DELIVERED VIA EMAIL

November 2, 2020

Ms. Martha Frisone, Chief Mr. Mike McKillip, Project Analyst Certificate of Need Section Division of Health Service Regulation NC Department of Health and Human Services 809 Ruggles Drive Raleigh, North Carolina 27603

 Re: Comments on Competing Applications for a Certificate of Need for a Need in the 2020 State Medical Facilities Plan for Three Additional Operating Rooms in Wake County, Health Service Area IV; CON Project ID Numbers: J-011960-20, WakeMed J-011961-20, Valleygate Surgery Center, LLC J-011962-20, Orthopaedic Surgery Center of Garner J-011963-20, UNC Rex Hospital J-011966-20, Duke University Health System, Inc. (Garner) J-011967-20, Duke University Health System, Inc. (Green Level)

Dear Ms. Frisone and Mr. McKillip,

On behalf of Valleygate Surgery Center, LLC, ("Valleygate") Project ID J-011961-20, thank you for the opportunity to comment on the above referenced applications for three operating rooms ("OR") in Wake County. During your review of the projects, I trust that you will consider these comments thoughtfully.

The Agency received six applications for the need identified in the 2020 State Medical Facilities Plan ("SMFP") for three operating rooms in Wake County. Each proposes a different approach. Wake is one of the two largest counties in the state and may soon be the largest; yet, and the 2020 SMFP need determination permits only three ORs in the award. Hence, the decision will significantly influence access to OR service in Wake County.

We believe that the applications submitted confirm and support Valleygate Surgery Center as the most qualified proposal to address the identified need. You will find our reasons in the Valleygate Surgery Center application and reinforced in this letter. In 2017, Valleygate-related entities received Certificates of Need for dental demonstration surgery center projects in HSA V, VI, and III and all three conforming projects are operational. In fact, each one exceeded projections for service to medically underserved groups. This demonstrates the organizational capacity to respond quickly in communities this family of applicants selects.

We understand that the State's Certificate of Need ("CON") award for the proposed ORs must be based upon North Carolina CON health planning objectives, as outlined in G.S 131E-183. In comparing the applications, we request that the CON Section give careful consideration to the extent to which each applicant, not only meets all statutory review criteria, but also offers sustainable, cost-effective, high-value, quality, multi-specialty surgical services easily accessible to both residents of Wake County and patients of Wake County physicians who may live outside the county, but for whom the location of the surgery center is convenient, accessible and appropriate.

WHY APPROVE VALLEYGATE SURGERY CENTER

<u>Context</u>

Valleygate Surgery Center proposes to locate in Garner, an underserved and fast-growing part of Wake County. The service area of almost a quarter million people has no multispecialty ambulatory surgery center. The nearest are in Cary and on the WakeMed- Raleigh Campus. In this county of more than one million residents, distribution of ambulatory surgical resources makes care more accessible as population and traffic continue to increase.

Valleygate Surgery Center, LLC requests only one of the three 2020 SMFP Wake County operating rooms needed. This new licensed, certified, and accredited ambulatory surgery center, conveniently located for patients, providers and reasonably close to a hospital in case of emergency addresses disparities in Wake County. Wake County is a referral center, according to the DHSR Medical Facilities database, 33 percent of surgery patients come from outside the county. So, it is important to consider impact in a regional context. Valleygate learned this month that Lee County's only surgical location, Central Carolina Hospital notified all dentists and ENT's that it would no longer accept pediatric surgery patients. Valleygate Surgery Center in Garner could easily serve them. (See letter from Dr. Vissichelli in Attachment 13.)

Wake County has 110 operating rooms. Approving one operating room to serve this high-need population represents a reasonable allocation of resources.

Other <u>distinguishing features</u> favor Valleygate Surgery Center in this review:

- Valleygate is the only application proposing care for dental/oral surgery patients.
- Most patients of the proposed Valleygate Surgery Center are from **disadvantaged and underserved** groups who live near the proposed facility.
- Valleygate Surgery Center, LLC membership makes it the **only truly new competitor** in Wake County
- It is the only application with letters committing to specific patient referrals
- It is the only application that includes anesthesia in a single proposed charge and reimbursement

Industry Leader in Training and Care for Medically Underserved Populations

Valleygate is an excellent choice because its commitment to the community aligns well with the Basic Principles of the State Medical Facilities Plan. Valleygate-related entities offer residency training for dentists at its sites. Valleygate-related surgery centers have forged strong referral relationships with Federally Qualified Health Centers that serve low-income residents. Presently, Valleygate-related surgery centers are actively engaged with CommWell FQHC in Sampson County, Cumberland and Guilford County Health Departments, and Gaston Family Health Services, Inc, an FQHC that serves several counties in the western piedmont region of North Carolina.

Valleygate Dental Holdings, LLC advocated for surgical providers throughout the North Carolina by working with the North Carolina Medicaid program to develop a payment schedule for ambulatory surgery that is reasonable for both the state and the providers. Proformas in the Valleygate application demonstrate conservation of resources in staffing and equipment. Regarding Criterion 12, Valleygate worked with

vendors to find effective and efficient equipment that will keep costs within the limits of Medicaid reimbursement, thus assuring long-term viability of the center.

History of Quality

All Valleygate-related dental demonstration surgery centers approved in response to the 2016 State Medical Facilities Plan were licensed and certified quickly. This is only possible when a new provider is organized and committed to working with the regulatory bodies.

COMPARATIVE REVIEW

Valleygate Surgery Center's application conforms to all statutory review criteria. The remaining five applications in this batch, failed to conform completely. Table 2 below compares applications by statutory criterion. For explanations of non-conformity, see detailed comments attached to this letter.

Statutory Criterion	Valleygate Surgery Center	WakeMed	Orthopaedic Surgery Center of Garner	UNC Rex	Duke University Health System (Garner)	Duke University Health System (Green Level)
1	С	NC	NC	NC	NC	NC
3	С	NC	NC	NC	NC	NC
3(a)	NA	NA	NA	NA	NA	NA
4	С	С	С	С	NC	NC
5	С	NC	С	С	NC	NC
6	С	С	NC	NC	С	С
7	С	NC	С	С	NC	NC
8	С	С	С	С	С	С
9	С	С	С	С	С	С
12	С	С	С	NC	NC	С
13	С	С	NC	С	С	С
14	С	С	С	С	NC	NC
18(a)	С	NC	NC	NC	NC	NC
20	С	С	С	С	С	С
Performance Standard .2103	С	NC	С	С	NC	NC

Notes: "C" means conforming, "NC" means non-conforming, "NA" means not applicable

Competitive Metrics

Valleygate understands that the Agency may consider any metric in its competitive review of the applications. We believe that the Agency should consider metrics that represent the spirit and intent of the SMFP regarding value, quality, and accessibility as well as special issues related to this review. The following summary presents a strong and reasonable comparison of the six applications with regard to these elements. The first metric, "New competitor," is particularly important. Numerous studies demonstrate the importance of competition to maintain access, value, and quality. With more than a million residents, Wake County is large enough for the benefits of competition.

For ease of presentation, the following Table 3 ranks applications 1 to 6, with <u>1 being the most favorable</u> and 6 being the least favorable. All scores are based on six possible ranks. In case of a tie, the score equals the sum of the tied ranks divided by the number of ties; e.g., two tied for first place = (1+2)/2=1.5. <u>Best</u> possible score on this table is 14. For detail supporting scores for each metric, please see Attachment 1.

	Metric	Valleygate Surgery Center	WakeMed	Orthopaedic Surgery Center of Garner	UNC Rex	Duke University Health System (Garner)	Duke University Health System (Green Level)
a.	Geographic Accessibility (Located in Area without ORs)	2	5	2	5	2	5
b.	Competition (Access to a New or Alternate Provider)	1	4	4	4	4	4
c.	Scope of Services	5	1.5	6	1.5	4	3
d.	Evidence of Physician Referrals	1	4	4	4	4	4
e.	Bundled payment that includes anesthesia	1	4	4	4	4	4
f.	Patient Access to Lower Cost Surgical Services	2	5	2	5	2	2
g.	Alternative regulatory option not available	1	4	4	4	4	4
h.	Charity Care Deduction from Revenue as a Percentage of Total Net Revenue, PY3	2	1	4	3	6	5
i.	Charity Care Deduction from Revenue as a Percentage of Total Gross Revenue, PY3	3	1	6	2	5	4
j.	Projected Net Revenue per Case, PY3	1	6	4	5	2	3
k.	Projected Operating Expense per Case, PY3	1	5	4	6	3	2
I.	Capital Cost per Case, PY3	4	2	5	1	6	3
Tot	al Score*	24	42.5	49	44.5	46	43
Rai	nking	1	2	6	4	5	3

Table 2 – Summary Comparison of Applicants on Access, Quality, and Value Metrics (Lowest Score = Best)

*Note: Best possible score is 14.

Metrics Considered and Rejected

Several comparative metrics that the Agency has used in other competitive reviews would be difficult in this review. Specifically:

- <u>Total Surgical Cases in the Third Year of Operation:</u> This measure of access is reasonable only if all applications have reasonable forecasts of Utilization. However, DUHS forecast utilization assumed shifts from a facility *that is not yet open*; and Orthopaedic Surgery Center of Garner is a single <u>specialty</u> provider that would limit access to its own members' orthopedic patients.
- <u>Total Medicare and Medicaid Patients in the Third Year of Operation</u>: This measure of access to two traditionally medically underserved groups is reasonable only if all applications have reasonable forecasts of payor mix and all applicants offer the same services. However, two applicants used unsupported assumptions to inflate their percentage of Medicare patients, DUHS and UNC Rex and the mix of services is not the same across all applicants.
- <u>Total Charge per Procedure in Third Year of Operation</u>: This measure of access to all residents in the service area is not comparable in this review because two applicants, WakeMed and UNC Rex, are hospitals proposing inpatient and outpatient cases, thus will have very different charges from the ASCs.
- <u>Start Dates</u>: The applications propose relatively similar start dates, with one exception. The application for Duke Health Green Level Ambulatory Surgical Center delays the start of service two years longer than the others. This applicant, DUHS, also has approval for one OR and five procedure rooms in the area for Duke Health Green Level Ambulatory Surgery Center; and it is still not operational. In other competitive reviews, the Agency has denied other applicants who have delayed implementation of CONs.¹ That standard should apply to the DUHS application for Duke Health Green Level Ambulatory.

ADDITIONAL LETTERS OF SUPPORT

During this period of public comment, several people wrote letters of support for the Valleygate application. For convenience of the Agency, we consolidated copies that we received and provide them in Attachment 13 to this letter. One letter, from Dr. Mansfield, references the number of cases he proposes to refer. Valleygate understands that the Agency cannot consider that part of his letter as an element of the application's utilization methodology. However, we believe the Agency should consider his letter as evidence of an ENT physician who understands the proposal, and supports the Valleygate application.

¹ See Mecklenburg Operating Room CON review, 2019.

CONCLUSION

Valleygate Surgery Center, is clearly the most cost-effective and highest value option among all applications in this batch. Valleygate Surgery Center fully conforms to the statutory review criteria; therefore, because the rules permit only three awards, the Agency should approve Valleygate Surgery Center as first of the three.

Thank you for your time and consideration. Please do not hesitate to call me if you have any questions.

Sincerely,

Virginia Jones

Virginia Jones Chief Executive Officer

Attachment(s)

ATTACHMENTS

- 1. Detail of Metrics for Comparative Review
- 2. J-011960-20, WakeMed
- 3. J-011962-20, Orthopaedic Surgery Center of Garner, LLC
- 4. J-011963-20, Rex Hospital, Inc.
- 5. J-011966-20, Duke University Health System, Inc.
- 6. J-011967-20, Duke University Health System, Inc.
- 7. Wake Med Cary 2020 Hospital License Renewal Applications and WakeMed Utilization Methodology Section Q
- 8. Herfindahl-Hirschman Index
- 9. HMI Interactive Report and Map
- 10. UNC Rex Hospital 2017 and 2018 License Renewal Applications
- 11. Duke Health Garner ASC Utilization Methodology
- 12. Duke Health Green Level ASC Utilization Methodology
- 13. Valleygate Surgery Center Support Letters

ATTACHMENT 1

Detail of Metrics for Comparative Review

ATTACHMENT 1: COMPARATIVE MATRIX SUPPORT

As explained in the cover letter, Valleygate understands the Agency may consider any metric in its comparative review of the applicants. Valleygate believes these metrics are the best representation of the spirit and intent of the statute and the 2020 SMFP regarding value, quality, and accessibility.

Why these Metrics are Important

a. Located in an area with no ORs:

The 2020 SMFP Wake County need determination covers three ORs. As population density in Wake County increases, the importance of convenient locations increases, especially in underserved areas like Garner, where there are no ORs. Duke Green Level, Valleygate, and OSCG are the only applications in this review that proposed to build ORs in Garner. Figure 1 shows the current distribution of ORs in Wake County.

Figure 1: Location of all ORs in Wake County

Figure C. 8 – Wake County Freestanding Operating Rooms by Location and Number of Operating Rooms Compared to the Southeast Wake County Target Area



Source: Valleygate Surgery Center Application, p.52 and Table 6B, 2020 SMFP

b. New market entrant:

A new market entrant enhances competition. Saturation of a single provider affects the negotiated insurance rates. In a market dominated by one or two providers, patients and payors have little to no leverage with which to reduce rates for services. As health care in North Carolina, and particularly in Wake County, increasingly consolidates to a few providers, like WakeMed, Duke, and UNC who have a history of very high charges, competition is very important. Even among freestanding providers, competition is important, especially for surgical services

c. Scope of Services:

Generally, the application proposing to provide the greatest scope of services is the more effective alternative. OSCG is the only applicant that proposes one specialty, the other applicants all offer more than three specialties.

d. Number of annual promised referrals:

Promised referrals from providers provide quantifiable demonstration that a calculated need and utilization are realistic. While methodologies use projected data to estimate the need and utilization of surgical services within a market, promised referrals from providers who independently estimate their patient needs and indicate specific intent to use the service are demonstrated evidence of the projected need. Furthermore, promised referrals show faith in the applicant to provide quality services to the providers' patients.

e. Bundled Payment that Includes Anesthesia Charge

Providing single bundled payments is more cost effective as it saves money patient would have to pay out of pocket. None of the applicants in this review included anesthesia in their charges, Valleygate is the only applicant that did. The other applicants will have the anesthesia provide a separate bill, which will end up costing the patient more out of pocket.

f. Patient Access to Lower Cost Surgical Services

Costs to perform outpatient surgery in a hospital are generally higher than in an ASC. About 65 percent of the surgical cases performed in Wake County are ambulatory (outpatient) surgery. ASCs only represent 33 percent of the approved Wake County ORs. The development of more ASC ORs would be more cost effective than hospital-based ORs. WakeMed and UNC Rex are proposing to add hospital based ORs, which are expensive.

g. <u>Alternative Regulatory Options Not Available</u>

All the applicants, except Valleygate are existing providers in Wake County. The other applicants could apply to add ORs to their facilities from settlements in competitive reviews or relocate their own ORs to their facilities. All other applicants, except Valleygate, would not a need determination to do this.

Table 1 contains the raw data used in this comparison. Where applicable, all data is for Project Year 3.

