My Name is Marshia Coe. I'm here on behalf of the Wake Forest Baptist Health dialysis facilities as a 30 plus year employee of Health Systems Management, Inc. I am the Chief Operating Officer.

I am here today to follow up on comments presented to the SHCC at the Greensboro Public Hearing on July 10 by the Central Carolina Kidney Associates nephrologist Munsoor Naeem Lateef, MD. Below is a real example of Dr. Lateef's point about facilities not having the opportunity to expand when necessary.

For the facilities with a calculated facility need of "0" there is no opportunity to add stations when patient numbers grow in great numbers in a short period of time.

Proposed 2020 SMFP

Table 9E: Dialysis Station Need Determination by Facility

County	Facility Identifi- cation Number	Provider Number	Facility	Facility Station Need Determination
Harnett	100969	34-2694	Fresenius Medical Care Angier Dialysis	5
Haywood	010800	34-2629	Waynesville Dialysis Center	7
Henderson	140094	34-2564	Hendersonville Dialysis Center	2
Hoke	945165	34-2579	Dialysis Care of Hoke County	8
Iredell	990439	34-2606	Lake Norman Dialysis Center of Wake Forest University	5
iredell	020759	34-2636	West Iredell Dialysis Center of Wake Forest University	6
Johnston	944566	34-2572	Johnston Dialysis Center	12
Lenoir	955898	34-2518	FMC of Kinston Dialysis Unit	5

The proposed new "Facility Need Methodology" shows no need for Statesville Dialysis Center of Wake Forest University (SDC) in Iredell County and it is not listed within this table as noted from the excerpt above. The "State Office" has stated on multiple occasions that if a facility is not on the list – it cannot apply for facility need.

All of the data and tables included within the Proposed 2020 SMFP use the December 2018 data gathered by the state and published in the July 1, 2019 SDR.

- SDC reported 75 patients (69.4% utilization) for the 27 Station Facility on December 31, 2018 (July 2019 SDR)
- SDC had 81 patients (75% utilization) for the 27 Station Facility on June 30, 2019
- SDC has 86 patients (80% utilization) as of 7-19-2019. With 4 more scheduled to be added within the week. (83.3% utilization) expected before the end of July 2019.
- Note: SDC has not had to add stations since 2009 when the facility added 2 stations for a total
 of 27 stations.
- The Local Nursing homes are now refusing to accept any additional ESRD patients because the SDC does not have any additional capacity for patients on the Monday/Wednesday/ Friday days of service.
- <u>Under the "Proposed 2020 SMFP" "Facility Need Methodology" SDC will not be able to add</u> any new stations until the 1st application period in 2021 with anticipated certification in mid to late 2021. That is 2 years from now.

The Statesville Dialysis Center lead social worker spoke at the Concord Public Hearing on July 16th and shared concerns about the SDC's ability to serve patient in their local area.

To Dr. Lateef's point. The dialysis centers do not know when the patient fluctuations will present. We just know that when it does, the dialysis centers need to be responsive.

This is just another singular example of how the math and the age of data used for calculations within the "Proposed 2020 SMFP" does not work as presented.

For these reasons and those discussed in our comments at prior public hearings, we urge the SHCC to reconsider its adoption of Facility Need Methodology for dialysis in the Proposed 2020 SMFP. Instead, the SHCC should approve a Facility Need Methodology or Policy along the lines of the one proposed by Wake Forest last Spring. That proposal addressed the SHCC's and Agency staff's concerns with developing the SDR, while providing a method which would allow facilities to be responsive to current patient needs.