



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 29, 2021

David French, Consultant to Alliance Healthcare Services, Inc.
djfrench45@gmail.com

Exempt from Review – Replacement Equipment

Record #: 3538
Date of Request: April 22, 2021
Facility Name: Alliance Healthcare Services, Inc.
FID #: 040553
Business Name: Alliance Healthcare Services, Inc.
Business #: 60
Project Description: Replace existing mobile MRI scanner
County: Forsyth

Dear Mr. French:

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 Siemens ESPREE ESP 43, Serial # 1M9A3A82XCH022811, mobile MRI scanner to be used in place of the GE SIGNA 480, Serial # 1S9FA4826X1182271 mobile MRI scanner while the GE SIGNA 480 is being temporarily used at Wake Forest Baptist Hospital-Kernersville (Material compliance approval, Project ID #G-11798-19 dated March 29, 2021). This determination is based on your representations that the existing unit, GE SIGNA 480, will be sold or otherwise disposed of after its temporary use at Wake Forest Baptist Hospital-Kernersville 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,

Celia C. Inman
Celia C. Inman
Project Analyst

Gloria C. Hale

for
Lisa Pittman
Acting Chief, Certificate of Need

cc: Acute and Home Care Licensure and Certification 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

ALLIANCE HEALTHCARE SERVICES

April 22, 2021

Ms. Celia Inman, Project Analyst
Ms. Lisa Pittman, Acting Chief
Health Care Planning and Certificate of Need Section
2704 Mail Service Center
Raleigh, NC 27699-2704

Celia.Inman@dhhs.nc.gov

RE: Alliance Healthcare Services - Written Notice for Exemption from CON Review for Replacement of Legacy Mobile MRI Scanner SIGNA 480

Dear Ms. Inman and Ms. Pittman:

Alliance Healthcare Services (“Alliance”) plans to replace mobile MRI scanner SIGNA 480 Serial # 1S9FA4826X1182271 that operates in North Carolina as Legacy MRI scanner. SIGNA 480 has been requested by Wake Forest Baptist Hospital – Kernersville to be temporarily assigned to CON Project # G-11798-19 and serve as the interim fixed MRI scanner while their permanent fixed MRI scanner is being acquired and installed. The reason that SIGNA 480 is needed at Wake Forest Baptist – Kernersville is because this specific unit is the one that hold the current ACR accreditation. Please see the attached previous correspondence regarding the request by Wake Forest Baptist – Kernersville to temporarily utilize an Alliance MRI scanner related to CON Project # G-11798-19.

Please accept this notice of exemption to 1) permanently replace SIGNA 480 with ESP 43, Serial # 1M9A3A82XCH022811, an existing mobile MRI scanner owned by Alliance and 2) temporarily assign SIGNA 480 Serial #1S9FA4826X1182271 as the interim MRI scanner for Wake Forest Baptist Hospital – Kernersville CON Project # G-11798-19. Once the permanent fixed MRI scanner has been installed at Wake Forest Baptist Hospital – Kernersville, SIGNA 480 will be removed from North Carolina.

Compliance Documentation

Compliance with G.S. 131E-176 (22a) Replacement Equipment Definition is evident because the replacement scanner ESP 43 has Fair Market Value which is far less than the \$2,000,000 threshold. Please see the attached Fair Market Valuation for ESP 43. In addition, both the SIGNA 480 and ESP 43 MRI units are already owned by Alliance.

The replacement MRI equipment will be used for the same diagnostic purposes as the existing equipment. In addition, Alliance is providing prior written notice to the Department in accordance with G.S. 131E-184 (a) (7) Exemption from Review to provide replacement equipment.

Applicability and Conformance with Administrative Rule 10A NCAC 14C.0303 Replacement Equipment

Alliance Healthcare Services plans to use the existing ESP 43 MRI as a replacement. No equipment will be purchased. The replacement equipment conforms to the rules as follows:

10A NCAC 14C .0303 REPLACEMENT EQUIPMENT

(a) This Rule defines the terms used in the definition of “replacement equipment” set forth in G.S. 131E-176(22a).