Table 1. Raw Data for the Comparative Scores

	Metric	Valleygate Surgery Center	WakeMed	Orthopaedic Surgery Center of Garner	UNC Rex	Duke University Health System (Garner)	Duke University Health System (Green Level)
a.	Geographic Accessibility (Located in Area without ORs)	yes	no	yes	no	yes	no
b.	Competition (Access to a New or Alternate Provider)	yes	no	no	no	no	no
c.	Scope of Services	4/20	20/20	1/20	20/20	7/20	10/20
d.	Number of Annual Promised Referrals	yes	no	no	no	no	no
e.	Bundled payment that Includes Anesthesia Charge	yes	no	no	no	no	no
f.	Patient Access to Lower Cost Surgical Services	yes	no	no	no	yes	yes
g.	Alternative regulatory option not available	yes	no	no	no	no	no
h.	Charity Care Deduction from Revenue as a Percentage of Total Net Revenue, PY3	7.5%	22.7%	3.2%	6.2%	1.8%	2.1%
i.	Charity Care Deduction from Revenue as a Percentage of Total Gross Revenue, PY3	2.0%	5.3%	0.6%	2.1%	0.8%	1.0%
j.	Projected Net Revenue per Case, PY3	\$1,666	\$14,772	\$5,289	\$11,107	\$3,763	\$4,277
k.	Projected Operating Expense per Case, PY3	\$1,406	\$6,747	\$3,854	\$9,381	\$2,840	\$2,704
١.	Capital Cost per Case, PY3	\$3,088	\$257	\$6,921	\$20	\$8,546	\$1,756

Sources and Notes

Table 2. Sources of Raw Data for Table 1

	Metric	Valleygate Surgery Center	WakeMed	Orthopaedic Surgery Center of Garner	UNC Rex	Duke University Health System (Garner)	Duke University Health System (Green Level)
a.	Geographic Accessibility (Located in Area without ORs)	P36	p17	p47	p17	p33	p16
b.	Competition (Access to a New or Alternate Provider)	p108	n/a	n/a	n/a	n/a	n/a
c.	Scope of Services	p23	p17	p22	p17	p16	p16
d.	Number of Annual Promised Referrals	p289	n/a	n/a	n/a	n/a	n/a
e.	Bundled Payment that Includes Anesthesia Charge	p154	n/a	n/a	n/a	n/a	n/a
f.	Patient Access to Lower Cost Surgical Services	p15,16,109	p13,14,102	p16,17,100	p13,14,79	p108	p106
g.	Alternative regulatory option not available	p23	n/a	n/a	n/a	n/a	n/a
h.	Charity Care Deduction from Revenue as a Percentage of Total Net Revenue, PY3	See "h" and Table 3	See "h" and Table 3	See "h" and Table 3	See "h" and Table 3	See "h" and Table 3	See "h" and Table 3
i.	Charity Care Deduction from Revenue as a Percentage of Total Gross Revenue, PY3	See "i" and Table 4	See "i" and Table 4	See "i" and Table 4	See "i" and Table 4	See "i" and Table 4	See "i" and Table 4
j.	Projected Net Revenue per Case, PY3	See "j" and Table 5	See "j" and Table 5	See "j" and Table 5	See "j" and Table 5	See "j" and Table 5	See "j" and Table 5
k.	Projected Operating Expense per Case, PY3	See "k" and Table 6	See "k" and Table 6	See "k" and Table 6	See "k" and Table 6	See "k" and Table 6	See "k" and Table 6
١.	Capital Cost per Case, PY3	See "l" and Table 7	See "l" and Table 7	See "l" and Table 7	See "l" and Table 7	See "l" and Table 7	See "l" and Table 7

h. <u>Charity Care Deduction from Revenue as a Percentage of Total Net Revenue, PY3</u> The applicant that proposes the most charity care is the more effective alternative. With the exception of WakeMed and Valleygate, every other applicant has a charity care below 4 percent of total net revenue. Table 3 has the charity care calculations.

Applicants	Total Charity Care (OR), PY3			otal OR Net evenue, PY3	% of Total
		а	b		с
Valleygate	\$	94,371	\$	1,263,889	7.5%
WakeMed	\$	29,496,050	\$	130,026,137	22.7%
OSCG	\$	345,091	\$	10,741,767	3.2%
UNC Rex	\$	14,074,985	\$	228,089,339	6.2%
Duke Garner	\$	94,226	\$	5,151,523	1.8%
Duke Green Level	\$	283,954	\$	14,614,676	1.9%

Table 3: Charity Care as a Percent of Total Net Revenue, PY3

Source: Form F.2

Notes:

a) Total OR Charity Care, per Form F.2

b) Total OR Net Revenue per Form F.2

c) a/b

i. <u>Charity Care Deduction from Revenue as a Percentage of Total Gross Revenue, PY3</u> The applicant that proposes the most charity care is the more effective alternative. With the exception of WakeMed, Valleygate and UNC Rex, every other applicant has a charity care below 4 percent of total net revenue. Table 4 has the charity care calculations.

Table 4: Charity Care as a Percent of Total Gross Revenue, PY3

Applicants	Total Charity Care (OR), PY3		otal OR Gross evenue, PY3	% of Total
	а		b	С
Valleygate	\$	94,371	\$ 4,776,856	2.0%
WakeMed	\$	29,496,050	\$ 555,640,545	5.3%
OSCG	\$	345,091	\$ 54,579,395	0.6%
UNC Rex	\$	14,074,985	\$ 667,675,625	2.1%
Duke Garner	\$	94,226	\$ 10,790,751	0.8%
Duke Green Level	\$	283,954	\$ 30,729,889	0.9%

Source: Form F.2

Notes:

- a) Total OR Charity Care, per Form F.2
- b) Total OR Net Revenue per Form F.2

c) a/b

j. Projected Net Revenue per Case, PY3

Generally, the application proposing the lowest average net revenue is the more effective alternative since a lower average may indicate a lower cost to the patient or third-party payor. The commenter took the total net revenue proposed for the ORs and divided by the total surgical cases. Table 5 has the net revenue per surgical case calculations.

Applicants	Total Net Revenue, PY3		OR Cases, PY3	Revenue per OR Case
	а		b	С
Valleygate	\$	1,263,889	759	\$ 1,666
WakeMed	\$	130,026,137	8,802	\$ 14,772
OSCG	\$	10,741,767	2,031	\$ 5,289
UNC Rex	\$	228,089,339	20,535	\$ 11,107
Duke Garner	\$	5,151,523	1,369	\$ 3,763
Duke Green Level	\$	14,614,676	3,417	\$ 4,277

Table 5: Net Revenue per Surgical Case, PY3

Source: Form F.2, and Form C

Notes:

- a) Total OR Net Revenue, per Form F.2
- b) OR Cases per Form C Utilization
- c) a/b

k. Projected Operating Expense per Case, PY3

Generally, the application proposing the lowest average net revenue is the more effective alternative since a lower average may indicate a lower cost to the patient or third-party payor. The commenter took the total operating expenses proposed for the ORs and divided by the total surgical cases. Table 6 has the net revenue per surgical case calculations.

Table 6: Operating Expense per Surgical Case, PY3

Applicants	Total Operating Expenses, PY3		OR Cases, PY3	Total Operating Expenses per OR Case	
		а	b		С
Valleygate	\$	1,066,626	759	\$	1,406
WakeMed	\$	59,384,364	8,802	\$	6,747
OSCG	\$	7,828,007	2,031	\$	3,854
UNC Rex	\$	192,639,806	20,535	\$	9,381
Duke Garner	\$	3,888,202	1,369	\$	2,840
Duke Green Level	\$	9,239,771	3,417	\$	2,704

Source: Form F.3, and Form C

Notes:

- a) Total OR Operating Expenses, per Form F.3
- b) OR Cases per Form C Utilization

c) a/b

I. Capital Cost per Case, PY3

With the exception, of UNC Rex, all capital costs for each project were above \$2M. A high capital cost to case ratio will unduly increase the cost of services for patients. The commenter took the total capital cost for each project and divided by the total surgical cases projected for the third operating year. Table 7 has the total capital cost per surgical case calculations.

Applicants	Total Capital Cost, PY3	OR Cases, PY3	Total Capital Cost per OR Case		
	а	b	С		
Valleygate	\$ 2,341,977	759	\$	1,666	
WakeMed	\$ 2,265,178	8,802	\$	14,772	
OSCG	\$ 14,056,934	2,031	\$	5,289	
UNC Rex	\$ 407,588	20,535	\$	11,107	
Duke Garner	\$ 11,700,000	1,369	\$	3,763	
Duke Green Level	\$ 6,000,000	3,417	\$	4,277	

Table 7: Capital Cost per Surgical Case, PY3

Source: Form F.1a, and Form C

Notes:

a) Total Capital Cost, per Form F.1a

b) OR Cases per Form C Utilization

c) a/b

ATTACHMENT 2

Comments: J-011860-20, WakeMed

Competitive Review of: WakeMed; J-011960-20

OVERVIEW

WakeMed's application is non-conforming with statutory review criteria 1, 3, 5, 7, and 18(a) and does not meet the performance standard in 10A NCAC .2103.

This application proposes to develop one new shared operating room at a WakeMed Cary Hospital in Cary, North Carolina. The applicant proposes to serve 8,802 patients from Wake and other North Carolina counties by Project Year 3, October 1, 2022 through September 30, 2025.

CON REVIEW CRITERIA

1. The proposed project shall be consistent with applicable policies and need determinations in the State Medical Facilities Plan, the need determination of which constitutes a determinative limitation on the provision of any health service, health service facility, health service facility beds, dialysis stations, ambulatory surgery operating rooms, or home health offices that may be approved.

POLICY GEN-3: BASIC PRINCIPLES

Policy GEN-3 states that a

"...certificate of need applicant shall also document how its projected volumes incorporate these concepts in meeting the identified need identified in the State Medical Facilities Plan as well as addressing the needs of <u>all residents in the</u> <u>proposed service area</u>."¹ [Emphasis added]

Please see the discussion under Criterion 3 explaining how WakeMed's application failed to demonstrate how projected volumes incorporate the concepts in meeting the need of all residents in the proposed service area. <u>As a result, the application does not meet Policy GEN-3</u> and should be found non-conforming to Criterion 1.

¹ 2020 State Medical Facilities Plan; Chapter 4 Statement of Policies; Policy GEN-3: Basic Principles. Page 31.

3 The applicant shall identify the population to be served by the proposed project, and shall demonstrate the need that this population has for the services proposed, and the extent to which all residents of the area, and, in particular, low income persons, racial and ethnic minorities, women, handicapped persons, the elderly, and other underserved groups are likely to have access to the services proposed.

Utilization

The applicant's projected surgical case volumes and growth rates are unreliable. On pages 117 through 118 of the application, Step 1 of the WakeMed methodology included in Section Q, shows that the applicant wrongly asserts that its need for additional operating room capacity should be based on the historical utilization of both its existing operating rooms and its hospital-based procedure rooms at WakeMed Cary Hospital. The applicant's outpatient surgical total in FY2019 is also incorrect based on case data from WakeMed Cary Hospital's 2020 License Renewal Application ("LRA"). See Attachment 7 for the utilization methodology and 2020 LRA.

WakeMed's assumption for utilization is entirely inconsistent with the operating room methodology in the 2020 State Medical Facilities Plan ("SMFP") because the SMFP methodology is based solely on the surgery cases performed in the operating rooms. On page 122, the applicant's methodology is incorrect to assume that the average case times for surgery cases performed in the operating rooms from the LRA should be multiplied times the numbers of cases performed in both the operating rooms and its hospital-based procedure rooms.

Clearly, this is not what is represented in the operating room methodology in the 2020 SMFP.

<u>Because WakeMed failed to demonstrate adequately the need of ORs for the population to be</u> <u>served, it should be found non-conforming to Criterion 3.</u>

5. Financial and operational projections for the project shall demonstrate the availability of funds for capital and operating needs, as well as the immediate and long-term financial feasibility of the proposal, based upon reasonable projections of the costs of and charges for providing health services by the person proposing the service.

The assumptions in the pro forma financial statements are not reasonable because the utilization projections are not based on reasonable and adequately supported assumptions. The discussion regarding projected utilization found in Criterion 3 is incorporated herein by reference. Based on the unreasonable utilization, the projection revenues and expenses are unreliable.

Because WakeMed's utilization is unreasonable, <u>the projections for costs and charges for this</u> project as well is the financial feasibility of this project is unreasonable. Therefore, the <u>application should be found non-conforming to Criterion 5.</u>

7. The applicant shall show evidence of the availability of resources, including health manpower and management personnel, for the provision of the services proposed to be provided.

The assumptions in the pro forma financial statements are not reasonable because the utilization projections are not based on reasonable and adequately supported assumptions. The discussion regarding projected utilization found in Criterion 3 is incorporated herein by reference. Based on the unreasonable utilization, the projection staffing is unreliable.

<u>Because WakeMed does not show evidence of the availability of resources for the provision of</u> <u>the services proposed to be provided, it should be found non-conforming to Criterion 7</u>.

18 a. The applicant shall demonstrate the expected effects of the proposed services on competition in the proposed service area, including how any enhanced competition will have a positive impact upon the cost effectiveness, quality, and access to the services proposed; and in the case of applications for services where competition between providers will not have a favorable impact on cost effectiveness, quality, and access to the services to the services proposed, the applicant shall demonstrate that its application is for the service for which competition will not have a favorable impact.

Competition

WakeMed owns and operates 41 ORs in Wake County according to Form A and data from the 2020 SMFP. Wake County currently has 110 licensed ORs. If the Agency were to approve WakeMed's application, WakeMed would own and operate a total of 42 ORs in Wake County. This would represent about 38 percent (42/111 = 38%) of the ORs in the entire county, the most of any provider.

The US Department of Justice (DOJ) has a history of anti-trust investigations in situations single providers control of 30 percent or more of a market. WakeMed's application does not enhance competition and would put more operating rooms under control of a single provider system that already exceeds the 30 percent benchmark in a relatively concentrated market. DOJ uses an index, HHI, to evaluate market concentration. Attachment 8 to these comments describes the index. In 2019, the Health Care Cost Institute rated the Raleigh area a "Highly Concentrated" Metro area for healthcare service² It ranked 15th in the country as illustrated in the map in Attachment 9.

² Inpatient Hospital Market Concentratins in US Metros, 2017 <u>https://healthcostinstitute.org/hcci-originals/hmi-interactive#HMI-Concentration-Index</u>

Concentration of service control by a single provider in a relatively concentrated market affects the negotiated insurance rates. In a market dominated by one or two providers, the insurance companies and patients have little to no leverage with which to reduce the contract rates for services.³ This in turn, affects what employers in that market are forced to pay for health insurance coverage. It also affects who will continue to enroll in employee health insurance programs.

According to the Kaiser Family Foundation, the number of insured persons is dropping because of the cost of acquiring insurance.⁴ In fact, in 2018 North Carolina is among states with the highest number uninsured nonelderly persons.⁵ Without competition in the marketplace, there is no incentive to change this trend.

PERFORMANCE STANDARDS

10 NCAC 14C.2103

- (a) An applicant proposing to increase the number of operating rooms (excluding dedicated C-section operating rooms) in a service area shall demonstrate the need for the number of proposed operating rooms in addition to the existing and approved operating rooms in the applicant's health system in the applicant's third full fiscal year following completion of the proposed project based on the Operating Room Need Methodology set forth in the 2020 State Medical Facilities Plan. The applicant is not required to use the population growth factor.
- (b) The applicant shall document the assumptions and provde data supporting the methodology used for each projection in this Rule.

