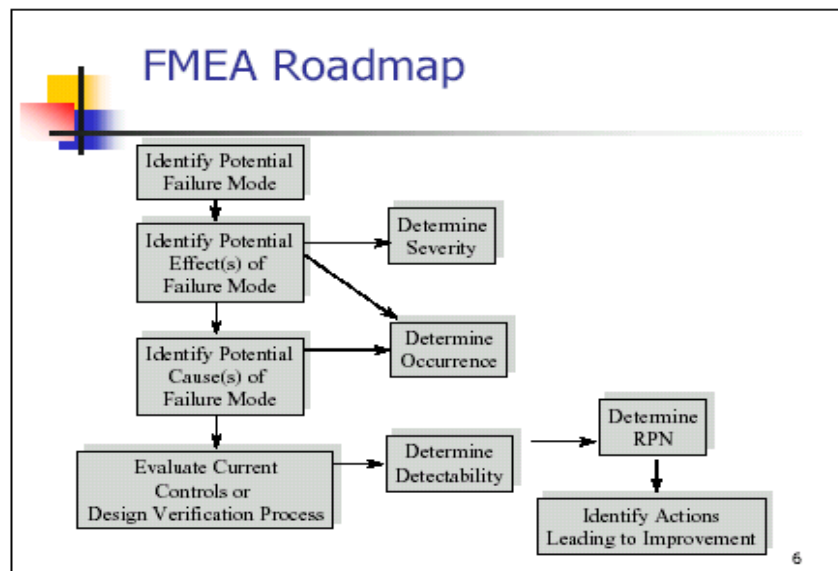
#### What's an “FMEA”?

An FMEA (failure mode and effect analysis) is the structured analysis of a system or process with the intent to prevent failures **prior to** their occurring, and documents the actions taken by an organization to minimize the risks of failures.

In an FMEA, each individual failure is considered as an independent occurrence with no relation to other failures in the system. FMEA's identify single failure modes that either directly result in or contribute significantly to an accident.

#### The general steps within a simple FMEA are:

- Identifying the role of each component in process (a “functional analysis”)
- Identifying each type or mode of failure
- Identifying the causes & effects of each failure
- Identifying existing safeguards/controls against the failure
- Prioritize actions leading to improvement



Adapted from:<http://www.fmeainfocentre.com>

## **Direction from JCAHO**

JCAHO suggests that institutions perform a FMEA at least once a year as part of performance improvement.

## **Goal**

Through use of the FMEA method, our goal is to identify actions needed to improve the selected “process” we focus on.

### **Specific Steps in the FMEA Analysis**

#### **PHASE 1**

- 1 Identifying a system, operation, or process to analyze
- 2 Identifying each step or part of the process. (Typically a flow chart)
- 3 Identifying the role or function of each of the process steps (This is called a “functional analysis” – using a separate FMEA worksheet to analyze each process step).
- 4 Identifying the potential or known failures that may occur at each step. Failure modes typically occur when a function is not performed.
- 5 Identifying the effects of each failure mode.
- 6 Identifying the causes of each failure mode.
- 7 Prioritizing the identified failure modes based on the frequency of occurrence (OC).
- 8 Prioritizing the identified failure modes based on severity (SV).
- 9 Prioritizing the identified failure modes based on the likelihood of detection (DT) with existing controls.
- 10 Calculation of a Risk Priority Number (using items 7, 8, & 9)
- 11 Providing for follow-up corrective and preventive actions, prioritized by Risk Priority Number, with an assigned person.
12. Re-analysis of Risk Priority Number after actions are taken (“action results”).

## **Completing the FMEA Worksheet – First 8 columns only**

### **Column 1: FAILURE MODE**

Describe what kind of failures might occur. Begin with a “failure” of skipping the step entirely. Consider other failures such as incomplete performance of the step, or inaccurate completion of the step. Think about the failures that could be the most severe first. Also, think about failures that might commonly occur. (free text)

### **Column 2: EFFECTS OF FAILURE**

What are the initial results of this failure? The end results if not caught? (free text)

### **Column 3: SEVERITY**

How severe of an effect is that, on a 1-10 scale?