Alliance Healthcare Services has reviewed this rule definition.

(b) “Currently in use” means that the equipment to be replaced has been used by the person requesting the exemption at least 10 times to provide a health service during the 12 months prior to the date the written notice required by G.S. 131E-184(a) is submitted to the CON Section.

Alliance Healthcare Services confirms that SIGNA 480 is a Legacy unit that meets the definition of “currently in use” because this MRI scanner currently serves:

Wake Forest Baptist Outpatient Imaging Kernersville
861 Old Winston Rd,
Kernersville, NC 27284
Forsyth

Wake Forest Baptists Outpatient Imaging
265 Executive Park Blvd.
Winston-Salem, NC 27103
Forsyth

Margaret R Pardee Memorial Hospital
Southeastern Sports Medicine
21 Turtle Creek Drive
Asheville, NC 28803
Buncombe

Additional new sites that would be served by the replacement Legacy ESP 43 (that would otherwise be served by SIGNA 480) include:

Raleigh Radiology
505 Oberlin Road, Suite 110,
Raleigh, NC 27605
Wake

UNC Eastowne Medical Office Building
100 Eastowne Drive
Chapel Hill, NC 27514

(c) Replacement equipment is not “comparable” if: (1) the replacement equipment to be acquired is capable of providing a health service that the equipment to be replaced cannot provide; or (2) the equipment to be replaced was acquired less than 12 months prior to the date the written notice required by G.S. 131E-184(a) is submitted to the CON Section and it was refurbished or reconditioned when it was acquired by the person requesting the exemption.

The replacement MRI scanners are comparable to the scanner being replaced because the interim replacement equipment and the permanent replacement will be used to acquire the same types of MRI images and data. Alliance Healthcare Services certifies that the replacement mobile MRI equipment will be used for the same diagnostic purposes as the existing MRI unit. The existing equipment to be temporarily replaced was acquired in 2013 and was not a refurbished or reconditioned. Please see the attached MRI inventory Form for SIGNA 480.

Please review the following Equipment Comparison Form that provides information regarding the existing MRI and the replacement MRI scanner.

EQUIPMENT COMPARISON

| | EXISTING EQUIPMENT | REPLACEMENT |
|--|--|---|
| Type of Equipment (List Each Component) | MRI | MRI |
| Manufacturer of Equipment | GE | Siemens |
| Tesla Rating for MRIs | 1.5T | 1.5T |
| Model Number | SIGNA | ESPREE |
| Serial Number | 1S9FA4826X1182271 | 1M9A3A82XCH022811 |
| Provider's Method of Identifying Equipment | SIGNA 480 | ESP 43 |
| Specify if Mobile or Fixed | Mobile | Mobile |
| Mobile Trailer Serial Number/VIN # | 1S9FA4826X1182271 | 1M9A3A82XCH022811 |
| Mobile Tractor Serial Number/VIN # | NA – No changes | NA – No changes |
| Date of Acquisition of Each Component | 2013 | 2011 |
| Hold Title or Lease | Holds Title | Holds Title |
| Specify if Equipment Was/Is New or Used When Acquired | New | New |
| Total Capital Cost of Project (no construction involved) | NA | NA |
| Total Cost of Equipment | NA | NA |
| Fair Market Value of Equipment | NA | \$550,000 |
| Net Purchase Price of Equipment | NA | NA |
| Locations Where Operated Currently | <p>Wakes Forest Baptist Kernersville</p> <p>Wake Forest Baptist Winston-Salem</p> <p>Pardee (Southeastern Sports Medicine)</p> | <p>Wake Forest Baptists Outpatient Imaging Winston-Salem,</p> <p>Pardee / Southeastern Sports Medicine</p> <p>Raleigh Radiology Oberlin Road Raleigh,</p> <p>UNC Eastowne MOB Chapel Hill</p> |
| Number Days In Use/To be Used in N.C. Per Year | Up to 365 | Up to 365 |
| Percent of Change in Patient Charges (by Procedure) | NA | 0% |
| Percent of Change in Per Procedure Operating Expenses (by Procedure) | NA | 0% |
| Type of Procedures Currently Performed on Existing Equipment | MRI Procedures | MRI Procedures |
| Type of Procedures New Equipment is Capable of Performing | NA | MRI Procedures |

In summary, ESP 43 is the planned replacement for SIGNA 480, an existing Legacy MRI scanner. When SIGNA 480 is no longer assigned to Wake Forest Baptist – Kernersville as its interim fixed MRI scanner Kernersville (CON Project # G-11798-19), it will be removed from North Carolina.