Based on the WakeMed's utilization projections for WakeMed Cary Hospital, the applicant does not meet the performance standard outlined in 10A NCAC 14C .2103 for operating rooms. In Step 5 of the need methodology (at application page 122), WakeMed shows a third-year surplus of 3.66 ORs when using the case times from the 2020 SMFP. When using the case times from their 2020 License Renewal Applications in Step 6, that WakeMed justifies a deficit of one OR (0.51) in the service area. Moreover, WakeMed clearly overstated operating room utilization projections (as seen in the Criterion 3 discussion above).

<u>Because WakeMed used case times inconsistent with the 2020 SMFP methodology and</u> <u>overstated utilization projections, and flawed assumptions, WakeMed should be found non-</u> <u>conforming to the performance standard.</u>

³ Gee, Emily, Gurwitz, Ethan, "Provider Consolidation Drives Up Health Care Costs: Policy Recommendations to Curb Abuse of Market Power and Protect Patients". *Center for American Progress,* Dec 2018, <u>https://www.americanprogress.org/issues/healthcare/reports/2018/12/05/461780/providerconsolidation-drives-health-care-costs/</u>

⁴ Tolbert, Jennifer, et al. "Key Facts about the Uninsured Population." *The Henry J. Kaiser Family Foundation*, 13 Dec. 2019, <u>https://www.kff.org/uninsured/issue-brief/key-facts-about-the-uninsured-population/</u>.

ATTACHMENT 3

Comments: J-01162-20, Orthopaedic Surgery Center of Garner, LLC

Competitive Review of: Orthopaedic Surgery Center of Garner, LLC.; J-011962-20

OVERVIEW

Orthopaedic Surgery Center of Garner LLC's ("OSCG") application to develop a new freestanding ambulatory surgery center ("ASC") in Garner, NC is non-conforming with statutory review criteria 1, 3, 6 and 18(a)

This application proposes to develop two operating rooms and two procedure rooms at a new facility called Orthopedic Surgery Center of Garner ("OSCG") in Garner, North Carolina. The applicant proposes to serve 2,291 patients from Wake and other North Carolina counties by Project Year 3, July 1, 2023 through June 30, 2026.

CON REVIEW CRITERIA

1. The proposed project shall be consistent with applicable policies and need determinations in the State Medical Facilities Plan, the need determination of which constitutes a determinative limitation on the provision of any health service, health service facility, health service facility beds, dialysis stations, ambulatory surgery operating rooms, or home health offices that may be approved.

POLICY GEN-3: BASIC PRINCIPLES

Policy GEN-3 states that a

"...certificate of need applicant shall also document how its projected volumes incorporate these concepts in meeting the identified need identified in the State Medical Facilities Plan as well as addressing the needs of <u>all residents in the</u> <u>proposed service area</u>."¹ [Emphasis added]

Please see the discussion under Criterion 3 explaining how the OSCG application failed to demonstrate how projected volumes incorporate the concepts in meeting the need of all residents in the proposed service area. <u>As a result, the application does not meet Policy GEN-3</u> and should be found non-conforming to Criterion 1.

3 The applicant shall identify the population to be served by the proposed project, and shall demonstrate the need that this population has for the services proposed, and the extent to which all residents of the area, and, in particular, low income persons, racial and ethnic minorities, women, handicapped persons, the elderly, and other underserved groups are likely to have access to the services proposed.

Need of Population for Services

The application identifies the population to be served in the patient origin on page 24; clearly including a large geography outside Wake County. Yet the application speaks to needs of only the Wake County population, and does not quantitatively explain how population of other counties translates to its proposed utilization. Discussions of underserved groups in Section C speak only to Wake County and not to other 32.5 percent of patients the application proposes to serve. The same is true of the Need Methodology related to Form C (at page 5 of the Methodology. The missing analysis coupled with the fact that letters from physicians have not committed to specific referral numbers cast doubts on the reasonableness of this application's forecast of need for a new dedicated orthopedic surgery center in Garner that has two operating rooms and two procedure rooms.

<u>Because OSCG failed to demonstrate adequately the need for additional orthopedic ORs and</u> procedure rooms on the part of a significant portion of the population to be served, it should be found non-conforming to Criterion 3.

6. The applicant shall demonstrate that the proposed project will not result in unnecessary duplication of existing or approved health service capabilities or facilities.

In its application, OSCG proposes to offer two ORs that only specialize in orthopedic surgery. According to Table 6B of the 2020 SMFP, there are fifteen ORs across five ambulatory surgery centers in Wake County that specialize in orthopedic surgery. When comparing the number of ORs that offer only orthopedic surgery in Mecklenburg County, a county with similar health systems and population size as Wake County, there are only four ORs. This means Wake has about three times as many ORs that specialize in orthopedic surgery than Mecklenburg. Table 1 has the number of ORs in both Wake and Mecklenburg that specialize in orthopedic surgery.

County	Facility	Number of ORs
Wake	Raleigh Orthopaedic Surgery Center – West Cary	1
Wake	Raleigh Orthopaedic Surgery Center	3
Wake	Capital City Surgery Center	8
Wake	Ortho NC ASC	1
Wake	Triangle Orthopaedics Surgery Center	2
Wake	Total	15
Mecklenburg	Matthews Surgery Center	2
Mecklenburg	Mallard Creek Surgery Center	2
Mecklenburg	Total	4

Table 1: Orthopedic ORs in Wake and Mecklenburg County

Source: Table 6B, 2020 SMFP

Moreover, on page 80 of its application, OSCG provides a list of ORs in Wake County based on information from Table 6B in the 2020 SMFP. However, it fails to address in its application in that most of the ambulatory surgery centers that specialize in orthopedic surgery all project an operating room surplus, not a deficit. OSCG's application also fails to specifically address Capital City Surgical Center, which, according to the 2020 SMFP, Table 6B, has an operating room surplus, offers orthopedic surgery, and is within 8 miles of the proposed site.

<u>Because the OSCG does not demonstrate that the project will not result in unnecessary</u> <u>duplication of another ambulatory surgical facility that is nearby and has excess capacity, the</u> <u>application fails to conform to Criterion 6.</u>

18 a. The applicant shall demonstrate the expected effects of the proposed services on competition in the proposed service area, including how any enhanced competition will have a positive impact upon the cost effectiveness, quality, and access to the services proposed; and in the case of applications for services where competition between providers will not have a favorable impact on cost effectiveness, quality, and access to the services to the services proposed, the applicant shall demonstrate that its application is for the service for which competition will not have a favorable impact.

Competition

OSCG does not own any ORs in the service area, but its parent company, UNC Rex Healthcare, owns and operates 37 ORs in Wake County according to Form A Facilities and data from the 2020 SMFP. Wake County currently has 110 licensed ORs. If the Agency were to approve OSCG's application, OSCG and UNC Rex Healthcare together, would own and operate a total of 39 ORs in Wake County. This would represent about 35 percent (39/111 = 35%) of the ORs in the entire county, the second most of any provider.

The US Department of Justice (DOJ) has a history of anti-trust investigations in situations single providers control of 30 percent or more of a market. WakeMed's application does not enhance competition and would put more operating rooms under control of a single provider system that already exceeds the 30 percent benchmark in a relatively concentrated market. DOJ uses an index, HHI, to evaluate market concentration. Attachment 8 to these comments describes the index. In 2019, the Health Care Cost Institute rated the Raleigh area a "Highly Concentrated" Metro area for healthcare service² It ranked 15th in the country as illustrated in the map in Attachment 9.

² Inpatient Hospital Market Concentratins in US Metros, 2017 <u>https://healthcostinstitute.org/hcci-originals/hmi-interactive#HMI-Concentration-Index</u>

Concentration of service control by a single provider in a relatively concentrated market affects the negotiated insurance rates. In a market dominated by one or two providers, the insurance companies and patients have little to no leverage with which to reduce the contract rates for services.³ This in turn, affects what employers in that market are forced to pay for health insurance coverage. It also affects who will continue to enroll in employee health insurance programs.

According to the Kaiser Family Foundation, the number of insured persons is dropping because of the cost of acquiring insurance.⁴ In fact, in 2018 North Carolina is among states with the highest number uninsured nonelderly persons.⁵ Without competition in the marketplace, there is no incentive to change this trend.

Cost Effectiveness.

On page 40 of the application, OSCG provides data from the Blue Cross Blue Shield of North Carolina (BCBSNC) web site, "Estimated Health Care Costs of Select Top 20 Outpatient Surgical Procedures", comparing health care costs for three selected outpatient surgical procedures. The data are accompanied by the following sentence:

"As demonstrated in the table above, Raleigh Orthopaedic Surgery Center provides lower costs per procedure than any other ASF procedure in the county for three common outpatient orthopaedic surgeries"

This statement alone is disqualifying, since OSCG opted to use data that did not contain information for all Wake County ASFs. Any analysis that does not include all Wake County ASF providers carries no weight. In the next sentence, OSCG states:

"The proposed Orthopaedic Surgery Center of Garner will expand access to these lower cost services."

While the table on page 40 is offered as evidence of OSCG's supposed lower surgical costs, only three procedures are listed on the table, with no direct comparisons among all Wake County ASFs. OSCG has conveniently cherry-picked data from a single insurer, for only three surgical procedures, and for which data are not available for all the providers, as proof that it is the "low cost provider" for surgical services in Wake County. Without a more complete analysis of surgical costs across multiple payers, including Medicare, that includes all providers, this information is meaningless.

³ Gee, Emily, Gurwitz, Ethan, "Provider Consolidation Drives Up Health Care Costs: Policy Recommendations to Curb Abuse of Market Power and Protect Patients". *Center for American Progress,* Dec 2018, <u>https://www.americanprogress.org/issues/healthcare/reports/2018/12/05/461780/providerconsolidation-drives-health-care-costs/</u>

⁴ Tolbert, Jennifer, et al. "Key Facts about the Uninsured Population." *The Henry J. Kaiser Family Foundation*, 13 Dec. 2019, <u>https://www.kff.org/uninsured/issue-brief/key-facts-about-the-uninsured-population/</u>.

The application fails to explain why the Garner area, which has no ambulatory surgery facility should have one that is restricted to orthopedic cases only. It does not explain why the surplus capacity at Capital Surgery Center or Holly Springs could not absorb the orthopedic surgery volume forecast for the Garner facility.

<u>Because UNC Rex's proposed OSCG project will not foster or enhance competition, nor</u> have a positive impact on cost effectiveness in the service area, it should be found nonconforming to Criterion 18a.

ATTACHMENT 4

Comments: J-011963-20, REX Hospital, Inc.

Competitive Review of: Rex Hospital, Inc.; J-011963-20

OVERVIEW

Rex Hospital Inc's ("Rex") application is non-conforming with statutory review criteria 1, 3, 6, 12 and 18(a).

This application proposes to develop one new operating rooms at UNC Rex Hospital in Raleigh, North Carolina. The applicant proposes to serve 20,535 patients from Wake and other North Carolina counties by Project Year 3, July 1, 2023 through June 30, 2026.

CON REVIEW CRITERIA

1. The proposed project shall be consistent with applicable policies and need determinations in the State Medical Facilities Plan, the need determination of which constitutes a determinative limitation on the provision of any health service, health service facility, health service facility beds, dialysis stations, ambulatory surgery operating rooms, or home health offices that may be approved.

POLICY GEN-3: BASIC PRINCIPLES

Policy GEN-3 states that a

"...certificate of need applicant shall also document how its projected volumes incorporate these concepts in meeting the identified need identified in the State Medical Facilities Plan as well as addressing the needs of <u>all residents in the</u> <u>proposed service area</u>."¹ [Emphasis added]

Please see the discussion under Criterion 3 explaining how Rex's application failed to demonstrate how projected volumes incorporate the concepts in meeting the need of all residents in the proposed service area. <u>As a result, the application does not meet Policy GEN-3</u> and should be found non-conforming to Criterion 1.

¹ 2020 State Medical Facilities Plan; Chapter 4 Statement of Policies; Policy GEN-3: Basic Principles. Page 31.

3 The applicant shall identify the population to be served by the proposed project, and shall demonstrate the need that this population has for the services proposed, and the extent to which all residents of the area, and, in particular, low income persons, racial and ethnic minorities, women, handicapped persons, the elderly, and other underserved groups are likely to have access to the services proposed.

Need to Replace OR Capacity

Rex states on page 16 of the application,

"UNC REX Hospital's need for additional operating room capacity is based in part by the fact that three operating rooms are slated to be relocated from UNC REX Hospital's main campus to UNC REX Holly Springs Hospital."

In other words, Rex needs to replace the three ORs that will be relocated to UNC REX Holly Springs Hospital when it opens in August 2021. However, the three ORs have already been replaced via recently approved projects. Specifically, in Project ID# J-11198-16, UNC REX Hospital was approved to relocate one of Rex Surgery Center of Wakefield's three operating rooms to UNC REX Hospital's main campus. That operating room was relocated on July 1, 2017. Please see Attachment 10 which contains pages from UNC Rex License Renewal Applications documenting the net increase in ORs at UNC Rex's main campus.

Rex was approved to develop UNC REX Holly Springs Hospital (CON Project I.D. #J-8669-11) whereby UNC Rex will relocate three (3) ORs from its main hospital facility to the new Holly Springs Hospital. Therefore, Project ID J-11198- 16 effectively replaces one of the Rex's main hospital ORs that will be relocated to Holly Springs. As stated on page 17 of its CON application, Rex states,

"Following the settlement of the 2018 Wake County Operating Room Review, UNC REX Hospital was approved to develop two additional operating rooms at its main hospital facility, one of which became operational on August 22, 2020. The award of these two additional operating rooms will allow UNC REX Hospital to replace some of its operating room capacity that will be lost due to the pending relocation of three operating rooms to UNC REX Holly Springs."

Therefore, the settlement of the 2018 Wake County OR review effectively replaces two of the UNC Rex main hospital ORs that will be relocated to Holly Springs.

The combination of Project ID J-11198-16 (i.e. one incremental OR at UNC Rex main hospital) and the settlement of the 2018 Wake County OR review (i.e. two incremental ORs at UNC Rex main hospital) effectively replace the three UNC Rex main hospital ORs that will be relocated to Holly Springs when the facility opens in SFY2022. It is unclear why Rex fails to acknowledge the correlation between the recently approved OR projects and the incremental impact they have on its complement of ORs at the main hospital facility.

In summary, to the extent that UNC Rex relies on a stated need to replace the three ORs which are slated to be relocated from UNC Rex Hospital's main campus to UNC REX Holly Springs Hospital (pp. 13, 27, 76), this need has already been met via development of Project ID # J-11198-16 (one additional OR at UNC Rex main hospital) and the 2018 Wake County settlement (two additional ORs at UNC Rex main hospital).

<u>Because Rex failed to demonstrate adequately identify the need of ORs for the population to be</u> <u>served, it should be found non-conforming to Criterion 3</u>

6. The applicant shall demonstrate that the proposed project will not result in unnecessary duplication of existing or approved health service capabilities or facilities.