Severity is a rating corresponding to the seriousness of an effect of a potential failure mode. (scale: 1-10. 1: no effect on output, 5: moderate effect, 8: serious effect, 10: hazardous effect)

### **Column 4: CAUSES OF FAILURE**

What are the common causes of this failure? (free text)

### **Column 5: OCCURRENCE**

How often is this failure likely to occur, on a 1-10 scale?

Occurrence is a rating corresponding to the rate at which a first level cause and its resultant failure mode will. (scale: 1-10. 1: failure unlikely, 5: occasional failure, 8: high # of failures likely, 10: failures certain)

### **Column 6: CURRENT CONTROLS/SAFEGUARDS**

Describe what processes (controls or safeguards) we have in place to detect this failure before it reaches the patient. Safeguards are the equipment, procedures, and administrative controls in place to help (1) prevent the failure from occurring or (2) lessen the effects if the situation does occur. (free text)

**Column 7: DETECTION/FAIL DETECTION**

How likely are current controls to detect the failure, on a 1-10 scale?

**Detection** is a rating corresponding to the likelihood that the detection methods or current controls will detect the potential failure mode before the process reaches the patient (scale: 1-10. 1: will detect failure, 5: might detect failure, 10: almost certain not to detect failures)

**Column 8: Calculating Risk Priority Number (RPN)**

The RPN identifies the greatest areas of concern.

It comprises the assessment of the:

- (1) Severity rating,
- (2) Occurrence rating, and
- (3) detection rating for a potential failure mode.

**RPN = Severity Rating x Occurrence Rating x Detection Rating**

*The highest possible RPN is  $10 \times 10 \times 10 = 1000$*

## ***Guidelines for Applying 1-10 Rank Scores for Severity, Occurrence, & Detection***

### ***SEVERITY (S)***

<b>Effect</b>	<b>Ranking</b>
Hazardous without warning	10
Hazardous with warning	9
Very High	8
High	7
Moderate	6
Low	5
Very Low	4
Minor	3
Very Minor	2
None	1

### ***Occurrence (O)***

<b>Probability of Failure</b>	<b>Possible Failure Rates</b>	<b>Ranking</b>
Very High: Failure is almost inevitable	≥1 in 2	10
	1 in 3	9



High: Repeated Failures	1 in 8	8
	1 in 20	7
Moderate: Occasional Failures	1 in 80	6
	1 in 400	5
	1 in 2,000	4
Low: Relatively Few Failures	1 in 15,000	3
	1 in 150,000	2
Remote: Failure is Unlikely	≤1 in 1,500,000	1

### ***Detection (D)***

<b>Detection</b>	<b>Criteria: Likelihood of Detection by Design Control</b>	<b>Ranking</b>
Absolute Uncertainty	Current controls will not and/or cannot detect a potential cause/mechanism and subsequent failure mode; or there is no Design Control.	10

Very Remote	Very remote chance the current controls will detect a potential cause/mechanism and subsequent failure mode.	9
Remote	Remote chance the current controls will detect a potential cause/mechanism and subsequent failure mode.	8
Very Low	Very Low chance the current controls will detect a potential cause/mechanism and subsequent failure mode.	7
Low	Low chance the current controls will detect a potential cause/mechanism and subsequent failure mode.	6

Moderate	Moderate chance the current controls will detect a potential cause/mechanism and subsequent failure mode.	5
Moderately High	Moderately high chance the current controls will detect a potential cause/mechanism and subsequent failure mode.	4
High	High chance the Design Control will detect a potential cause/mechanism and subsequent failure mode.	3
Very High	Very High chance the Design Control will detect a potential cause/mechanism and subsequent failure mode	2

Almost Certain	Design Control will almost certainly detect a potential cause/mechanism and subsequent failure mode	1
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**BAYLOR SCOTT & WHITE HEALTH/SWHP  
TECHNOLOGY ASSESSMENT  
FINANCIAL ANALYSIS FORM**

**PAGE NF1  
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**NOTE:** Please enter information on lines or shaded areas provided. Should additional space be needed, please make reference to attached information. All Financial Analysis Form Questions with a diamond (♦) must be completed.