Thank you for your consideration of this information. Please call me at 336 432-8308 if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "David J. French". The signature is written in a cursive style with a horizontal line underneath.

David J. French
Consultant to Alliance Healthcare Services
djfrench45@gmail.com

cc: Rodney Skelding
rskelding@allianceradiology-us.com

Attachments:

Correspondence Wake Forest Baptist – Kernersville to temporarily utilize an Alliance MRI scanner

FMV documentation for ESP 43

2021 MRI Inventory Form for SIGNA 480



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

March 29, 2021

Susan Hawkins
shawkins@oiarad.com

Material Compliance Approval

Project ID #: G-11798-19
Facility: Wake Forest Baptist Imaging - Kernersville
Project Description: Acquire 1 fixed MRI scanner pursuant to the need determination in the 2019 SMFP
County: Forsyth
FID #: 190280

Dear Ms. Hawkins:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) has determined that the proposed change in your letter and subsequent telephone discussion is in material compliance with representations made in the application. These changes include making arrangements with Alliance Imaging for the temporary use of an MRI scanner brought in from outside North Carolina to be used on the existing mobile pad pending completion of the approved project. The Alliance Imaging scanner will be removed upon operation of Wake Forest Baptist Imaging-Kernersville's permanent fixed MRI scanner, and will not be operated in North Carolina thereafter without approval of the Agency. At no time will Wake Forest Baptist Imaging-Kernersville operate more than one MRI scanner.

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. Moreover, **if** the proposed changes described above will **not** be incorporated into the project as developed, the certificate holder must notify the Agency in writing.

If you have any questions concerning this matter, please feel free to contact this office. Please refer to the Project ID # and Facility ID # (FID) in all correspondence.

Sincerely,

Celia C. Inman
Project Analyst

Lisa Pittman
Acting Chief, Certificate of Need

cc: Acute and Home Care Licensure and Certification Section, DHSR

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION
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AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER



265 Executive Park Blvd.
Winston-Salem, NC 27103-1503
Phone: (336)765-5722 Fax: (336)765-5723

Ms. Lisa Pittman, Interim Chief of CON
Health Planning and Certificate of Need Section
2704 Mail Service Center
Raleigh, NC 27699-27A4

RE: Material Compliance for Wake Forest Baptist Imaging, LLC CON Approval to
Acquire One Fixed MRI Scanner, Project ID # G-11798-19 (Forsyth County)

Dear Ms. Pittman,

Wake Forest Baptist Imaging, LLC, located in Kernersville (WFBI-K), requests confirmation of material compliance that the CON for Project ID # G-11798-19 may be temporarily assigned to the legacy MRI scanner owned by Alliance that can be parked at the CON-approved location. This legacy MRI scanner can remain in use at this location until the CON-approved fixed MRI scanner is installed and operational in accordance with the representations in the CON application.

Overview

The findings include the statement that WFBI-K has a service agreement for the MRI scanner at the Kernersville diagnostic center. Once the fixed MRI scanner at WFBI-K is operational, the Alliance MRI scanner will be removed from service at that location.

The CON certificate for G-11798-19 of the WFBI-K project was issued on July 20, 2020 with a capital cost of \$2,448,179. The scanner project schedule in the application indicated that the approved fixed MRI scanner would begin operation in March 2021.

Rationale for the Material Compliance Request

Temporary assignment of the CON for Project ID # G-11798-19 is in material compliance with the representations in the CON application and the conditions of the CON findings as follows:

1. The CON application and the findings for Project ID # O-11125-16 indicate that the service agreement with Alliance would continue until the approved fixed MRI scanner is installed and operational.