As discussed in Criterion 3, the applicant proposes to add one OR to UNC Rex Hospital to replace the three ORs that will be relocated to UNC Rex Hospital Holly Springs. As discussed in the same section, UNC Rex Hospital has already replaced the three ORs at the facility and one more OR would duplicate the provision of surgical services at UNC Rex Hospital.

Because, the project will result in a duplication of existing health services, the application should be found non-conforming to Criterion 6.

12. Applications involving construction shall demonstrate that the cost, design, and means of construction proposed represent the most reasonable alternative, and that the construction project will not unduly increase the costs of providing health services by the person proposing the construction project or the costs and charges to the public of providing health services by other persons, and that applicable energy saving features have been incorporated into the construction plans.

Rex proposes to renovate 425 square feet at its main campus to accommodate the new shared surgical operating room. The room is designated on the line drawing in Exhibit C.1 as "OR 52" There are only 6 identified ORs in the line drawing in Exhibit C.1. The line drawing does not identify all the existing surgical ORs at Rex, thus is not possible for the Agency to verify that Rex will have 25 surgical ORs upon project completion.

The applicant does not adequately demonstrate the design and means of construction is the most reasonable alternative, and thus, should be found non-conforming to Criterion 12.

18 a. The applicant shall demonstrate the expected effects of the proposed services on competition in the proposed service area, including how any enhanced competition will have a positive impact upon the cost effectiveness, quality, and access to the services proposed; and in the case of applications for services where competition between providers will not have a favorable impact on cost effectiveness, quality, and access to the services to the services proposed, the applicant shall demonstrate that its application is for the service for which competition will not have a favorable impact.

Competition

Rex owns and operates 37 ORs in Wake County according to Form A and data from the 2020 SMFP. Wake County currently has 110 ORs. If the Agency were to approve UNC Rex's application, it would own and operate a total of 38 ORs in Wake County. This would represent about 34 percent (38/111 = 34%) of the ORs in the entire county, the second most of any provider.

The US Department of Justice (DOJ) has a history of anti-trust investigations in situations single providers control of 30 percent or more of a market. Rex's application does not enhance competition and would put more operating rooms under control of a single provider system that already exceeds the 30 percent benchmark in a relatively concentrated market. DOJ uses an index, HHI, to evaluate market concentration. Attachment 8 to these comments describes the index. In 2019, the Health Care Cost Institute rated the Raleigh area a "Highly Concentrated" Metro area for healthcare service² It ranked 15th in the country as illustrated in the map in Attachment 9.

Concentration of service control by a single provider in a relatively concentrated market affects the negotiated insurance rates. In a market dominated by one or two providers, the insurance companies and patients have little to no leverage with which to reduce the contract rates for services.³ This in turn, affects what employers in that market are forced to pay for health insurance coverage. It also affects who will continue to enroll in employee health insurance programs.

According to the Kaiser Family Foundation, the number of insured persons is dropping because of the cost of acquiring insurance.⁴ In fact, in 2018 North Carolina is among states with the highest number uninsured nonelderly persons.⁵ Without competition in the marketplace, there is no incentive to change this trend.

² Inpatient Hospital Market Concentratins in US Metros, 2017 <u>https://healthcostinstitute.org/hcci-originals/hmi-interactive#HMI-Concentration-Index</u>

³ Gee, Emily, Gurwitz, Ethan, "Provider Consolidation Drives Up Health Care Costs: Policy Recommendations to Curb Abuse of Market Power and Protect Patients". *Center for American Progress,* Dec 2018, <u>https://www.americanprogress.org/issues/healthcare/reports/2018/12/05/461780/providerconsolidation-drives-health-care-costs/</u>

⁴ Tolbert, Jennifer, et al. "Key Facts about the Uninsured Population." *The Henry J. Kaiser Family Foundation*, 13 Dec. 2019, <u>https://www.kff.org/uninsured/issue-brief/key-facts-about-the-uninsured-population/</u>.

⁵ Ibid

Cost Effectiveness

On page 32 of the application, Rex provides data from the Blue Cross Blue Shield of North Carolina (BCBSNC) web site, "Estimated Health Care Costs of Select Top 20 Outpatient Surgical Procedures", comparing health care costs for two selected outpatient surgical procedures. The data is accompanied by the following sentence:

"As demonstrated in the table above, UNC REX Hospital provides lower costs per procedure for BCBS patients than Duke Raleigh (WakeMed Cary and WakeMed Raleigh's cost data was not available in the Blue Cross Blue Shield tool)."

This statement alone is disqualifying, since Rex opted to use data that did not contain information for all Wake County hospitals. Any analysis that does not include all Wake County hospital providers carries no weight. In the next sentence, Rex states:

"In fact, it is likely that UNC REX Hospital will continue to offer the lowest cost of care to patients for surgical services in Wake County when compared to other hospital providers as changes to the health insurance landscape unfold."

While the table on page 32 is offered as evidence of Rex's supposed lower surgical costs, only 2 procedures are listed on the table, with no direct comparisons between all Wake County hospitals. Rex has conveniently cherry-picked data from a single insurer, for only two surgical procedures, and for which data is available for only two hospitals, as proof that it is the "low cost provider" for surgical services in Wake County. Without a more complete analysis of surgical costs across multiple payers, including Medicare, that includes all providers, this information is meaningless.

Because Rex's proposed project will not foster or enhance competition, nor have a positive impact on cost effectiveness in the service area, it should be found nonconforming to Criterion 18a.

ATTACHMENT 5

Comments: J-011966-20, Duke University Health System, Inc.

Competitive Review of: Duke University Health Systems, Inc.; J-011966-20

OVERVIEW

Duke University Health Systems, Inc.'s ("DUHS") application to develop a new freestanding ambulatory surgery center ("ASC") in Garner, NC is non-conforming with statutory review criteria 1, 3, 4, 5, 7, 12, 14 and 18 (a) and does not meet the performance standard in 10A NCAC .2103.

This application proposes to develop two operating rooms ("OR") and two procedure rooms ("PR") at a new facility called Duke Health Garner Ambulatory Surgical Center ("DHG") in Garner, North Carolina. The applicant proposes to serve 1,643 patients from Wake and other North Carolina counties by Project Year 3, July 1, 2023 through June 30, 2026.

CON REVIEW CRITERIA

1. The proposed project shall be consistent with applicable policies and need determinations in the State Medical Facilities Plan, the need determination of which constitutes a determinative limitation on the provision of any health service, health service facility, health service facility beds, dialysis stations, ambulatory surgery operating rooms, or home health offices that may be approved.

POLICY GEN-3: BASIC PRINCIPLES

Policy GEN-3 states that a

"...certificate of need applicant shall also document how its projected volumes incorporate these concepts in meeting the identified need identified in the State Medical Facilities Plan as well as addressing the needs of <u>all residents in the</u> <u>proposed service area</u>."¹ [Emphasis added]

Please see the discussion under Criterion 3 explaining how DUHS' application failed to demonstrate how projected volumes incorporate the concepts in meeting the need of all residents in the proposed service area. <u>As a result, the application does not meet Policy GEN-3</u> and should be found non-conforming to Criterion 1.

3. The applicant shall identify the population to be served by the proposed project, and shall demonstrate the need that this population has for the services proposed, and the extent to which all residents of the area, and, in particular, low income persons, racial and ethnic minorities, women, handicapped persons, the elderly, and other underserved groups are likely to have access to the services proposed.

Patient Origin

The projected OR patient origin for DHG does not foot with OR cases projected in Form C Utilization. According to Form C, DUHS reports the facility will serve 541 surgical cases in Y1, 888 in Y2, and 1,369 in Y3. While these numbers match the cases projected in the Utilization Methodology, they do not in the patient origin table. If you sum the patients by county, you get the total amounts below in Table 1. DUHS' error in calculating the patient origin does not adequately identify the need of the population that will be served as it is hard to tell the calculated number of cases expected by county.

Country	FY20)24	FY2	025	FY2026		
County	Cases	% of Total	Cases	% of Total	Cases	% of Total	
Wake	277	50.3%	454	50.3%	700	50.1%	
Johnston	26	4.7%	43	4.8%	66	4.7%	
Durham	23	4.2%	38	4.2%	59	4.2%	
Franklin	19	3.4%	31	3.4%	49	3.5%	
Cumberland	17	3.1%	27	3.0%	42	3.0%	
Nash	10	1.8%	17	1.9%	26	1.9%	
Harnett	13	2.4%	21	2.3%	33	2.4%	
Orange	6	1.1%	10	1.1%	16	1.1%	
Granville	5	0.9%	8	0.9%	13	0.9%	
Vance	6	1.1%	9	1.0%	14	1.0%	
Chatham	2	0.4%	4	0.4%	6	0.4%	
Pitt	9	1.6%	15	1.7%	23	1.6%	
Other States	20	3.6%	32	3.5%	50	3.6%	
Other NC	118	21.4%	194	21.5%	299	21.4%	
Counties	110	21.470	194	21.5%	299	21.470	
Total	551	100%	903	100%	1,396	100%	

Table 1: Duke Garner Corrected Patient Origin, FY2024-FY2026

Source: Duke Garner ASC Projected Patient Origin, Section C, page 18

The application also provides incomplete patient origin data for the proposed project. As stated above, DHG provides patient origin data for its proposed operating rooms but omits the projected patient origin data for the procedure rooms. This omission is critical because the applicant's methodology assumes that utilization of the proposed ORs will be based on the historical utilization of existing ORs and hospital-based procedure rooms. Furthermore, the CON application form specifically requests patient origin data for the procedure rooms in addition to the operating rooms. The applicant fails to adequately identify the population to be served.
Utilization

The applicant's projected surgical case volumes and growth rates are unreliable. On pages 119 through 120 of the application, Step 1 of the DHG ASC methodology included in Section Q, DUHS wrongly asserts that its need for additional operating room capacity should be based on the historical utilization of both its existing operating rooms and its hospital-based procedure rooms at both Duke Raleigh hospital and Duke University Hospital. See Attachment 11 for this assumption. This assumption is entirely inconsistent with the operating room methodology in the 2020 State Medical Facilities Plan because the SMFP methodology is based solely on the surgery cases performed in the operating rooms. The applicant's methodology is incorrect to assume that the average case times for surgery cases performed in the operating rooms from the License Renewal Application should be multiplied times the numbers of cases performed in both the operating rooms.

Clearly, this is not what is represented in the operating room methodology in the 2020 SMFP. Thus, the DHG application is nonconforming to Criterion 3. The applicant fails to provide adequate assumptions and explanation of why it expects to shift outpatient surgery utilization from hospital-based procedure rooms to ASC operating rooms instead of shifting cases from hospital-based procedure rooms to ASC procedure rooms. None of the physician support letters explain the rationale to support the projected shift of utilization from procedure rooms to the proposed ASC ORs.

<u>Because DUHS failed to demonstrate adequately the need of ORs for the population to be served,</u> <u>it should be found non-conforming to Criterion 3.</u>

4. Where alternative methods of meeting the needs for the proposed project exist, the applicant shall demonstrate that the least costly or most effective alternative has been proposed.

The DHG application describes several alternatives to the proposed project, including maintaining the status quo, developing ORs at Duke Raleigh hospital, developing all three ORs at a single ASC, developing a new ASC in a new location, and building a different complement of ORs at Duke Green Level. On page 65 of the application, DUHS determined:

"that the one operating room in Garner, and three operating rooms in Apex/Cary, in addition to the existing operating rooms at Duke Raleigh Hospital, would provide the greatest and most effective access to DUHS surgical services".

However, DUHS has not clarified why building two ORs at Duke Green Level Ambulatory Surgical Center and one OR at Duke Health Garner Ambulatory Surgical Center is the most cost effective or least costly alternative.

As shown in Section C, pages 31 through 35 of the application, Cary and Garner's populations are growing quickly, but Cary already has 17 ORs, while Garner has none. It does not make sense why DUHS would need to build two more ORs at Cary and just one OR in Garner, when there is clearly more of a need in Garner. As shown on page 31 through 32, Holly Springs has a smaller population than Garner and there are currently six ORs there. At those population to OR ratios, Garner should need the three ORs (since Holly Springs can support six ORs).

Throughout the application, DUHS describes the continued growth in surgical volume and related OR capacity issues at Duke Raleigh Hospital, which involve performing surgical cases in unlicensed procedure rooms. DUHS posits that the most effective alternative to deal with this growth is to develop additional ORs, not at Duke-Raleigh, but at DHG. Rather than proposing an increase in licensed surgical OR capacity at Duke-Raleigh, which could be accomplished for relatively low capital cost (the Duke-Raleigh CON application for ORs filed in 2018 (Project No. J-11558-18) had a project capital cost of only \$2 million), Duke has opted to spend \$11 million to build another ASC, before their recently CON approved Duke Health Green Level Ambulatory Surgery Center has been built.

<u>Because this project does not demonstrate the most effective or least costly alternative, the</u> <u>application should be found non-conforming to Criterion 4.</u> 5. Financial and operational projections for the project shall demonstrate the availability of funds for capital and operating needs, as well as the immediate and long-term financial feasibility of the proposal, based upon reasonable projections of the costs of and charges for providing health services by the person proposing the service.

The assumptions in the pro forma financial statements are not reasonable because the utilization projections are not based on reasonable and adequately supported assumptions. The discussion regarding projected utilization found in Criterion 3 is incorporated herein by reference. Based on the unreasonable utilization, the projection revenues and expenses are unreliable.

Because DUHS's utilization is unreasonable, <u>the projections for costs and charges for this project</u> <u>as well is the feasibility of this project is unreasonable. Therefore, the applicant is non-</u><u>conforming to Criterion 5.</u>

7. The applicant shall show evidence of the availability of resources, including health manpower and management personnel, for the provision of the services proposed to be provided.

The assumptions in the pro forma financial statements are not reasonable because the utilization projections are not based on reasonable and adequately supported assumptions. The discussion regarding projected utilization found in Criterion 3 is incorporated herein by reference. Based on the unreasonable utilization, the projection staffing is unreliable.

<u>Because DUHS does not show evidence of the availability of resources for the provision of the</u> <u>services proposed to be provided, it should be found non-conforming to Criterion 7</u>. 12. Applications involving construction shall demonstrate that the cost, design, and means of construction proposed represent the most reasonable alternative, and that the construction project will not unduly increase the costs of providing health services by the person proposing the construction project or the costs and charges to the public of providing health services by other persons, and that applicable energy saving features have been incorporated into the construction plans.

The DHG application proposes the highest cost per surgical case among the six applications in this competitive review. Table 2 below shows OSCG making a significant capital expenditure in relation to the number of cases it proposes to serve by project year 03. A high capital cost to case ratio will unduly increase the cost of services for patients.

Facility	Capital Cost	OR Cases, Y3	Capital Cost per OR Case
WakeMed Cary Hospital	\$2,341,977	759	\$257
Valleygate Surgery Center	\$2,265,178	8,802	\$3,088
Orthopaedic Surgery Center of Garner	\$14,056,934	2,031	\$6,921
UNC Rex Hospital	\$407,588	20,535	\$20
Duke Health Garner Ambulatory Surgical Center	\$11,700,000	1,369	\$8,546
Duke Health Green Level Ambulatory Surgical Center	\$6,000,000	3,417	\$1,756

Table 2: Capital Cost per Surgical Case, PY3

Source: Form C Utilization and Form F.1a

The applicant also provides the incorrect floor plans. Exhibit K.2 shows the proposed floor plans for Duke Green Level ASC not the proposed Duke Garner ASC.

