



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

KODY H. KINSLEY • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

VIA EMAIL ONLY

December 29, 2022

Anna Mickleberry
apost@wakehealth.edu

Exempt from Review – Replacement Equipment

Record #: 4098
Date of Request: November 4, 2022
Facility Name: High Point Regional Health
FID #: 943251
Business Name: High Point Regional Health System
Business #: 920
Project Description: Replace an existing PET-CT
County: Guilford

Dear Ms. Mickleberry:

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(f). Therefore, you may proceed to acquire without a certificate of need the Siemens Vision 450 PET-CT to replace the Siemens Biograph 6 SN-0501055 PET-CT. 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,

Gregory F. Yakaboski
Project Analyst

Micheala Mitchell
Chief

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

November 2nd, 2022

Ms. Micheala Mitchell, Chief
Mr. Greg Yakaboski, Project Analyst
Healthcare Planning and Certificate of Need Section
Division of Health Service Regulation
809 Ruggles Drive
Raleigh, NC 27603

Re: Request for Confirmation of Exemption for High Point Regional Health (FID # 943251; Lic # H0052), Replacement PET

Dear Ms. Mitchell and Mr. Yakaboski,

Pursuant to NC G.S. § 131E-184 (f), Exemptions Review, I am writing to request confirmation that the project described below for High Point Medical Center (“HPMC”) is exempt from review.

HPMC plans to replace the existing PET-CT with a new Siemens Vision 450 PET-CT. The total capital cost of the project is \$5,322,250. The equipment qualifies as replacement equipment pursuant to the existing statutory and regulatory definitions. The existing PET has reached the end of its useful life. Both the existing equipment and the replacement equipment provide procedures that are functionally similar. The existing equipment will be removed from service upon its replacement. This project meets the requirements set forth in N.C. Gen. Stat. 131E-184(f) for “replacement equipment” that exceeds two million (\$2,000,000) threshold in the following ways:

(1) The equipment being replaced is on the main campus.

Please reference **Attachment 1** for a campus map of HPMC. The equipment being replaced is located within the main hospital building. The new equipment will be placed in the same location as the existing equipment.

(2) The Department has previously issued a certificate of need for the equipment being replaced. This subdivision does not apply if a certificate of need was not required at the time the equipment being replaced was initially purchased by the licensed health service facility.

The department previously issued a certificate of need for a PET at HPMC under CON Project ID G-7091-04.

(3) The licensed health service facility proposing to purchase the replacement equipment shall provide prior written notice to the Department, along with supporting documentation to demonstrate it meets the exemption criteria of this subsection.

HPMC respectfully requests that the facts stated above, as well as the information included in the Attachments, serve as prior written notification to the Department that the

replacement of the above-mentioned equipment at HPMC meets all of the exemption criteria in NC G.S. § 131E-184 (f).