2. No additional capital costs or changes to the ownership of the Alliance MRI scanner at WFBI-K are proposed with the temporary assignment of the CON for Project ID # G-11798-19
3. Once the fixed MRI scanner is installed at the WFBI-K, the Alliance MRI equipment will be removed; WFBI-K shall not acquire more than one fixed MRI scanner.
4. WFBI-K shall not acquire as part of this project and request any additional equipment that is not included in the project's proposed capital cost.

The temporary assignment of the CON for Project ID # G-11798-19 is intended to accommodate the needs for Alliance to make schedule adjustments and equipment replacement plans in the interim period through WFBI-K MRI project completion. By separate correspondence, Alliance plans to submit a request for an MRI equipment replacement exemption so that the Alliance inventory and capacity of MRI scanners in North Carolina is maintained.

The request for material compliance does not modify the status of the project. WFBI-K intends to continue to develop the MRI scanner project in compliance with its CON representations and conditions. Progress reports from WFBI-K will continue to be submitted in a timely manner.

Thank you for your consideration of this request. Please contact me if you need additional information.

Sincerely,

Susan Hawkins

Sr. Director of Imaging
Shawkins@oiarad.com
919-247-1227

MARKET VALUATION FOR ALLIANCE HEALTHCARE RADIOLOGY

Block Imaging International, Inc. a Michigan corporation having its office at 1845 Cedar St., Holt, MI 48842 has prepared this Market Valuation for Alliance Healthcare Radiology.

Date: April 19, 2021

*Prepared for: Alliance Healthcare Radiology
18201 Von Karman Avenue, Suite 600
Irvine, California 92612
Cathy Weinhold*

Profile of Equipment- ESP 43

Siemens 1.5T Espree

Channels: 8

Software version: VB19A

Features: Tim Application Suite, Neuro Suite, Body Suite, Angio Suite, Cardiac Suite, Ortho Suite, Onco Suite, Pediatric Suite, Breast Suite, Scientific Suite, syngo General License Matrix Mode, 3D Usage License, 3D MPR, 3D MIP, Argus Viewer, Worklist, MDDW, Phoenix Zip, syngo Remote Assist, Inline 3D Distortion Correction, Image Filter Software, MPPS, 3D Distortion Correction, USA License, Magnetom Espree, iPAT Extensions, Composing, Inline Diffusion, CISS & DESS, Incline Composing, BLADE, TWIST, I-class, Optimized Protocols for EC, Additional option N-WARP

70 cm bore

Table Weight Limit: 550 lbs

Coils: Foot/Ankle, Wrist, Hi Res Knee, Body Matrix (2), Cervical, CP Extremity, Head, Shoulder Array Large and Small, Flex Large and Small

Accessories and Components: Injector: Medrad Spectris Solaris

Trailer: Medical Coaches

Trailer VIN: 1M9A3A82XCH022811

Service provided by Siemens

FMV: \$500,000 - \$550,000

The Fair Market Value represented is what Block Imaging considers the median range for an “in-place” asset provided the information presented. Other factors must be considered in valuing what the unit is worth to Alliance Healthcare Radiology or via orderly liquidation. The replacement value of this unit would include the following items not accounted for in this FMV – site preparation, delivery, installation and service agreements.

Prepared By:

Emily Jones

Title:

Executive Assistant to the President

Date:

April 19, 2021

Block Imaging International, Inc. makes every effort to evaluate and produce the most current and accurate information possible, however, NO WARRANTIES, EXPRESS OR IMPLIED ARE PROVIDED FOR THE DATA HEREIN, ITS USE OR INTERPRITATION. Block Imaging International, Inc. is not a licensed appraiser and Buyer’s acceptance of this Agreement shall act as an acknowledgment of that fact and that Block Imaging International, Inc. shall have no liability for the quality, completeness, accuracy, or adequacy of the data.



Section 2: Equipment and Procedures Information

Reporting Period: 10/01/2019 – 9/30/2020 Other time period: _____

Do not make extra copies of this page if the entity has multiple MRIs. Submit a complete, separate R&I form for each scanner.