Considering the information above, the applicant does not demonstrate <u>that the cost, design,</u> <u>and means of construction proposed represent the most reasonable alternative and will not</u> <u>unduly increase the cost of providing health services; therefore, the application does not conform</u> <u>to Criterion 12.</u>

14. The applicant shall demonstrate that the proposed health services accommodate the clinical needs of health professional training programs in the area, as applicable.

On page 106 of the application, the applicant describes their history of supporting clinical training programs. Although DUHS has training agreements in place, the clinical training program they have provided in Exhibit M.2 is an agreement they have with Davis ASC, a facility in Durham County. In fact, all training agreements are with Duke facilities in Durham County. DUHS made no effort to reach out to training programs in Wake County, the OR service area for this project. The Davis ASC agreement also does not explain how DUHS will make similar arrangements with DHG.

<u>DUHS has not provided any documentation to show how they will incorporate the needs of</u> <u>health professional training programs and, therefore, should be non-conforming to Criterion 14.</u> 18 a. The applicant shall demonstrate the expected effects of the proposed services on competition in the proposed service area, including how any enhanced competition will have a positive impact upon the cost effectiveness, quality, and access to the services proposed; and in the case of applications for services where competition between providers will not have a favorable impact on cost effectiveness, quality, and access to the services to the services proposed, the applicant shall demonstrate that its application is for the service for which competition will not have a favorable impact.

Competition

The DHG application provides rationale for how the proposed project will increase competition for surgical services in Wake County. On page 107 of the application, DUHS states:

"DUHS is the only integrated health system currently without a freestanding ASC in Wake County. This will therefore better serve local residents and will promote competition in the Wake County service area."

The following paragraph on page 107 states:

"The planned ASC project represents a new opportunity for Wake County residents and DUHS patients to access Duke outpatient surgical services separate from the hospital charge structure."

It is not clear how either of these statements demonstrate a positive effect on competition. Although DUHS does not currently operate a freestanding ASF in Wake County, it has several facilities under development either in or adjacent to Wake County:

- Duke-Green Level facility has been approved for 1 OR and 5 procedure rooms in western Wake County via Project No. J-11557-18.
- The Duke-Arringdon facility (Project No. J-11508-18), approved to develop an ASF with 4 ORs and 4 procedure rooms, less than one-half mile from the Wake/Durham county line, is currently scheduled to open in mid-2020.
- Duke also owns Same Day Surgery Center-Franklin ("SDSC-Franklin") (Project Nos. K-8357-09 & K-10229-13), which is approved to develop a freestanding ASF with 2 ORs in Youngsville in southern Franklin County, approximately 4 miles from the Wake/Franklin county line. This project is currently slated to open in mid-2021 per its most recent progress report. SDSC-Franklin will give Duke physicians yet another venue for outpatient surgery that is very close to, although not physically within, Wake County.

Given that Duke has two ASF projects already approved for development just outside the physical boundary of Wake County that will ultimately offer a total of 6 ORs, the effect on competition of additional ORs at DHG is superfluous.

For these reasons, the DHG Level application does not conform with Criterion 18.

PERFORMANCE STANDARDS

10 NCAC 14C.2103

- (a) An applicant proposing to increase the number of operating rooms (excluding dedicated C-section operating rooms) in a service area shall demonstrate the need for the number of proposed operating rooms in addition to the existing and approved operating rooms in the applicant's health system in the applicant's third full fiscal year following completion of the proposed project based on the Operating Room Need Methodology set forth in the 2020 State Medical Facilities Plan. The applicant is not required to use the population growth factor.
- (b) The applicant shall document the assumptions and provde data supporting the methodology used for each projection in this Rule.

The application is not conforming to this administrative rule because the applicant's projected utilization is not reasonable and adequately supported. The application is based on an incorrect methodology that wrongly assumes that the procedure room volume should be included in the analysis for the proposed operating rooms. This assumption is inconsistent with the 2020 SMFP operating room methodology. In addition, the application makes inconsistent representations regarding the projected utilization for the proposed procedure rooms. Additional discussion regarding analysis of need and projected utilization found in Criterion 3 is incorporated herein by reference.

<u>Because DUHS overstated utilization projections and had flawed assumptions, the DHG</u> <u>application should be found non-conforming to the performance standard.</u>

ATTACHMENT 6

Comments: J-011967-20, Duke University Health System, Inc.

Competitive Review of: Duke University Health Systems, Inc.; J-011967-20

OVERVIEW

Duke University Health Systems, Inc.'s ("DUHS") application to add two operating rooms ("OR") to an approved freestanding ambulatory surgery center ("ASC") in Cary, NC is non-conforming with statutory review criteria 1, 3, 4, 5, 7, 14, and 18a and does not meet the performance standard in 10A NCAC .2103.

This application proposes to develop two operating rooms at a CON approved facility called Duke Health Green Level Ambulatory Surgical Center ("DHGL") in Cary, North Carolina. The applicant proposes to serve 4,943 patients from Wake and other North Carolina counties by Project Year 3, July 1, 2024 through June 30, 2027.

CON REVIEW CRITERIA

1. The proposed project shall be consistent with applicable policies and need determinations in the State Medical Facilities Plan, the need determination of which constitutes a determinative limitation on the provision of any health service, health service facility, health service facility beds, dialysis stations, ambulatory surgery operating rooms, or home health offices that may be approved.

POLICY GEN-3: BASIC PRINCIPLES

Policy GEN-3 states that a

"...certificate of need applicant shall also document how its projected volumes incorporate these concepts in meeting the identified need identified in the State Medical Facilities Plan as well as addressing the needs of <u>all residents in the</u> <u>proposed service area</u>."¹ [Emphasis added]

Please see the discussion under Criterion 3 explaining how DUHS' application failed to demonstrate how projected volumes incorporate the concepts in meeting the need of all residents in the proposed service area. <u>As a result, the application does not meet Policy GEN-3</u> and should be found non-conforming to Criterion 1.

¹ 2020 State Medical Facilities Plan; Chapter 4 Statement of Policies; Policy GEN-3: Basic Principles. Page 31.

3 The applicant shall identify the population to be served by the proposed project, and shall demonstrate the need that this population has for the services proposed, and the extent to which all residents of the area, and, in particular, low income persons, racial and ethnic minorities, women, handicapped persons, the elderly, and other underserved groups are likely to have access to the services proposed.

Patient Origin

The projected OR patient origin for DHGL does not foot with OR cases projected in Form C Utilization. According to Form C, DUHS reports the facility will serve 1,733 surgical cases in Y1, 2,301 in Y2, and 3,417 in Y3. While these numbers match the cases projected in the Utilization Methodology, they do not in the patient origin table. If you sum the patients by county, you get the total amounts below in Table 1. DUHS' error in calculating the patient origin does not adequately identify the need of the population that will be served as it is hard to tell the calculated number of cases expected by county.

Country	FY20)25	FY2	026	FY2	027
County	Cases	% of Total	Cases	% of Total	Cases	% of Total
Wake	886	50.2%	1,177	49.6%	1,748	50.8%
Johnston	84	4.8%	112	4.7%	166	4.8%
Durham	75	4.2%	99	4.2%	148	4.3%
Franklin	61	3.5%	82	3.5%	121	3.5%
Cumberland	53	3.0%	70	2.9%	104	3.0%
Nash	32	1.8%	43	1.8%	63	1.8%
Harnett	41	2.3%	55	2.3%	82	2.4%
Orange	20	1.1%	26	1.1%	39	1.1%
Granville	16	0.9%	22	0.9%	32	0.9%
Vance	18	1.0%	23	1.0%	35	1.0%
Chatham	8	0.5%	10	0.4%	15	0.4%
Pitt	30	1.7%	39	1.6%	58	1.7%
Other States	63	3.6%	83	3.5%	123	3.6%
Other NC Counties	378	21.4%	533	22.5%	709	20.6%
Total	1,765	100%	2,374	100%	3,443	100%

Table 1: Duke Green Level ASC Corrected Patient Origin

Source: Duke Green Level ASC Projected Patient Origin, Section C, page 18

The application also provides incomplete patient origin data for the proposed project. As stated above, DHGL provides patient origin data for its proposed operating rooms but omits the projected patient origin data for the procedure rooms. This omission is critical because the applicant's methodology assumes that utilization of the proposed ORs will be based on the historical utilization of existing ORs and hospital-based procedure rooms. Furthermore, the CON application form specifically requests patient origin data for the procedure rooms in addition to the operating rooms. The applicant fails to adequately identify the population to be served.

Utilization

The applicant's projected surgical case volumes and growth rates are unreliable. On pages 118 through 119 of the application, Step 1 of the DHGL ASC methodology included in Section Q, shows that the applicant wrongly asserts that its need for additional operating room capacity should be based on the historical utilization of both its existing operating rooms and its hospital-based procedure rooms at both Duke Raleigh hospital and Duke University Hospital. ee Attachment 12 for this assumption. This assumption is entirely inconsistent with the operating room methodology in the 2020 State Medical Facilities Plan because the SMFP methodology is based solely on the surgery cases performed in the operating rooms. The applicant's methodology is incorrect to assume that the average case times for surgery cases performed in the operating rooms from the License Renewal Application should be multiplied by the numbers of cases performed in both the operating rooms.

Clearly, this is not what is represented in the operating room methodology in the 2020 SMFP. Thus, the DHGL application is nonconforming to Criterion 3. The applicant fails to provide adequate assumptions and explanation of why it expects to shift outpatient surgery utilization from hospital-based procedure rooms to ASC operating rooms instead of shifting cases from hospital-based procedure rooms to ASC procedure rooms. None of the physician support letters explain the rationale to support the projected shift of utilization from procedure rooms to the proposed ASC ORs.

<u>Because DUHS failed to demonstrate adequately the need of ORs for the population to be served,</u> <u>it should be found non-conforming to Criterion 3.</u>

4. Where alternative methods of meeting the needs for the proposed project exist, the applicant shall demonstrate that the least costly or most effective alternative has been proposed.

The DHGL application describes several alternatives to the proposed project, including maintaining the status quo, developing incremental ORs at Duke Raleigh hospital, developing all three ORs at a single ASC, developing a new ASC in a new location, and developing a different complement of ORs at DHGL. However, DUHS has not clarified why the complement of two proposed ORs and one approved OR at DHGL is the best alternative.

Throughout the application, DUHS describes the continued growth in surgical volume and related OR capacity issues at Duke Raleigh Hospital, which involve performing surgical cases in unlicensed procedure rooms. DUHS posits that the most effective alternative to deal with this growth is to develop additional ORs, not at Duke-Raleigh, but at DHGL. Rather than proposing an increase in licensed surgical OR capacity at Duke-Raleigh, which could be accomplished for relatively low capital cost (the Duke-Raleigh CON application for ORs filed in 2018 (Project No. J-11558-18) had a project capital cost of only \$2 million), DUHS has opted to spend an additional \$6 million to expand capacity at DHGL, before the facility has even been built.

Another alternative apparently not considered, one would be potentially far less expensive, would be to convert 2 of the 5 procedure rooms at DHGL, approved in Project No. J-11557-18, to licensed operating rooms. Such a proposal would only require equipment necessary to upfit the new ORs – the shell space for the ASF was approved in J-11557-18.

<u>Because this project does not demonstrate the most effective alternative, the application should</u> <u>be found non-conforming to Criterion 4.</u> 5. Financial and operational projections for the project shall demonstrate the availability of funds for capital and operating needs, as well as the immediate and long-term financial feasibility of the proposal, based upon reasonable projections of the costs of and charges for providing health services by the person proposing the service.

The assumptions in the pro forma financial statements are not reasonable because the utilization projections are not based on reasonable and adequately supported assumptions. The discussion regarding projected utilization found in Criterion 3 is incorporated herein by reference. Based on the unreasonable utilization, the projection revenues and expenses are unreliable.

Furthermore, the application neglects to include revenue and expenses for the procedure rooms, despite projecting procedure room procedures. The application requires the applicant to fill out a Form F.2 and F.3 for each service component and the whole facility. DUHS has not filled out a separate Form F.2 and F.3 for the procedure rooms.

Because DUHS's utilization is unreasonable, <u>the projections for costs and charges for this project</u> <u>as well is the feasibility of this project is unreasonable. Therefore, the applicant is non-</u><u>conforming to Criterion 5.</u>

7. The applicant shall show evidence of the availability of resources, including health manpower and management personnel, for the provision of the services proposed to be provided

The application neglects to include staffing for the procedure rooms, despite projecting procedure room procedures. The application requires the applicant to fill out a Form H for each service component and the whole facility. DUHS has not filled out a separate Form H for the procedure rooms.

<u>Because DUHS does not show evidence of the availability of resources for the provision of the</u> <u>services proposed to be provided, it should be found non-conforming to Criterion 7</u>.

14. The applicant shall demonstrate that the proposed health services accommodate the clinical needs of health professional training programs in the area, as applicable.

On page 105 of the application, the applicant describes their history of supporting clinical training programs. Although DUHS has training agreements in place, the clinical training program they have provided in Exhibit M.2 is an agreement they have with Davis ASC, a facility in Durham County. In fact, all training agreements are with Duke facilities in Durham County. DUHS made no effort to reach out to training programs in Wake County, the OR service area for this project. The Davis ASC agreement also does not explain how DUHS will make similar arrangements with DHGL.

<u>DUHS has not provided any documentation to show how they will incorporate the needs of</u> <u>health professional training programs and, therefore, should be non-conforming to Criterion 14.</u> 18 a. The applicant shall demonstrate the expected effects of the proposed services on competition in the proposed service area, including how any enhanced competition will have a positive impact upon the cost effectiveness, quality, and access to the services proposed; and in the case of applications for services where competition between providers will not have a favorable impact on cost effectiveness, quality, and access to the services to the services proposed, the applicant shall demonstrate that its application is for the service for which competition will not have a favorable impact.

Competition

The DHGL application provides rationale for how the proposed project will increase competition for surgical services in Wake County. On page 106 of the application, DUHS states:

"DUHS is the only integrated health system currently without a freestanding ASC in Wake County. This will therefore better serve local residents and will promote competition in the Wake County service area."

The following paragraph on page 106 states:

"The planned ASC project represents a new opportunity for Wake County residents and DUHS patients to access Duke outpatient surgical services separate from the hospital charge structure."

It is not clear how either of these statements demonstrate a positive effect on competition. Although Duke Health System does not currently operate a freestanding ASF in Wake County, it has several facilities under development either in or adjacent to Wake County:

- Duke-Green Level facility has been approved for 1 OR and 5 procedure rooms in western Wake County via Project No. J-11557-18.
- The Duke-Arringdon facility (Project No. J-11508-18), approved to develop an ASF with 4 ORs and 4 procedure rooms, less than one-half mile from the Wake/Durham county line, is currently scheduled to open in mid-2020.
- Duke also owns Same Day Surgery Center-Franklin ("SDSC-Franklin") (Project Nos. K8357-09 & K-10229-13), which is approved to develop a freestanding ASF with 2 ORs in Youngsville in southern Franklin County, approximately 4 miles from the Wake/Franklin county line. This project is currently slated to open in mid-2021 per its most recent progress report. SDSC-Franklin will give Duke physicians yet another venue for outpatient surgery that is very close to, although not physically within, Wake County.