**Name of procedure(medical/surgical) or behavioral health  
treatment/technology/device/equipment (Enter on New Procedure Form):**

ENTER NAME ON NEW PROCEDURE FORM

**Name of Department (Individual and/or Group) making the application (Enter on  
New Procedure Form):**

ENTER DEPT ON NEW PROCEDURE FORM

		<u>Please Check One</u>	
		<u>YES</u>	<u>NO</u>
♦	<b>1a Will the new procedure require <u>initial training/</u> <u>certification</u> before delivery of the procedure?</b>	<input type="checkbox"/>	<input type="checkbox"/>

If YES or NO, Please enter how much and how  
determined:

\$ - (Enter \$ Amt)

♦	<b>1b Will the new procedure require <u>recurring training</u> <u>certification</u> for the delivery of the procedure?</b>	<u>YES</u>	<u>NO</u>
		<input type="checkbox"/>	<input type="checkbox"/>

If YES or NO, Please enter how much and/or how  
determined:

\$ - (Enter \$ Amt)  
(Annual Amt)

♦	<b>2a Will the new procedure require the <u>initial purchase of equipment &amp; build-out</u> for the delivery of the procedure?</b>	<u>YES</u>	<u>NO</u>
		<input type="checkbox"/>	<input type="checkbox"/>

If YES or NO, Please enter how much and/or how  
determined:

\$ - (Enter \$ Amt)

Annual depreciation based upon a useful life of 3 years = -

We suggest using a 3 year life for new technology.

Annual depreciation amount will be used for years 4 & 5 in Financial Summary Analysis.

**SCOTT & WHITE/SWHP  
TECHNOLOGY ASSESSMENT  
FINANCIAL ANALYSIS FORM**

**PAGE NF2**

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**2b Will the new procedure require recurring**

Please Check One	
YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

◆ equipment and supplies' costs for the delivery of the procedure? (Maintenance, Device, Drugs, etc.)

Costs Per Case/Procedure/Device

\$ - (\$ Per Case)

Annual Support Costs other than costs per case

\$ - (Enter \$ Annual)

If YES or NO, Please enter how much and how determined:

**3 Will current staffing be adequate to**

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

◆ provide support for this procedure?

If NO, Please enter how much and how determined:

\$ - (Enter \$ Amt)  
(Annual Amt)

**4 Is there a financial impact on other departments**

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

◆ or other procedures?

If YES, Please enter how much and how determined:

\$ - (Enter \$ Amt)  
(Annual Amt)

(Negative denotes reimbursement, as a positive number denotes an expense)

**5 If the new procedure involves a new medical**

device, drugs and/or supplies, have you reviewed with purchasing the costs to acquire the products?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

(Consider contacting Director of Sourcing and Contracting (Material Management) at 254-215-9476 or pprofeta@sw.org.)

**6 Is this new procedure or product and related costs**

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

◆ chargeable to the patient or insurers?

**SCOTT & WHITE/SWHP  
TECHNOLOGY ASSESSMENT  
FINANCIAL ANALYSIS FORM**

**PAGE NF3**

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Please Check One

**7a Is the new procedure covered by the following  
payors and other insurers?**



Medicare  
Worker's Compensation  
Medicaid  
Champus  
Other:

1

2

3

**YES**

**NO**

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**7b If the new procedure is not currently covered by the  
following payors, will request be made for approval?**



S&W Health Plan  
Medicare  
Worker's Compensation  
Medicaid  
Champus  
Other:

1

2

3

**YES**

**NO**

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**8a Will the new procedure replace an older  
or other procedure?**



**YES**

**NO**

☐
☐

**SCOTT & WHITE/SWHP  
TECHNOLOGY ASSESSMENT  
FINANCIAL ANALYSIS FORM**

**PAGE NF4**

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◆ **8b** If the new procedure will not replace an old procedure, will it generate new cases?