(Please make additional copies of this page as needed for additional Service Sites.)

| | |
|--|---|
| For DHSR Planning Use Only: | |
| Manufacturer/Tesla | GE / 1.5T |
| Model number | Signa Horizon ES LX |
| Open or closed (including open bore) scanner | <input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed |
| Serial or I.D. Number | Serial 1S9FA4826X1182271 SIGNA 480 |
| Date of acquisition | 2013 |
| Purchase price (if purchased) | \$625,000 |
| Certificate of Need Project ID (or Legacy) | <input checked="" type="checkbox"/> Legacy |
| Certificate holder, as listed on Certificate of Need | Alliance HealthCare Services |
| If equipment went to only 1 site, is it permanently parked at that site? | <input type="checkbox"/> Parked <input checked="" type="checkbox"/> Not Parked |
| | Service Site Number 1 |
| Service Site Information: Please include all the information requested for each location. | Service Site <u>Margaret Pardee Hospital</u> Address 21 Turtle Creek City: <u>Asheville NC</u> Zip <u>28803</u> County <u>Buncombe</u> |
| Procedures*: - with Contrast or Sedation - without Contrast/ Sedation -Total inpatient/outpatient | Inpatient: with: 0 w/out: 0 Total: 0 Outpatient: with: <u>0</u> w/out: <u>211</u> Total: <u>211</u> |
| Total Number of Procedures | Total: <u>211</u> |
| For each day of the week, enter the number of hours the scanner is in operation. | ___ Sunday ___ Thursday Hours subject to change ___ Monday ___ Friday ___ Tuesday ___ Saturday ___ Wednesday |
| Total number of hours in operation for reporting period | <u>180 hrs</u> |

*An **MRI procedure** is defined as a single discrete MRI study of one patient (single CPT coded procedure). An MRI study means one or more scans relative to a single diagnosis or symptom. **The total number of procedures should be equal to or greater than the total number of patients reported on the MRI Patient Origin Table on page 3 of this form.**

Name of entity that acquired the equipment (from page 1) **Alliance HealthCare Services**



Section 2: Equipment and Procedures Information

Reporting Period: 10/01/2019 – 9/30/2020 Other time period: _____

Do not make extra copies of this page if the entity has multiple MRIs. Submit a complete, separate R&I form for each scanner.

(Please make additional copies of this page as needed for additional Service Sites.)

| | |
|--|---|
| For DHSR Planning Use Only: | |
| Manufacturer/Tesla | GE / 1.5T |
| Model number | Signa Horizon ES LX |
| Open or closed (including open bore) scanner | <input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed |
| Serial or I.D. Number | Serial 1S9FA4826X1182271 SIGNA 480 |
| Date of acquisition | 2013 |
| Purchase price (if purchased) | \$625,000 |
| Certificate of Need Project ID (or Legacy) | <input checked="" type="checkbox"/> Legacy |
| Certificate holder, as listed on Certificate of Need | Alliance HealthCare Services |
| If equipment went to only 1 site, is it permanently parked at that site? | <input type="checkbox"/> Parked <input checked="" type="checkbox"/> Not Parked |
| | Service Site Number 2 |
| Service Site Information: Please include all the information requested for each location. | Service Site <u>Charlotte Eye, Ear, Nose and Throat</u> Address <u>6035 Fairview Road</u> City: <u>Charlotte NC</u> Zip <u>28210</u> County <u>Mecklenburg</u> |
| Procedures*: - with Contrast or Sedation - without Contrast/ Sedation -Total inpatient/outpatient | Inpatient: with: 0 w/out: 0 Total: 0 Outpatient: with: <u>313</u> w/out: <u>44</u> Total: <u>357</u> |
| Total Number of Procedures | Total: <u>211</u> |
| For each day of the week, enter the number of hours the scanner is in operation. | ___ Sunday ___ Thursday Hours subject to change ___ Monday ___ Friday ___ Tuesday ___ Saturday ___ Wednesday |
| Total number of hours in operation for reporting period | <u>320 hrs</u> |

*An **MRI procedure** is defined as a single discrete MRI study of one patient (single CPT coded procedure). An MRI study means one or more scans relative to a single diagnosis or symptom. **The total number of procedures should be equal to or greater than the total number of patients reported on the MRI Patient Origin Table on page 3 of this form.**

Name of entity that acquired the equipment (from page 1) **Alliance HealthCare Services**



Section 2: Equipment and Procedures Information

Reporting Period: 10/01/2019 – 9/30/2020 Other time period: _____

Do not make extra copies of this page if the entity has multiple MRIs. Submit a complete, separate R&I form for each scanner.