Given that Duke has two ASF projects already approved for development just outside the physical boundary of Wake County that will ultimately offer a total of 6 ORs, the effect on competition of additional ORs at DHGL is superfluous.

For these reasons, the DHGL application does not conform with Review Criterion 18.

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PERFORMANCE STANDARDS

10 NCAC 14C.2103

- (a) An applicant proposing to increase the number of operating rooms (excluding dedicated C-section operating rooms) in a service area shall demonstrate the need for the number of proposed operating rooms in addition to the existing and approved operating rooms in the applicant's health system in the applicant's third full fiscal year following completion of the proposed project based on the Operating Room Need Methodology set forth in the 2020 State Medical Facilities Plan. The applicant is not required to use the population growth factor.
- (b) The applicant shall document the assumptions and provde data supporting the methodology used for each projection in this Rule.

The application is not conforming to this administrative rule because the applicant's projected utilization is not reasonable and adequately supported. The application is based on an incorrect methodology that wrongly assumes that the procedure room volume should be included in the analysis for the proposed operating rooms. This assumption is inconsistent with the 2020 SMFP operating room methodology. In addition, the application makes inconsistent representations regarding the projected utilization for the proposed procedure rooms. Additional discussion regarding analysis of need and projected utilization found in Criterion 3 is incorporated herein by reference.

<u>Because DUHS overstated utilization projections and had flawed assumptions, the DHGL</u> <u>application should be found non-conforming to the performance standard.</u>

ATTACHMENT **7**

WakeMed Cary Hospital 2020 License Renewal Application and

WakeMed Section Q Utilization Methodology

Campus – if multiple sites:

d) Non-Surgical Cases by Category

Enter the number of non-surgical cases by category in the table below. Count each patient undergoing a procedure or procedures as one case regardless of the number of non-surgical procedures performed. Categorize each case into one non-surgical category – the total number of non-surgical cases is an unduplicated count of non-surgical cases. **Count all non-surgical cases, including cases receiving services in operating rooms or in any other location.**

Non-Surgical Category	Inpatient Cases	Ambulatory Cases
Endoscopies OTHER THAN GI Endoscopies		
Performed in Licensed GI Endoscopy Rooms	28	25
NOT Performed in Licensed GI Endoscopy Rooms	0	0
Other Non-Surgical Cases		
Pain Management	0	0
Cystoscopy	166	564
YAG Laser	0	36
Other (specify) Minor Procedure Room	4	386

e) Surgical Cases by Specialty Area

Enter the number of surgical cases performed in licensed operating rooms only, by surgical specialty area. Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery. Categorize each case into one specialty area – the total number of surgical cases is an unduplicated count of surgical cases. Count all surgical cases performed only in licensed operating rooms. The total number of surgical cases should match the total number of patients listed in the Patient Origin Tables on pages 28 and 29.

Surgical Specialty Area	Inpatient Cases	Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)	39	25
Open Heart Surgery (from 8.(a) 4. on page 9)	. 0	
General Surgery	1,726	1,656
Neurosurgery	20	8
Obstetrics and GYN (excluding C-Sections)	84	584
Ophthalmology	0	196
Oral Surgery/Dental	0	0
Orthopedics	1,064	773
Otolaryngology	0	40
Plastic Surgery	6	71
Podiatry	102	146
Urology	82	234
Vascular	18	7
Other Surgeries (specify)	0	0
Number of C-Sections Performed in Dedicated C-Section ORs	717	
Number of C-Sections Performed in Other ORs	1	
Total Surgical Cases Performed Only in Licensed ORs	(3,859)	3,740

		And C	AGR% 20	Facility, F				
Facility	FY 2018		FY 2019			CAGR% FYs 2015-19		
	IP	OP	Total	IP	OP	Total	IP	OP
WakeMed Cary Hospital ²	2,973	4,956	7,929	3,316	4,919	8,235	4.61%	0.54%
WakeMed Raleigh Campus	7,941	11,189	19,130	7,988	11,276	19,264	0.52%	5.43%
Capital City Surgery Center	0	6,712	6,712	0	6,822	6,822	NA	0.65%
Total for WakeMed System	10,914	22,857	33,771	11,304	23,017	34,321	1.63%	2.82%

Source: 2016-2020 Hospital and Ambulatory Surgical Facility License Renewal Applications (FYs 2015-2019 data) on file at DHSR.

Step 2: Project Surgery Volumes for Each WakeMed System Surgical Location, FYs 2021-2024

On March 20 2020, North Carolina Secretary of Health and Human Services Mandy Cohen formally requested that, all acute care hospitals and ambulatory surgical facilities suspend elective surgical cases for several weeks due to the spread of the COVID-19 pandemic in the state, to help slow the spread of the disease and to make available healthcare resources, including hospital beds and personal protective equipment, for potential pandemic patients. Although Secretary Cohen lifted this request on May 1, 2020, the authorization to return to normal operations did not result in an immediate return to normal case volumes. Many patients have postponed non-urgent surgeries, and surgical volumes at many facilities will be lower in 2020 than in prior years.

While early FY 2020 data indicate that surgical case volumes at WakeMed facilities would be higher than in FY 2019, the impact of the pandemic has cast any projections that include FY 2020 data into question. Therefore, WakeMed will provide its facilities' FY 2020 surgery volumes using *five months' annualized* data (October 2019-February 2020), but will <u>not</u> include FY 2020 data points in its projection methodology.

To project surgery volumes at WakeMed's existing and approved surgical facilities, WakeMed analyzed the calculated CAGR growth rates by Patient Surgical Category for FYs 2015-2019, and applied CAGR percentages rates to its facilities to project case volumes for FYs 2021-2025.

WakeMed Cary Hospital

As described in Section C, surgical volume at WakeMed Cary has increased and average case times have grown as the complexity of cases has increased. From FY 2015-2019, inpatient surgery cases at WakeMed Cary grew 19.8 percent, a rate of 4.61 percent per year, while outpatient cases increased 2.2 percent, or 0.54 percent per year. When these CAGR percentages are carried forward, it yields the following case volumes for 2021-2025.

² Includes surgical cases performed in unlicensed procedure rooms.

ATTACHMENT 8

Herfindahl-Hirschman Index

An official website of the United States government <u>Here's how you know</u>



The term "HHI" means the Herfindahl–Hirschman Index, a commonly accepted measure of market concentration. The HHI is calculated by squaring the market share of each firm competing in the market and then summing the resulting numbers. For example, for a market consisting of four firms with shares of 30, 30, 20, and 20 percent, the HHI is 2,600 ($30^2 + 30^2 + 20^2 + 20^2 = 2,600$).

The HHI takes into account the relative size distribution of the firms in a market. It approaches zero when a market is occupied by a large number of firms of relatively equal size and reaches its maximum of 10,000 points when a market is controlled by a single firm. The HHI increases both as the number of firms in the market decreases and as the disparity in size between those firms increases.

The agencies generally consider markets in which the HHI is between 1,500 and 2,500 points to be moderately concentrated, and consider markets in which the HHI is in excess of 2,500 points to be highly concentrated. See U.S. Department of Justice & FTC, *Horizontal Merger Guidelines* § 5.3 (2010). Transactions that increase the HHI by more than 200 points in highly concentrated markets are presumed likely to enhance market power under the *Horizontal Merger Guidelines* issued by the Department of Justice and the Federal Trade Commission. *See id.*

Updated July 31, 2018

Was this page helpful? Yes No

ATTACHMENT 9

HMI Interactive Report and Map

HM Healthy Marketplace Index

USE

PRICE



We analyzed more than 1.8 billion health care claims for people with commercial insurance from 2012 to 2016. We computed measures of health care service prices and use, and other measures such as provider market structure for 112 local areas in 43 states. We found that not only did spending trends and drivers vary substantially across metro areas, they varied within metro areas when we segmented the data into categories of services like inpatient, outpatient, and physician services. In short, each metro had a different experience. This report explores these varying trends in order to better understand their sources. Use our interactive maps and charts to investigate and compare drivers of health care spending.

How does your area stack up?



Hospital Concentration Index

An Analysis of U.S. Hospital Market Concentration

One frequently cited factor¹ for the continued rise in health care prices² is that health care provider markets have become increasingly concentrated over time, and therefore less competitive.

We compared the hospital system concentration levels in 112 metro areas across the country from 2012 to 2016.

A common way to measure concentration within a market • is to calculate a Herfindahl-Hirschman Index (HHI). A higher HHI value signifies a more highly concentrated market - that is, within a market, a smaller number of hospital systems account for a larger share of hospital admissions •. Our HHI measure ranges from 0 to 1, where 0 represents perfect competition and 1 represents a monopoly.

While metro areas varied in their levels of concentration, by 2016, the majority of metros would be categorized as highly concentrated markets. This reflects the fact that most metros became increasingly concentrated over time.

In Most Metros, Inpatient Hospital Markets Were Highly Concentrated

In 2016, 81 metros of the 112 studied (72%) had hospital markets with HHI values that could qualify as a highly concentrated per the Department of Justice $(DOJ)^3$. While categorizing metros by their level of concentration provides useful context for these HHI measures, this study is not intended to perform or be used in antitrust analysis.

Inpatient Hospital Market Concentration in U.S. Metros, 2016



Hospital markets tended to be less concentrated in larger metro areas. For instance, New York City, NY (HHI of 0.0759), Philadelphia, PA (0.0964), and Chicago, IL (0.1337) had three of the five least concentrated hospital markets studied ⁴. Conversely, the three most concentrated markets were in metro areas with populations of less than 300,000 in 2016: Springfield, MO (HHI of 0.7795), Peoria, IL (0.7764), and Cape Coral, FL (0.6930).

One potential factor in a metro area's hospital market concentration is the degree to which patients from that metro area seek care in neighboring regions. In nearly every metro area, the majority of residents received inpatient care from a hospital within that same metro area. For example, in St. Louis, MO, residents were almost exclusively admitted to hospitals within their own region (97% of admissions).

However, in other metros, hospitals may compete with those in nearby areas. For instance, only 56% of residents from Akron, OH were admitted locally, with many Akron residents instead obtaining care in Cleveland. Similarly, in Allentown, PA, only 74% of patients received hospital care locally, with the remainder obtaining care in New York and Philadelphia. Neighboring metros may draw local patients for any number of reasons such as teaching hospitals, preferred specialists, or lower prices.

Hover over each metro area above to see where else their residents received care $\underline{}^{\underline{5}}$.

2 Hospital Markets in Most Metro Areas Became More Concentrated Over Time

In 2012, a majority of hospital markets (67%) were already considered highly or very highly concentrated. This number increased to 72% of metro areas by 2016. This trend is exemplified by metro areas like Milwaukee, WI and Houston, TX, where both hospital markets were moderately concentrated in 2012 but highly concentrated in 2016. Increases in concentration levels were widespread, however, as over two-thirds of all metros' hospital markets experienced HHI increases over time.



Hospital Market Concentration Levels by Year, 2012–2016

3 The Direction and Magnitude of Changes in HHI Varied by Metro

Just over two-thirds of metro areas (75 metros) had more concentrated hospital markets in 2016 than in 2012. Among these metro areas, the median increase in HHI was 0.0391. For context, a merger that causes an increase in HHI of 0.0200 is a sufficiently large enough to warrant further DOJ investigation within moderately concentrated markets and above per their guidelines⁶.

Change in Hospital Market Concentration

Change in HHI from 2012–2016 by U.S. Metro



To show the variation in hospital market concentration changes, we plotted each area's hospital market HHI in 2016 compared to its value in 2012. For example, consider Springfield, MO and Ogden, UT:







Of the metros that experienced a decrease in hospital market HHI, most had very highly concentrated markets in 2012. Six of the eight most concentrated over the five years—such as **Cape Coral, FL** and **Winston - Salem, NC**.

Despite these examples, when we sort by largest change in HHI, we find the overarching trend across the country was that hospital markets became more concentrated.

These hospital market HHI increases were widespread, occurring in metro areas with both

concentrated and unconcentrated markets. For instance the metro with the fourth largest growth in HHI level— Akron, OH (change of +0.1833) — was among the least concentrated markets in 2012. However, Peoria, IL had the third largest growth (+0.2568) and was the 11th most concentrated market in 2012.

Metros with little change in hospital market HHI over time also occurred in both highly concentrated and unconcentrated markets, alike. For example, Virginia Beach, VA and Seattle, WA both saw almost no change in their HHIs. However, they were ranked the 33rd and 101st most concentrated markets in 2012, respectively.

While outside the scope of this report, an increase in market concentration can happen for a multitude of reasons, such as changes in patient preferences, quality improvements by certain providers, or changes in insurance networks, among other factors. Additionally, there could be changes in the number of providers (i.e., due to hospital closures) or in certain providers' capacity that result in more concentrated markets.

However, one of the most often cited reasons for increasingly concentrated markets is *consolidation* due to hospital systems merging together or acquiring new hospitals. These have become increasingly frequent with 680 hospital mergers² occurring just this decade.

See how inpatient concentration changed over time in your area.

Q Raleigh, NC × -

Hover over an arrow to the right to see more.

4 Inpatient Concentration and Prices Over Time

As shown previously, by 2016, hospital markets in two-thirds of metros were highly to very highly concentrated - consistent with prior research⁸. This is related, in part, to the fact that the "vast majority"⁹ of hospital markets have become more *consolidated* over time. That is, in most markets, patients have faced fewer choices as markets have become increasingly dominated by a smaller number of hospitals and hospital systems. Increased concentration is potentially concerning as there is a growing¹⁰ body¹¹ of literature¹² documenting the relationship between more concentrated hospital markets and higher prices.

We compared changes in metro areas' HHI to changes in their inpatient price index¹³ from 2012 to 2014 ^{\odot} to explore how changes in concentration related to changes in prices.

Comparing Changes in Hospital Market Concentration an

Changes in HHI and Inpatient Price Index, 2012-2014

UNCONCENTRATED MODERATELY CONCENTRATED HIGHLY CONCENTRATED VERY HIGHLY CONCENTRATED

Across metro areas, we observed a slightly positive correlation between changes in hospital market concentration and changes in our inpatient price index. In other words, metros where hospital markets became increasingly concentrated also tended to see larger increases in their inpatient prices (and viceversa).



For instance, Salt Lake City, UT had the seventh

increase in inpatient prices.

However, there were also metro areas, such as Memphis, TN that did not follow this pattern. Memphis had nearly the same growth in inpatient concentration as Salt Lake City, actually saw their inpatient prices decrease.

Although consistent with previous literature¹⁴, our analysis does not necessarily show that increases in concentration *caused* increases in prices. Changes in both measures could be due to many factors other than market consolidation which are related to both concentration and prices.

For example, consider a market where a hospital invested in quality improvements. If this attracted more patients and allowed or necessitated charging higher prices, we would observe both an increase in market concentration and prices. However, in this example, the changes would be unrelated to a change in market structure.

In order to look at metro areas where changes in concentration were more plausibly related to market consolidation, we limited our sample to a set of metro areas where we identified *merger activity*.

Using publicly available data¹⁵, we identified metros

which had experienced at least one inpatient hospital merger between 2012 and 2014. Specifically, we considered a metro area to have experienced *merger activity* when it had at least one hospital system with both an acquiring and an acquired hospital in either 2013 or 2014.