Please Check One	
YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

**Please indicate the number of cases/procedures to be performed per year for the new procedure by expected payor:**

	Annual	
S&W Health Plan	-	(Enter # Cases)
Medicare	-	(Enter # Cases)
Worker's Compensation	-	(Enter # Cases)
Medicaid	-	(Enter # Cases)
Champus	-	(Enter # Cases)
Other:		
1	-	(Enter # Cases)
2	-	(Enter # Cases)
3	-	(Enter # Cases)
<b>TOTAL</b>	-	

**Please indicate how the number of new cases were determined:**



**SCOTT & WHITE/SWHP  
TECHNOLOGY ASSESSMENT  
FINANCIAL ANALYSIS FORM**

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**9 What is the expected reimbursement (cash to receive) for the new  
procedure (including device)- per procedure/per case by payor?**

S&W Health Plan	\$ -	(Enter \$ Amt)
Medicare	\$ -	(Enter \$ Amt)
Worker's Comp	\$ -	(Enter \$ Amt)
Medicaid	\$ -	(Enter \$ Amt)
Champus	\$ -	(Enter \$ Amt)
Other:		
1	\$ -	(Enter \$ Amt)
2	\$ -	(Enter \$ Amt)
3	\$ -	(Enter \$ Amt)

**Please enter how determined, and what other  
providers are receiving (please list the provider  
and amount). (Note please attach more detailed  
analysis if applicable):**

**10 Not Used/reserved for future use.**

**SCOTT & WHITE/SWHP  
TECHNOLOGY ASSESSMENT  
FINANCIAL ANALYSIS FORM**

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**Please Check One**

**11a** Has the proposed new procedure/device been paid  
for out of plan (OOP) expenses under the current  
SWHP capitation agreement?

**YES**

☐

**NO**

☐

If YES, then please provide detail as to  
how many cases and when they occurred:

(Please contact Dr. Beverly Grimshaw, SWHP Medical Director, for OOP information  
at 1-325-247-2868 or on her cell at 1-325-247-6001 or at bgrimshaw@sw.org.)

**11b** How much has been paid for out of plan (OOP) costs  
associated with the new procedure or device  
within the last year?

\$         - (Enter \$ Amt)  
(Annual Amt)

**12** What is the expected annual growth rate percentage  
for revenues and costs for the next five years?

	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
PERCENTAGE INCREASE	0%	3%	3%	2%	2%

(Please input expected percentage increase for each year from the previous year)

Note that YEAR 1 will always be 0%. Reasonable that YEAR 2 through YEAR 5 would be  
a curve with slight increase from YEAR 1 to YEAR 2 and then a plateau. Rates above 3%  
would be considered unusual and require additional explanation.

Please indicate how the percentage increases  
were determined:

**SCOTT & WHITE/SWHP  
TECHNOLOGY ASSESSMENT  
FINANCIAL ANALYSIS FORM**

**PAGE NF7**

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**13 What is the expected discount rate for the next  
five years?**

**Rate determined by using a reasonable  
rate of borrowing:**

6%

**Adding opportunity costs:**

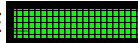
6%

**Total Discount Rate:**

12%

**Based upon discussions with Treasury Services, we expect the rate of borrowing to  
be approximately 6% and an opportunity costs of between 4% to 6%.**

**LINK TO OVERVIEW PAGE**



**BAYLOR SCOTT & WHITE HEALTH/SWHP  
TECHNOLOGY ASSESSMENT  
FINANCIAL ANALYSIS SUMMARY**

**PAGE FS1**

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Note information has been provided by completion of the New Procedure Form and the Financial Analysis Form. Do not enter information directly.