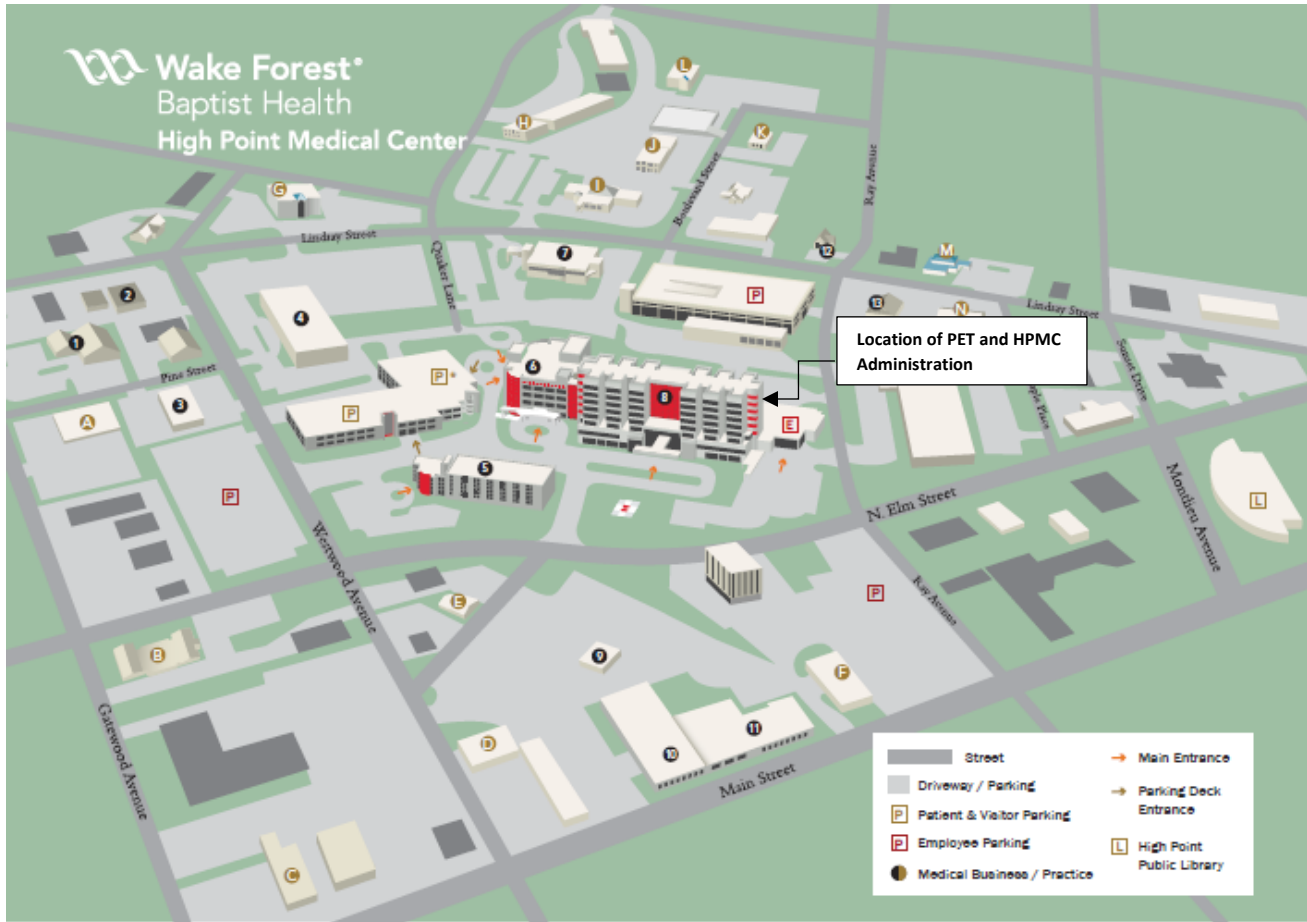
Please let me know if you have any questions or if additional information is needed.

Sincerely,

Anna Post Mickleberry

Anna Mickleberry
AVP, Strategy, Regulatory Planning, and Business Development
Telephone Number 336-608-7460
Email address apost@wakehealth.edu

Attachment 1



High Point Medical Center 8
 The Emergency Center **E**
 Esther R. Culp Women's Center
 Piedmont Joint Replacement Center
 High Point Medical Center Hospital Medicine

Hayworth Cancer Center 5
 Radiation Oncology
 PET/CT Imaging
 WFBH Hematology & Oncology - High Point
 Cancer Resource Center
 Inpatient Rehab Center
 Inpatient Behavioral Health

Congdon Heart and Vascular Center 6
 The Fitness Center
 Medical Staff Relations
 Women's Imaging Suite
 WFBH Heart and Vascular - High Point **P***
 WFBH Finewest OB/GYN - Westwood **P***

The Surgery Center 7

Public Relations & Marketing Contact Center 12

Human Resources 9

Pathology 13

The Rehab Center 11
 Speech Therapy
 Wound Center

Millis Health Education Center 10
 High Point Regional Health Foundation

404 Westwood Building 4
 Central Carolina Dermatology
 High Point Pediatrics
 High Point Nephrology
 WFBH Internal Medicine - Westwood
 WFBH Infectious Disease - High Point
 WFBH Neurosurgery - High Point
 WFBH Surgical Specialists - Westwood
 WFBH Gynecology - Westwood