When we restricted our sample to only those metro areas where we identified merger activity, we still observed a positive relationship between changes in concentration and prices over time. In other words, larger increases (decreases) in concentration were, on average, associated with larger price increases (decreases).

This suggests that, among these metro areas, increases in market concentration plausibly related to hospital mergers coincided with increases in prices. These results are consistent with previous literature¹⁶

documenting the relationship between consolidation in hospital markets and increased prices.

As noted earlier, this analysis is descriptive in nature. Our findings should not be interpreted as providing evidence that increases in concentration *caused* increases in prices, but rather that they are related.

Explore how changes in inpatient prices and inpatient concentration relate in your metro area.

Q Raleigh, NC × -

Hover over a dot to the right to see more.

5 How Did Your Area Stack Up?

Interact with our Healthy Marketplace Index data to examine inpatient concentration trends in metro areas that you select. Or have us fill in metros similar to your selected area.

Inpatient Hospital Concentration in U.S. Metros, 2016

UNCONCENTRATED MODERATELY CONCENTRATED HIGHLY CONCENTRATED VERY HIGHLY CONCENTRATED

Click a metro to add it to your dashboard.



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Check out our other HMI reports



Methodology / About

Our Data

HCCI holds data on over **50 million** commercially insured individuals per year (2008–2016), and as a Qualified Entity (QE), HCCI also has 100 percent of Medicare Fee-for-Service (FFS) claims data on **40 million** individuals per year (2012–2017). Our data enables world class research, powers state All-Payer Claims Database (APCD) and transparency solutions, catalyzes efforts to drive information to providers and patients, and positions HCCI as an evidence-based thought leader on U.S. health care and spending.

Our Methods

For a complete explanation of our Healthy Marketplace Index methodology, including how we used the HCCI claims data to construct our sample and our analysis methodology, see <u>our methodology</u> <u>document</u>.

HMI Resources

All of the data used in this report is available for download, including which services we compared and how we weighted them. Visit the <u>HMI main page</u> to access data downloads, FAQs, publications, and more. Or reach out to us at <u>info@healthcostinstitute.org</u>.

About HCCI

The Health Care Cost Institute's mission is to get to the heart of the key issues impacting the U.S. health care system — by using the best data to get the best answers. HCCI stands for truth and consensus around the most important trends in health care, particularly those economic issues that are critical to a sustainable, high-performing health system. <u>More about HCCI</u>.

Authors

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Acknowledgements

HCCI acknowledges the <u>Robert Wood Johnson Foundation</u>'s funding and support of the Healthy Marketplace Index project and <u>The DataFace</u>'s technical assistance to develop this interactive report.

Additionally, we would like to thank Eric Barrette, Stuart Craig, Chris Garmon, and others for their helpful comments and feedback.

Endnotes

1. Reed Abelson, "When Hospitals Merge to Save Money, Patients Often Pay More," The New York

times, ivov. 14, 2010, https://www.nyumes.com/2010/11/14/nearun/nospitamergers-nearuncare-spending.html.

- Bill Johnson, Kevin Kennedy, Sally Rodriguez, and John Hargraves, "HMI Interactive Report Price Index," Health Care Cost Institute, last modified 2019, <u>https://www.healthcostinstitute.org/research/hmi/hmi-interactive#HMI-Price-Index</u>.
- "Herfindahl-Hirschman Index," The United States Department of Justice, last modified July 31, 2018, <u>https://www.justice.gov/atr/herfindahl-hirschman-index</u>.
- 4. Using metro areas to define hospital markets may potentially understate the actual level of concentration experienced by patients in some areas. For example, in larger, more densely-populated areas, the metro area might be too large of a geographic unit of analysis to consider a hospital market. As a result, it is not surprising that some of the larger metro areas (such as New York City, NY and Philadelphia, PA) appear to have some of the least concentrated hospital markets according to our HHI measure. It is possible that, by construction, our HHI measure may understate the true level of concentration in these markets.
- 5. In Figure 1, for each metro area g, we report all destination metro areas g' where more than 1% of residents of metro area g had a hospital admission in 2016. If no arrows appear for a particular metro, that signifies that there are no qualifying metro areas for us to report. This data is publicly available to download on the HMI home page: https://www.healthcostinstitute.org/research/hmi.
- "Horizontal Merger Guidelines: 5.3 Market Concentration," The United States Department of Justice, last modified August 19, 2010, <u>https://www.justice.gov/atr/horizontal-merger-guidelines-08192010#5c</u>.
- Martin Gaynor, "Examining the Impact of Health Care Consolidation," Statement before the Committee on Energy and Commerce Oversight and Investigations Subcommittee U.S. House of Representatives, Washington, D.C. 2018, <u>https://docs.house.gov/meetings/IF/IF02/20180214/106855/HHRG-115-IF02-Wstate-GaynorM-20180214,pdf.</u>
- Brent D. Fulton, "Health care market concentration trends in the United States: evidence and policy responses," Health Affairs 36, no. 9 (2017): 1530-1538, <u>https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2017.0556</u>.
- 9. "Town et al. (2006) note that mergers and acquisitions are the primary reason for the increase in hospital concentration over this period. ... [There] has been a large increase in concentration in the vast majority of geographic areas in the U.S."

Martin Gaynor, Kate Ho, and Robert J. Town, "The industrial organization of health-care markets," Journal of Economic Literature 53, no. 2 (2015): 239, https://www.aeaweb.org/articles?id=10.1257/jel.53.2.235.

- Zack Cooper, Stuart V. Craig, Martin Gaynor, and John Van Reenen, "The price ain't right? Hospital prices and health spending on the privately insured," The Quarterly Journal of Economics 134, no. 1 (2018): 51-107, <u>https://academic.oup.com/qje/articleabstract/134/1/51/5090426</u>.
- Cory Capps and David Dranove, "Hospital consolidation and negotiated PPO prices," Health Affairs 23, no. 2 (2004): 175-181, <u>https://www.healthaffairs.org/doi/full/10.1377/hlthaff.23.2.175.</u>
- Gautam Gowrisankaran, Aviv Nevo, and Robert Town, "Mergers when prices are negotiated: Evidence from the hospital industry," American Economic Review 105, no. 1 (2015): 172-203, <u>https://www.aeaweb.org/articles?id=10.1257/aer.20130223</u>.
- Bill Johnson, Kevin Kennedy, Sally Rodriguez, and John Hargraves, "HMI Interactive Report Price Index," Health Care Cost Institute, last modified 2019, <u>https://www.healthcostinstitute.org/research/hmi/hmi-interactive#HMI-Price-Index.</u>
- 14. Gaynor et al., (2015) (cited below) cite surveys of the literature noting that 7 of 8 papers surveyed document a positive correlation between hospital concentration and prices.

Martin Gaynor, Kate Ho, and Robert J. Town, "The industrial organization of health-care markets," Journal of Economic Literature 53, no. 2 (2015): 260, https://www.aeaweb.org/articles?id=10.1257/jel.53.2.235.

15. The publicly available merger data is from:

Cooper, Zack, Stuart V. Craig, Martin Gaynor, and John Van Reenen. "The price ain't right? Hospital prices and health spending on the privately insured." The Quarterly Journal of Economics 134, no. 1 (2018): 51-107. <u>https://academic.oup.com/gje/articleabstract/134/1/51/5090426</u>.

More information on the paper and the publicly available data can be found here.

16. Gaynor et al., (2015) (cited below) cite a survey of the literature noting that 8 of 9 papers surveyed document prices increased and in some cases increased more rapidly among consolidating hospitals than other, comparable hospitals.

Martin Gaynor, Kate Ho, and Robert J. Town, "The industrial organization of health-care markets," Journal of Economic Literature 53, no. 2 (2015): 261, https://www.aeaweb.org/articles?id=10.1257/jel.53.2.235.

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ATTACHMENT 10

Rex Hospital License Renewal Applications
All responses should pertain to October 1, 2015 through September 30, 2016.

9. <u>Surgical Operating Rooms, Procedure Rooms, Gastrointestinal Endoscopy Rooms, Surgical and</u> <u>Non-Surgical Cases and Procedures</u>

NOTE: If this License includes more than one campus, please copy pages 11-14 (through Section 9) for each site. Submit the Cumulative Totals and submit a duplicate of pages 11-14 for each campus.

(Campus – If multiple sites: //\all

a) Surgical Operating Rooms

Report <u>Surgical Operating Rooms</u> built to meet the specifications and standards for operating rooms required by the Construction Section of the Division of Health Services Regulation, and which are fully equipped to perform surgical procedures. These surgical operating rooms include rooms located in Obstetrics and surgical suites.

Type of Room	Number of Rooms
Dedicated Open Heart Surgery	0
Dedicated C-Section	3
Other Dedicated Inpatient Surgery (Do not include dedicated Open Heart or C-Section rooms)	0
Dedicated Ambulatory Surgery	0
Shared - Inpatient / Ambulatory Surgery	24
Total of Surgical Operating Rooms	27

Of the Total of Surgical Operating Rooms, above, how many are equipped with advanced	
medical imaging devices (excluding mobile C-arms) or radiation equipment for the performance	r
of endovascular, cardiovascular, neuro-interventional procedures, and/or intraoperative cancer	_ C
treatments? Your facility may or may not refer to such rooms as "hybrid ORs."	

b) Procedure Rooms (Excluding Operating Rooms and Gastrointestinal Endoscopy Rooms) Report rooms, which are not equipped for or do not meet all the specifications for an operating room, that are used for performance of surgical procedures other than Gastrointestinal Endoscopy procedures. Total Number of Procedure Rooms: 7

c) Gastrointestinal Endoscopy Rooms, Cases and Procedures:

Report the number of Gastrointestinal Endoscopy rooms and the Endoscopy cases and surgical procedures performed only in these rooms during the reporting period.

Total Number of existing Gastrointestinal Endoscopy Rooms: 4

	Number of Cases Performed In GI Endoscopy Rooms		Number of Procedures* Performed in GI Endoscopy Rooms	
	Inpatient	Outpatient	Inpatient	Outpatient
GI Endoscopy	689	689 3124		4204
Non-GI Endoscopy	248	248 137		319

Count <u>each patient as one case</u> regardless of the number of procedures performed while the patient was in the GI endoscopy room.

*As defined in 10A NCAC 14C .3901 "'Gastrointestinal (GI) endoscopy procedure' means a single procedure, identified by CPT code or ICD-9-CM [ICD-10-CM] procedure code, performed on a patient during a single visit to the facility for diagnostic or therapeutic purposes."

All responses should pertain to October 1, 2016 through September 30, 2017.

9. Surgical Operating Rooms, Procedure Rooms, Gastrointestinal Endoscopy Rooms, Surgical and Non-Surgical Cases and Procedures

NOTE: If this License includes more than one campus, please copy pages 11-13 (through Section 9-g) for each site. Submit the Cumulative Totals and submit a duplicate of pages 11-13 <u>for each campus</u>.

Campus – if multiple sites: _____Main_____

a) Surgical Operating Rooms

<u>A Surgical Operating Room</u> is defined as a room "used for the performance of surgical procedures requiring one or more incisions and that is required to comply with all applicable licensure codes and standards for an operating room" (G.S. §131E-146(1c)). These surgical operating rooms include rooms located in both Obstetrics and surgical suites.

Type of Room	Number of Rooms
Dedicated Open Heart Surgery	0
Dedicated C-Section	3
Other Dedicated Inpatient Surgery (Do not include dedicated Open Heart or C-Section rooms)	0
Dedicated Ambulatory Surgery	0
Shared - Inpatient / Ambulatory Surgery	25
Total of Surgical Operating Rooms	28

Of the Total of Surgical Operating Rooms, above, how many are equipped with advanced	
medical imaging devices (excluding mobile C-arms) or radiation equipment for the performance	
of endovascular, cardiovascular, neuro-interventional procedures, and/or intraoperative cancer	
treatments? Your facility may or may not refer to such rooms as "hybrid ORs."	, , , , , , , , , , , , , , , , , , ,

b) Gastrointestinal Endoscopy Rooms, Cases and Procedures

Report the number of Gastrointestinal Endoscopy rooms and the Endoscopy cases and surgical procedures **performed** <u>only</u> in these rooms during the reporting period.

	Number of Ca	ses Performed	Number of Procee	lures* Performed in
	In GI Endoscopy Rooms		GI Endosc	opy Rooms
			The number of proce	edures must be greater
	of the number of procedures performed		than or equal to the	he number of cases.
	while in the GI endoscopy room.			
	Inpatient	Outpatient	Inpatient	Outpatient
GI Endoscopy	859	3.160	1,516	4.325
Non-GI Endoscopy	142	266	176	564

Total Number of existing Gastrointestinal Endoscopy Rooms:

*As defined in 10A NCAC 14C .3901 " 'Gastrointestinal (GI) endoscopy procedure' means a single procedure, identified by CPT code or [ICD-10-PCS] procedure code, performed on a patient during a single visit to the facility for diagnostic or therapeutic purposes."

c) Procedure Rooms (Excluding Operating Rooms and Gastrointestinal Endoscopy Rooms)

Report rooms, which are not licensed as operating rooms or GI endoscopy rooms, but that are used for performance of surgical procedures other than Gastrointestinal Endoscopy procedures.

Total Number of Procedure Rooms:

ATTACHMENT 11

Duke Garner ASC Utilization Methodology

SECTION Q

Form C – Methodology and Assumptions

Pursuant to the need identified in the 2020 SMFP, DUHS is submitting two complementary CON applications proposing to develop a total of three ORs in Wake County: one OR in a new ASC to be developed in Garner and two additional ORs at the approved Green Level ASC. The following methodology describes the assumptions DUHS utilized to project surgical utilization for the proposed Duke Health Garner ASC. Please note the DUHS fiscal year is defined as July 1 – June 30. Subsequent references to fiscal year or "FY" are based on the DUHS fiscal year. The first three years of the proposed project include FY2024, FY2025, and FY2026.

For information purposes, on September 27, 2018, DUHS received CON approval to relocate four existing ORs from DASC and develop a new ASC in Durham County (CON Project I.D. #E-11508-18), which project assumed some shift of patients from DRAH and Duke University Hospital (DUH). This project, referred to as Arringdon ASC, is under development. As described in the following methodology, DUHS has considered and accounted for that projected shift of ambulatory surgical cases from DUHS facilities to Arringdon ASC. The great demand for DUHS surgical services supports development of both Arringdon ASC, Duke Health Garner ASC, and Green Level ASC.

Step 1: Review Historical DUHS OR Cases

Section C.3.4 provides a five year summary and discussion of surgical utilization at DRAH. Please see Section C.3.4 for DUHS's discussion of the need patients have for the proposed ORs at Duke Health Garner ASC.

Specific to the assumptions and methodology for projecting surgical cases during the first three years of operation at Duke Health Garner ASC, DUHS relied on recent surgical utilization during FY2018-FY2020 (annualized). Please refer to the following table.

	FY2018	FY2019	FY2020*	2-YR CAGR
Inpatient Cases	3,395	3,640	3,782	5.5%
Outpatient Cases	11,349	11,540	11,601	1.1%
Total Cases	14,744	15,180	15,383	2.1%

Duke Raleigh Hospital Inpatient and Outpatient Surgical Cases, FY2018-FY2020

*Annualized based on eight months data (July-Feb)

Reflects surgical cases performed in DRAH ORs and procedure rooms.