(Please make additional copies of this page as needed for additional Service Sites.)

| | |
|--|---|
| For DHSR Planning Use Only: | |
| Manufacturer/Tesla | GE / 1.5T |
| Model number | Signa Horizon ES LX |
| Open or closed (including open bore) scanner | <input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed |
| Serial or I.D. Number | Serial 1S9FA4826X1182271 SIGNA 480 |
| Date of acquisition | 2013 |
| Purchase price (if purchased) | \$625,000 |
| Certificate of Need Project ID (or Legacy) | <input checked="" type="checkbox"/> Legacy |
| Certificate holder, as listed on Certificate of Need | Alliance HealthCare Services |
| If equipment went to only 1 site, is it permanently parked at that site? | <input type="checkbox"/> Parked <input checked="" type="checkbox"/> Not Parked |
| | Service Site Number 3 |
| Service Site Information: Please include all the information requested for each location. | Service Site <u>Wake Forest Baptist Health Outpatient Imaging</u> Address <u>861 Old Winston Rd.</u> City: <u>Kernersville NC</u> Zip <u>27284</u> County <u>Forsyth</u> |
| Procedures*: - with Contrast or Sedation - without Contrast/ Sedation -Total inpatient/outpatient | Inpatient: with: 0 w/out: 0 Total: 0 Outpatient: with: <u>265</u> w/out: <u>870</u> Total: <u>1135</u> |
| Total Number of Procedures | Total: <u>1135</u> |
| For each day of the week, enter the <u>number of hours</u> the scanner is in operation. | ___ Sunday ___ Thursday Hours subject to change ___ Monday ___ Friday ___ Tuesday ___ Saturday ___ Wednesday |
| Total number of hours in operation for reporting period | <u>876 hrs</u> |

*An **MRI procedure** is defined as a single discrete MRI study of one patient (single CPT coded procedure). An MRI study means one or more scans relative to a single diagnosis or symptom. **The total number of procedures should be equal to or greater than the total number of patients reported on the MRI Patient Origin Table Section 3:**

Name of entity that acquired the equipment (from page 1) **Alliance HealthCare Services**



Patient Origin Data by Service Site

Please provide the county of residence for each patient who received MRI services during the time period of this report. Provide patient origin data separately for each service site. Make additional copies of this page as needed. The total number of patients receiving services should be equal to or less than the total number of procedures reported on page two of this form.

Service Site Number: **1 & 2**

Service Site Name: **NA Alliance does not collect patient origin data**

County in which service was provided: **Buncombe and Mecklenburg**

| Patient County | Number of Patients | Patient County | Number of Patients | Patient County | Number of Patients |
|----------------|--------------------|-----------------|--------------------|---------------------------------|--------------------|
| 1. Alamance | | 37. Gates | | 73. Person | |
| 2. Alexander | | 38. Graham | | 74. Pitt | |
| 3. Alleghany | | 39. Granville | | 75. Polk | |
| 4. Anson | | 40. Greene | | 76. Randolph | |
| 5. Ashe | | 41. Guilford | | 77. Richmond | |
| 6. Avery | | 42. Halifax | | 78. Robeson | |
| 7. Beaufort | | 43. Harnett | | 79. Rockingham | |
| 8. Bertie | | 44. Haywood | | 80. Rowan | |
| 9. Bladen | | 45. Henderson | | 81. Rutherford | |
| 10. Brunswick | | 46. Hertford | | 82. Sampson | |
| 11. Buncombe | | 47. Hoke | | 83. Scotland | |
| 12. Burke | | 48. Hyde | | 84. Stanly | |
| 13. Cabarrus | | 49. Iredell | | 85. Stokes | |
| 14. Caldwell | | 50. Jackson | | 86. Surry | |
| 15. Camden | | 51. Johnston | | 87. Swain | |
| 16. Carteret | | 52. Jones | | 88. Transylvania | |
| 17. Caswell | | 53. Lee | | 89. Tyrrell | |
| 18. Catawba | | 54. Lenoir | | 90. Union | |
| 19. Chatham | | 55. Lincoln | | 91. Vance | |
| 20. Cherokee | | 56. Macon | | 92. Wake | |
| 21. Chowan | | 57. Madison | | 93. Warren | |
| 22. Clay | | 58. Martin | | 94. Washington | |
| 23. Cleveland | | 59. McDowell | | 95. Watauga | |
| 24. Columbus | | 60. Mecklenburg | | 96. Wayne | |
| 25. Craven | | 61. Mitchell | | 97. Wilkes | |
| 26. Cumberland | | 62. Montgomery | | 98. Wilson | |
| 27. Currituck | | 63. Moore | | 99. Yadkin | |
| 28. Dare | | 64. Nash | | 100. Yancey | |
| 29. Davidson | | 65. New Hanover | | | |
| 30. Davie | | 66. Northampton | | 101. Georgia | |
| 31. Duplin | | 67. Onslow | | 102. South Carolina | |
| 32. Durham | | 68. Orange | | 103. Tennessee | |
| 33. Edgecombe | | 69. Pamlico | | 104. Virginia | |
| 34. Forsyth | | 70. Pasquotank | | 105. Other (specify) | |
| 35. Franklin | | 71. Pender | | | |
| 36. Gaston | | 72. Perquimans | | Total Number of Patients | |

Name of entity that acquired the equipment (from page 1) **Alliance HealthCare Services**



Section 4: Certification and Signature

The undersigned Chief Executive Officer or approved designee certifies the accuracy of the information contained on all pages of this form.

Signature 

Print Name **Rodney Skelding**

Date signed **January 25, 2020**

Note: Healthcare Planning and Certificate of Need may request CPT codes for MRI procedures if further clarification is needed.



Section 5: COVID-19 Addendum to Registration and Inventory of Medical Equipment

This special section of the 2021 Registration and Inventory Forms seeks information regarding the facility’s experience during the COVID-19 pandemic. This data will assist Healthcare Planning in projecting the need for equipment in the 2022 State Medical Facilities Plan.

The addendum is not asking for procedures performed on patients diagnosed with or suspected of having COVID-19. Rather, it covers all patients seen at each site entered above between April 1, 2020 through September 30, 2020.

(Please make additional copies of this page as needed for additional Service Sites.)

| | | |
|--|---|---|
| Manufacturer/Tesla | GE / 1.5T | |
| Model number | Signa Horizon ES LX | |
| Open or closed (including open bore) scanner | <input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed | |
| Serial or I.D. Number | Serial 1S9FA4826X1182271 SIGNA 480 | |
| Certificate of Need Project ID (or Legacy) | <input checked="" type="checkbox"/> Legacy | |
| | Service Site Number 1 | |
| Service Site Information: Please include all the information requested for each location. | Service Site <u>Margaret Pardee Hospital</u> Address 21 Turtle Creek City: <u>Asheville NC</u> Zip <u>28803</u> County <u>Buncombe</u> | |
| Procedures*: - with Contrast or Sedation - without Contrast/ Sedation -Total inpatient/outpatient | Inpatient: with: 0 w/out: 0 Total: 0 | Outpatient: with: <u>0</u> w/out: <u>211</u> Total: <u>211</u> |
| Total Number of Procedures | Total: <u>211</u> | |

Name of entity that acquired the equipment (from page 1) **Alliance HealthCare Services**



Section 5: COVID-19 Addendum to Registration and Inventory of Medical Equipment

This special section of the 2021 Registration and Inventory Forms seeks information regarding the facility’s experience during the COVID-19 pandemic. This data will assist Healthcare Planning in projecting the need for equipment in the 2022 State Medical Facilities Plan.

The addendum is not asking for procedures performed on patients diagnosed with or suspected of having COVID-19. Rather, it covers all patients seen at each site entered above between April 1, 2020 through September 30, 2020.

(Please make additional copies of this page as needed for additional Service Sites.)

| | | |
|--|---|--|
| Manufacturer/Tesla | GE / 1.5T | |
| Model number | Signa Horizon ES LX | |
| Open or closed (including open bore) scanner | <input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed | |
| Serial or I.D. Number | Serial 1S9FA4826X1182271 SIGNA 480 | |
| Certificate of Need Project ID (or Legacy) | <input checked="" type="checkbox"/> Legacy | |
| | Service Site Number 2 | |
| Service Site Information: Please include all the information requested for each location. | Service Site <u>Charlotte Eye, Ear, Nose and Throat</u> Address <u>6035 Fairview Road</u> City: <u>Charlotte NC</u> Zip <u>28210</u> County <u>Mecklenburg</u> | |
| Procedures*: - with Contrast or Sedation - without Contrast/ Sedation -Total inpatient/outpatient | Inpatient: with: 0 w/out: 0 Total: 0 | Outpatient: with: <u>0</u> w/out: <u>0</u> Total: <u>0</u> |
| Total Number of Procedures | Total: <u>0</u> | |

Name of entity that acquired the equipment (from page 1) **Alliance HealthCare Services**



Section 5: COVID-19 Addendum to Registration and Inventory of Medical Equipment

This special section of the 2021 Registration and Inventory Forms seeks information regarding the facility’s experience during the COVID-19 pandemic. This data will assist Healthcare Planning in projecting the need for equipment in the 2022 State Medical Facilities Plan.

The addendum is not asking for procedures performed on patients diagnosed with or suspected of having COVID-19. Rather, it covers all patients seen at each site entered above between April 1, 2020 through September 30, 2020.

(Please make additional copies of this page as needed for additional Service Sites.)

| | | |
|--|---|---|
| Manufacturer/Tesla | GE / 1.5T | |
| Model number | Signa Horizon ES LX | |
| Open or closed (including open bore) scanner | <input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed | |
| Serial or I.D. Number | Serial 1S9FA4826X1182271 SIGNA 480 | |
| Certificate of Need Project ID (or Legacy) | <input checked="" type="checkbox"/> Legacy | |
| | Service Site Number 3 | |
| Service Site Information: Please include all the information requested for each location. | Service Site <u>Wake Forest Baptist Health Outpatient Imaging</u> Address <u>861 Old Winston Rd.</u> City: <u>Kernersville NC</u> Zip <u>27284</u> County <u>Forsyth</u> | |
| Procedures*: - with Contrast or Sedation - without Contrast/ Sedation -Total inpatient/outpatient | Inpatient: with: 0 w/out: 0 Total: 0 | Outpatient: with: <u>180</u> w/out: <u>484</u> Total: <u>664</u> |
| Total Number of Procedures | Total: <u>664</u> | |

Name of entity that acquired the equipment (from page 1) **Alliance HealthCare Services**



AUTHENTICATING SIGNATURE: The undersigned submits the COVID-19 Addendum as part of the 2021 Registration and Inventory of Medical Equipment and certifies the accuracy of this information.

A handwritten signature in black ink that reads "Rodney B. Skelding".

Signature

Print Name

Rodney Skelding

Date signed

January 25, 2020

Please complete all sections of this form and return to Healthcare Planning by **Friday, January 29, 2021**.

1. Complete and sign the form
2. Return the form by one of two methods:
 - a. Email a scanned copy to DHSR.SMFP.Registration-Inventory@dhhs.nc.gov.
 - b. Mail the form to Trenesse Michael in Healthcare Planning, 2704 Mail Service Center, Raleigh, NC 27699-2704.

If you have questions, call Trenesse Michael in Healthcare Planning at (919) 855-3867 or email DHSR.SMFP.Registration-Inventory@dhhs.nc.gov.