319 Westwood Building 3
 WFBH Transitional Care

300 Gatewood Building 1
 WFBH Diabetes Health - High Point
 WFBH Endocrinology - Emerywood
 WFBH Bariatric & Weight Management - Gatewood

Billing Office 2
 Patient Accounts

Physician Practices or nearby Businesses

- A** WFBH Urology - Gatewood
- B** WFBH OB/GYN - Elm
- C** BMI Nephrology
- D** Allergy and Asthma Center
- E** Karen Lanier, DDS
- F** Community Clinic of High Point
- G** Bethany Medical Center
- H** WFBH Gastroenterology - High Point
WFBH Ear Nose & Throat - Quaker Lane
- I** WFBH Orthopedics & Sports Medicine - High Point
- J** WFBH Neuroscience
WFBH Pediatrics - Quaker Lane
- K** WFBH Behavioral Health - Emerywood
- L** WFBH Pain Center - Quaker Lane
- M** Oral & Maxillofacial Surgeons: Drs. DeSalvo & Russell
- N** WFBH Internal Medicine - Emerywood

EQUIPMENT COMPARISON

	EXISTING EQUIPMENT	REPLACEMENT EQUIPMENT
Type (e.g., Cardiac Catheterization, Gamma Knife®, Heart-lung bypass machine, Linear Accelerator, Lithotripter, MRI, PET, Simulator, CT Scanner, Other Major Medical Equipment)	PET-CT	PET-CT
Manufacturer	Siemens	Siemens
Model number	Biograph 6	Vision 450
Other method of identifying the equipment (e.g., Room #, Serial Number, VIN #)	SN - 0501055	
Is the equipment mobile or fixed?	Fixed	fixed
Date of acquisition	10/2005	2023
Was the existing equipment new or used when acquired? / Is the replacement equipment new or used?	New	New
Total projected capital cost of the project <Attach a signed Projected Capital Cost form>	NA	5,322,250
Total cost of the equipment		\$2,355,250
Location of the equipment <Attach a separate sheet for mobile equipment if necessary>	Hayworth Cancer Ctr	Hayworth Cancer Ctr
Document that the existing equipment is currently in use	Yes	NA
Will the replacement equipment result in any increase in the average charge per procedure ?	NA	No
If so, provide the increase as a percent of the current average charge per procedure	NA	NA
Will the replacement equipment result in any increase in the average operating expense per procedure ?	NA	No
If so, provide the increase as a percent of the current average operating expense per procedure	NA	NA
Type of procedures performed on the existing equipment <Attach a separate sheet if necessary>	PET Whole Body	NA
Type of procedures the replacement equipment will perform <Attach a separate sheet if necessary>	NA	PET Whole Body

Date of last revision: 5/17/19

From: [Yakaboski, Greg](#)
To: [Stancil, Tiffany C](#)
Subject: FW: [External] HPMC Request Confirmation on PET CON Exemption
Date: Friday, November 4, 2022 1:25:56 PM
Attachments: [2022 1102 HPMC PET Replacement Equipment Letter.pdf](#)

FYI- Just received this exemption request

From: Nicole Moore <nsmoore@wakehealth.edu>
Sent: Friday, November 4, 2022 1:09 PM
To: Yakaboski, Greg <greg.yakaboski@dhhs.nc.gov>
Subject: [External] HPMC Request Confirmation on PET CON Exemption

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

Hi Greg,

Please find the attached letter for HPMC requesting confirmation of exemption for PET replacement. Please let us know if you need anything else. Thank you!

Kind regards,
Nicole

Nicole Moore, MBA

Strategy & Planning Manger
Growth, Strategy, and Business Development
Medical Center Boulevard | Winston-Salem | NC | 27157
Office: 336-716-6968 | Cell: 469-831-6587

Atrium Health

***Wake Forest Baptist Health is now
Atrium Health Wake Forest Baptist***

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