



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

VIA EMAIL ONLY

April 28, 2021

Robert Leandro
robleandro@parkerpoe.com

Exempt from Review – Replacement Equipment

Record #: 3529
Date of Request: April 12, 2021
Facility Name: Maria Parham Health
FID #: 943326
Business Name: DLP Maria Parham Medical Center, LLC
Business #: 1178
Project Description: Replace existing CT Scanner
County: Vance

Dear Mr. Leandro:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency), determined that the above referenced project is exempt from certificate of need review in accordance with G.S. 131E-184(a)(7). Therefore, you may proceed to acquire without a certificate of need the GE Revolution EVO CT Scanner to replace the Siemens Sensation 16 CT Scanner. This determination is based on your representations that the existing unit will be sold or otherwise disposed of and will not be used again in the State without first obtaining a certificate of need if one is required.

It should be noted that the Agency's position is based solely on the facts represented by you and that any change in facts as represented would require further consideration by this office and a separate determination. If you have any questions concerning this matter, please feel free to contact this office.

Sincerely,

Handwritten signature of Kim Meymandi in blue ink.

Kim Meymandi
Project Analyst

Handwritten signature of Lisa Pittman in blue ink, followed by the word 'for'.

Lisa Pittman
Acting Chief, Certificate of Need

cc: Radiation Protection Section, DHSR
Construction Section, DHSR

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION
HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION

LOCATION: 809 Ruggles Drive, Edgerton Building, Raleigh, NC 27603
MAILING ADDRESS: 809 Ruggles Drive, 2704 Mail Service Center, Raleigh, NC 27699-2704
<https://info.ncdhhs.gov/dhsr/> • TEL: 919-855-3873

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER



Robert A. Leandro

Partner

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Atlanta, GA
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Charlotte, NC
Columbia, SC
Greenville, SC
Raleigh, NC
Spartanburg, SC
Washington, DC

April 12, 2021

ELECTRONIC MAIL

Lisa Pittman, Assistant Chief
Healthcare Planning and Certificate of Need Section
North Carolina Department of Health and Human Services
Raleigh, NC 27699-2704
Lisa.Pittman@dhhs.nc.gov

Re: Maria Parham Health Prior Notice of CT Replacement

Dear Ms. Pittman:

This letter is intended to provide prior notice to the Healthcare Planning and Certificate of Need Section (the "CON Section" or the "Agency") that our client, Maria Parham Health ("Maria Parham") is replacing one of the existing CT Scanners it currently operates.

The existing CT Scanner that Maria Parham is seeking to replace was first installed in 2005 and is at the end of its useful life. The existing CT Scanner will be removed from Maria Parham and will not be used in North Carolina unless a CON or applicable exemption is obtained. The replacement CT Scanner will perform similar procedures and have similar capabilities as the existing CT Scanner. A chart outlining the costs and functions related to this replacement is attached as Exhibit A.

Maria Parham requests that the Agency issue a written determination confirming that this replacement acquisition is exempt from CON review. We greatly appreciate your attention to this matter. If you have any questions, please feel free to contact me directly.

Sincerely,

A handwritten signature in black ink that reads 'Robb A. Leandro'.

Robb Leandro

RAL:clr

Enclosure

ATTACHMENT

A

	EXISTING EQUIPMENT	REPLACEMENT EQUIPMENT
Type of Equipment (List Each Component)	CT	CT
Manufacturer of Equipment	Siemens	GE
Date of Acquisition of Each Component	2005	TBD
Does Provider Hold Title to Equipment or Have a Capital Lease?	Title	Title
Specify if Equipment Was/Is New or Used When Acquired	New	New
Total Capital Cost of Project (Including Construction, etc.)	NA	\$800,000.00 including \$50,000 contingency
Total Cost of Equipment	N/A	\$725,600.00
Locations Where Operated	Maria Parham Main Campus	Maria Parham Main Campus
Number Days In Use/To be Used in N.C. Per Year	365	365
Percent of Change in Patient Charges (by Procedure)	N/A	None expected
Percent of Change in Per Procedure Operating Expenses (by Procedure)	N/A	None expected
Type of Procedures Currently Performed on Existing Equipment	CT Scans	N/A
Type of Procedures New Equipment is Capable of Performing	N/A	CT Scans

From: [Pittman, Lisa](#)
To: [Waller, Martha K](#)
Subject: Fwd: [External] Prior Notice Maria Parham CT Replacement 2021
Date: Monday, April 12, 2021 12:01:17 PM
Attachments: [Prior Notice Maria Parham CT Replacement 2021.pdf](#)

Pls log and forward to Kim m

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From: Reid, Christina L. <christinareid@parkerpoe.com> on behalf of Leandro, Robert A. <robb Leandro@parkerpoe.com>
Sent: Monday, April 12, 2021 9:43:46 AM
To: Pittman, Lisa <lisa.pittman@dhhs.nc.gov>
Subject: [External] Prior Notice Maria Parham CT Replacement 2021

CAUTION: External email. Do not click links or open attachments unless you verify. Send all suspicious email as an attachment to [Report Spam](#).

Dear Ms. Pittman:

Please see the attached letter, if you have any questions feel free to contact me.

Thank you,

Robert Leandro
Partner

Find our latest health care analysis [here](#).



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