**PRO FORMA 5 YEAR CONTRIBUTION MARGIN ANALYSIS:**

	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
PERCENTAGE INCREASE	0%	3%	3%	2%	2%
TOTAL REIMBURSEMENT	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL DIRECT COSTS	-	-	-	-	-
CONTRIBUTION MARGIN BEFORE OOP	-	-	-	-	-
OOP PAYMENTS	-	-	-	-	-
CONTRIBUTION MARGIN AFTER OOP	\$ -	\$ -	\$ -	\$ -	\$ -

**PER CASE/PROCEDURE:**

NUMBER - PROCEDURES	-	-	-	-	-
TOTAL REIMBURSEMENT	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
TOTAL DIRECT COSTS	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
CONTRIBUTION MARGIN BEFORE OOP	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
OOP PAYMENTS	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
CONTRIBUTION MARGIN AFTER OOP	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

NET PRESENT VALUE (NPV) PRO FORMA 5 YEAR CONTRIBUTION MARGIN = \$0.00

**START-UP COSTS:**

TRAINING	\$ -
EQUIPMENT AND OTHER	-
<b>TOTAL START-UP</b>	<b>\$ -</b>

**SURPLUS OF NPV OF 5 YEAR'S CONTRIBUTION MARGIN OVER START-UP COSTS:** **\$ -**

**NOTE CONSERVATIVE AS EQUIPMENT HAS BEEN RECOUPED THROUGH DEPRECIATION**

**INTERNAL RATE OF RETURNS:**

	END OF YR1	END OF YR2	END OF YR3	END OF YR4	END OF YR 5
Start-up	\$ -	#NUM!	#NUM!	#NUM!	#NUM!
Year 1	\$ -				
Year 2	\$ -				
Year 3	\$ -				
Year 4	\$ -				
Year 5	\$ -				

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**BAYLOR SCOTT & WHITE HEALTH/SWHP  
TECHNOLOGY ASSESSMENT  
FINANCIAL ANALYSIS SUMMARY**

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**Note information has been provided by completion of the New Procedure Form and the Financial Analysis Form. Do not enter information directly.**

**PROJECTION OF ANNUAL BASELINE REIMBURSEMENT AND COSTS:**

<b>PAYORS</b>	<b>NUMBER OF NEW INCREMENTAL ANNUAL CASES/PROCEDURES</b>	<b>REIMBURSEMENT PER CASE/PROCEDURE</b>	<b>EXPECTED ANNUAL TOTAL REIMBURSEMENT</b>
SWHP	-	\$	-
MEDICARE	-	-	-
WC	-	-	-
MEDICAID	-	-	-
CHAMPUS	-	-	-
OTHER:	-	-	-
	-	-	-
	-	-	-
<b>TOTAL</b>	<b>-</b>	<b>\$</b>	<b>-</b>

**LESS ESTIMATED ANNUAL RECURRING ADDITIONAL COSTS:**

TRAINING COSTS	\$	-
NEW EQUIPMENT DEPRECIATION		-
SUPPLIES, DRUGS, DEVICE COSTS PER CASE EXTENDED		-
EQUIPMENT/SUPPLIES RECURRING ANNUAL COSTS		-
STAFFING COSTS		-
OTHER DEPARTMENT COSTS		-

<b>TOTAL</b>	<b>\$</b>	<b>-</b>
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<b>CONTRIBUTION MARGIN (LOSS) BEFORE OOP ADJUSTMENTS</b>	<b>\$</b>	<b>-</b>
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<b>ADD REDUCTION IN OUT OF PLAN ESTIMATED ANNUAL COSTS FOR THE PROCEDURE/PRODUCT</b>		<b>-</b>
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<b>CONTRIBUTION MARGIN (LOSS) AFTER OOP ADJUSTMENT</b>	<b>\$</b>	<b>-</b>
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