Source: DUHS Internal Data

DRAH inpatient surgical procedures increased by a CAGR of 5.5 percent from FY2018-FY2020. DRAH ambulatory surgical cases increased by a CAGR of 1.1 percent during FY2018-FY2020.

Consistent with its methodology for the approved Green Level ASC facility, DUHS projects a portion of ASC-appropriate ambulatory surgical volume will shift from DUH to Duke Health Garner ASC. The following table summarizes recent historical utilization at DUH.

	FY2018	FY2019	FY2020*	2-YR CAGR
Inpatient Cases	17,192	17,663	17,898	2.0%
Outpatient Cases	23,743	23,680	24,428	1.4%
Total Cases	40,935	41,343	42,326	1.7%

Duke University Hospital Inpatient and Outpatient Surgical Cases, FY2018-FY2020

*Annualized based on eight months data (July-Feb) Reflects surgical cases performed in DUH ORs and procedure rooms. Source: DUHS Internal Data

DUH inpatient surgical cases increased by a CAGR of 2.0 percent from FY2018-FY2020. DUH ambulatory surgical cases increased by a CAGR of 1.4 percent during FY2018-FY2020. DUHS notes that due to prolonged capacity constraints, the growth potential for DUH's ambulatory surgery cases has been suppressed. In fact, DUH received CON approval to develop two (2) additional ambulatory surgery ORs at Duke North Pavilion (CON Project I.D. #J-11631-18). Development of the Duke Medical Pavilion and renovations to existing operating rooms completed in FY2018, in combination with the approved addition of inpatient bed capacity previously approved and under development and targeted faculty recruits planned through an expansion of the clinical faculty within the School of Medicine, will contribute to ongoing and increased surgical demand at DUH.

As described in Section C.3.4, FY2020 surgical cases in the previous tables reflect annualized utilization based on July 2019-February 2020 data. On March 20, 2020, North Carolina's Secretary of the Department of Health and Human Services requested that effective March 23, 2020, all hospitals and ambulatory surgery centers suspend all elective and non-urgent procedures and surgeries in an effort to conserve personal protective equipment and other equipment and supplies needed by frontline healthcare providers to treat COVID-19 patients. As a result, thousands of elective and non-urgent DUHS surgical cases were rescheduled or postponed. The Department of Health and Human Services issued a notice allowing elective and non-urgent procedures and surgeries to resume effective May 1st in accordance with guidance developed by the North Carolina Healthcare Association. Consequently, utilization during the March through June, the last four months of DUHS FY 2020, is not representative of DRAH's or DUH's historical or anticipated surgical utilization. DUHS facilities have diligently begun the process of rescheduling

ATTACHMENT 12

Duke Green Level ASC Utilization Methodology

SECTION Q

Form C – Methodology and Assumptions

Pursuant to the need identified in the 2020 SMFP, DUHS is submitting two complementary CON applications proposing to develop a total of three ORs in Wake County: this application for two additional ORs at the approved Duke Health Green Level ASC and a separate application for one OR in a new ASC to be developed in Garner. The following methodology describes the assumptions DUHS utilized to project surgical utilization for the approved Duke Health Green Level ASC facility, including the proposed two additional ORs.

For information purposes, on September 27, 2018 DUHS received CON approval to relocate four existing ORs from DASC and develop a new ASC in Durham County (CON Project I.D. #E-11508-18). This project, referred to as Arringdon ASC, is under development and is scheduled to open in the fall of 2020. Duke Health Green Level ASC will not result in any unnecessary duplication of services in the applicable service area (i.e., Wake County). The need for Duke Health Green Level ASC is complementary to but independent of the need to develop Arringdon ASC. As described in the following methodology, DUHS has considered and accounted for the projected shift of ambulatory surgical cases from DUHS facilities to Arringdon ASC. The great demand for DUHS surgical services supports development of both Arringdon ASC, Duke Health Green Level ASC and Duke Health Garner ASC.

Please note the DUHS fiscal year is defined as July 1 - June 30. Subsequent references to fiscal year or "FY" are based on the DUHS fiscal year. The first three years of the proposed project include FY2025, FY2026, and FY2027.

Step 1: Review Historical DUHS OR Cases

Section C.3.4 provides a five year summary and discussion of surgical utilization at DRAH. Please see Section C.3.4 for DUHS's discussion of the need patients have for the proposed ORs at Duke Health Green Level ASC.

Specific to the assumptions and methodology for projecting surgical cases during the first three years of operation at Duke Health Green Level ASC, DUHS relied on recent surgical utilization during FY2018-FY2020 (annualized). Please refer to the following table.

Duke Raleigh Hospital Inpatient and Outpatient Surgical Cases, FY2018-FY2020

FY2018	FY2019	FY2020*	2-YR CAGR
--------	--------	---------	-----------

Inpatient Cases	3,395	3,640	3,782	5.5%
Outpatient Cases	11,349	11,540	11,601	1.1%
Total Cases	14,744	15,180	15,383	2.1%

*Annualized based on eight months data (July-Feb)

Reflects surgical cases performed in DRAH ORs and procedure rooms.

Source: DUHS Internal Data

DRAH inpatient surgical cases increased by a CAGR of 5.5 percent from FY2018-FY2020. DRAH ambulatory surgical cases increased by a CAGR of 1.1 percent during FY2018-FY2020.

Consistent with its methodology for the approved Duke Health Green Level ASC facility, DUHS projects a portion of ASC-appropriate ambulatory surgical volume will shift from DUH to Duke Health Green Level ASC. The following table summarizes recent historical utilization at DUH.

Duke University Hospital Inpatient and Outpatient Surgical Cases, FY2018-FY2020

	FY2018	FY2019	FY2020*	2-YR CAGR
Inpatient Cases	17,192	17,663	17,898	2.0%
Outpatient Cases	23,743	23,680	24,428	1.4%
Total Cases	40,935	41,343	42,326	1.7%

*Annualized based on eight months data (July-Feb)

Reflects surgical cases performed in DUH ORs and procedure rooms.

Source: DUHS Internal Data

DUH inpatient surgical cases increased by a CAGR of 2.0 percent from FY2018-FY2020. DUH ambulatory surgical cases increased by a CAGR of 1.4 percent during FY2018-FY2020. DUHS notes that due to prolonged capacity constraints, the growth potential for DUH's ambulatory surgery cases has been suppressed. In fact, DUH received CON approval to develop two (2) additional ambulatory surgery ORs at Duke North Pavilion (CON Project I.D. #J-11631-18). Development of the Duke Medical Pavilion and renovations to existing operating rooms completed in FY2018, in combination with the approved addition of inpatient bed capacity previously approved and under development and targeted faculty recruits planned through an expansion of the clinical faculty within the School of Medicine, will contribute to ongoing and increased surgical demand at DUH.

As described in Section C.3.4, FY2020 surgical cases in the previous tables reflect annualized utilization based on July 2019-February 2020 data. On March 20, 2020, North Carolina's Secretary of the Department of Health and Human Services requested that effective March 23, 2020, all hospitals and ambulatory surgery centers suspend all elective and non-urgent procedures and

ATTACHMENT 13

Additional Support Letters for Valleygate Surgery Center

This Date: _____

Ms. Martha Frisone, Chief Healthcare Planning and Certificate of Need Section Division of Health Service Regulation 2704 Mail Service Center Raleigh, NC 27699-2704

RE: Letter of Support for Valleygate Surgery Center, LLC's Certificate of Need Application to develop a new multispecialty ambulatory surgery center in Wake County, North Carolina.

Dear Ms. Frisone,

I am writing this letter to express support for the Certificate of Need application filed by Valleygate Surgery Center, LLC to develop a new freestanding multispecialty ambulatory surgery center in Wake County, North Carolina. I understand at project completion the new facility will have one operating room and procedure rooms that will accommodate multiple outpatient surgery center specialties.

The proposed project would offer the community and surgeons more surgical capacity. The population of Wake and surrounding counties is growing, and growth increases need for ambulatory surgery capacity and access.

Although it is difficult to predict the future, based on current experience, my partners, or I would expect to schedule approximately the following **monthly cases in the following specialties** at Valleygate Surgery Center by 2025:

ENT:	2	Eye:	Oral:	Orthopedic:	Plastic:	Podiatry:
Other	(specify	type and	number of cases):	30(v	north	
My su	rgical spe	ecialty is:				

Thank you for taking time with this important project. Please approve this Certificate of Need application as quickly as possible.

Sincerely,	G man 1	4	
Signature:	The Manafi	\sim	
Name:	Enc Mainsfield ()	Practice Name:	Cape fear Otologynes
Address:	2053 Valleygate	Dr. Pay	NC 28304
Phone	9110 323-9222	Email	encomansheldince grandia

Please email to mmartinez@pda-inc.net

Ms. Martha Frisone, Chief Healthcare Planning and Certificate of Need Section Division of Health Service Regulation 2704 Mail Service Center Raleigh, NC 27699-2704

RE: Letter of Support for Valleygate Surgery Center, LLC's Certificate of Need Application to develop a new multispecialty ambulatory surgery center in Wake County, North Carolina.

Dear Ms. Frisone,

I am writing this letter to express support for the Certificate of Need application filed by Valleygate Surgery Center, LLC to develop a new freestanding multispecialty ambulatory surgery center in Wake County, North Carolina. I understand at project completion the new facility will have one operating room and three procedure rooms that will accommodate multiple outpatient surgery center specialties.

The proposed project would offer the community and surgeons more surgical capacity. The population of Wake and surrounding counties is growing, and growth increases need for ambulatory surgery capacity and access.

This month, Central Carolina Hospital notified all dentists that it will no longer accept all patients in surgery. The Valleygate Surgery Center project would solve the problem. Without it, many people will now lose access to dental surgical services.

Thank you for taking time with this important project. Please approve this Certificate of Need application as quickly as possible.

Sincerely,	$\alpha l = \frac{1}{2} \alpha \alpha l = 0 \Omega l$
Signature:	Vincent P. Vissahell
Name:	Vincent P. Vissichelli Practice Name: Firehouse Kids Dentristry
Address:	2980 Ray Royd, Spring Lake NC 28390
Phone	910-778-8485 Email Office @ Firehouse Kids Dentistry. con

October 20, 2020

Ms. Martha Frisone, Chief Healthcare Planning and Certificate of Need Section Division of Health Service Regulation 2704 Mail Service Center Raleigh, NC 27699-2704

RE: Letter of Support for Valleygate Surgery Center, LLC's Certificate of Need Application to develop a new multispecialty ambulatory surgery center in Wake County, North Carolina.

Dear Ms. Frisone,

I am writing this letter to express support for the Certificate of Need application filed by Valleygate Surgery Center, LLC to develop a new freestanding multispecialty ambulatory surgery center in Wake County, North Carolina. I understand at project completion the new facility will have one operating room and three procedure rooms that will accommodate multiple outpatient surgery center specialties.

The proposed project would offer the community and surgeons more surgical capacity. The population of Wake and surrounding counties is growing, and growth increases need for ambulatory surgery capacity and access.

Thank you for taking time with this important project. Please approve this Certificate of Need application as quickly as possible.

Sincerely, Signature:				5
Name:	bye WARL	Practice Name	: WARE PEDIATIC (DENTAL
Address:	BOOR AUTON		iwar @ warrpdg	619
Phone	336-253-0460	Email	Jua o warped	<u> </u>

Ms. Martha Frisone, Chief Healthcare Planning and Certificate of Need Section Division of Health Service Regulation 2704 Mail Service Center Raleigh, NC 27699-2704

RE: Letter of Support for Valleygate Surgery Center, LLC's Certificate of Need Application to develop a new multispecialty ambulatory surgery center in Wake County, North Carolina.

Dear Ms. Frisone,

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Thank you for taking time with this important project. Please approve this Certificate of Need application as quickly as possible.

Sincerely,	A = A = A A	
Signature:	Margaret a. floo	7
Name:	Margaret A. FLOOR Bractice Nam	ne: Village Kids Dentistry
Address:	570 Hickory Ridge Dr.	
Phone	336-355-0557 Email	Mfloor @ Vfdental.com

Ms. Martha Frisone, Chief Healthcare Planning and Certificate of Need Section Division of Health Service Regulation 2704 Mail Service Center Raleigh, NC 27699-2704

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Sincerely,

Signature:	Emiz C Dreully	2			
Name:	Emily C Dunlap	Practice Na	me: Charlotte	Pediatric	Dentistry
Address:	411 Billingsley Rd	Charbette			
Phone	(704) 577 - 0763	Email	$csd(\emptyset)$	e carolina.r	r.com

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Sincerely,			
Signature:	1 pm		
Name:	Katlener Lonbur Practice Name:	Spaply, fihiting & Lombort	DDJ
Address:	1544. N. Perchances fol	WS NL 27104	
Phone	336-768-1332 Email	Kate. D. Lambert (a gmil. L	om

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Sincerely	·,		
Signature		U	
Name:	David H. Moore	Practice Name	: Charlotte Pestatne Destisting
Address:	411 Billingsley Rol		Charlatte NL28211
Phone	704-604-4897	Email	lavid-moore \$790gmail.com

October 23, 2020

Ms. Martha Frisone, Chief Healthcare Planning and Certificate of Need Section Division of Health Service Regulation 2704 Mail Service Center Raleigh, NC 27699-2704

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Sincerely,	A DI	
Signature:	(X)	
Name:	Animi, h Va WPractice Name:	Growing Shiles Residence
Address:	368 [verson Way	Denting
Phone	-919357-2288 Email	Shamilivakil Romallicom

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Sincerely,	1. And 1
Signature:	ATC
Name:	Harpreef Wasson DDS Practice Name: Vaya Dental
Address:	4666 Fayetteville Rd. Ralenhave
Phone	919-271-4681 Email hkwassonegmail.com

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Sincerely,			
Signature:	Carey m. Colline Do	Os, MS	
Name:	CAREY M. COLLINS DDS, MS	Practice Name:	Lumberton Pediatric Dentistry
Address:	725 Wesley Pines Road		
Phone	910-802-4777	Email	carey. collins. olds@ ojmail.com

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Sincerely,	20				
Signature:	Jog The				
Name:	Trang Nguyen	_ Practice Name:	Village	Family	Dental
Address:	5710 Rock-fish Rd	Hope Mills	, NC	28348	
Phone	910 424 3623	Email	<u> tnguye</u>	n@vfa	lental. com

Please email to cboyd@pda-inc.net

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Sincerely,	
Signature:	Achlin Hickard
Name:	Dahlia Michael Practice Name: Village Family Sental
Address:	2029 Valleygate Sr. Fayetteville NC
Phone	(732) 567-8760 Email drichaely pods & gmail. com

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Sincerely,	1 Maria			
Signature:	ANST			
Name:	Ulto States	Practice N	lame: Highla	rol Pediatric Dontal
Address:	BET WALTE Real	RA	St 103	Fayatterin nu
Phone	9104858749	Email	ymstol	tes @ gmmil. co _ 2830 5

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Sincerely,		
Signature:	Jon &	
Name:	Faith MEGibbon Practice	Name:
Address:	109 Mc Alpine Love 1	-anninburg, WC 28352
Phone	(910) 276-6640 Email	freqibbone vfdantal.com

Please email to cboyd@pda-inc.net

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Sincerely,	\bigcirc	
Signature:	hun Hagne	
Name:	Julia M. