

**2021 SPARCS Data Submission Compliance Report -- Data Received Through May 2024
Submissions Not Meeting the Standard of 80% of 2020 Monthly Average (Feb and Dec Set at 75%)**

Facility=GOLDSTEP AMBULATORY SURGERY CENTER, LLC (DTC) PFI: 009820

| File Type | Discharge Month | Prev Yr Avg | # Recds Expected (Target) | # Recds Loaded | Shortage | Pct of PrevYrAvg Submtd * | Exception On File w/SPARCS | Extension Granted | File Last Submtd |
|--------------------------------|-----------------|-------------|---------------------------|----------------|----------|---------------------------|----------------------------|-------------------|------------------|
| AS | January | 111 | 88 | 108 | | 97% | | | 2021 JUN |
| | February | | 83 | 108 | | 97% | | | 2021 JUN |
| | March | | 88 | 162 | | 145% | | | 2021 JUN |
| | April | | 88 | 158 | | 142% | | | 2022 FEB |
| | May | | 88 | 146 | | 131% | | | 2022 FEB |
| | June | | 88 | 147 | | 132% | | | 2022 FEB |
| | July | | 88 | 108 | | 97% | | | 2022 FEB |
| | August | | 88 | 138 | | 124% | | | 2022 FEB |
| | September | | 88 | 96 | | 86% | | | 2022 FEB |
| | October | | 88 | 122 | | 109% | | | 2022 MAR |
| | November | | 88 | 105 | | 94% | | | 2022 MAR |
| | December | | 83 | 91 | | 81% | | | 2022 MAR |
| Total Records Submitted: 1,489 | | | | | | | | | |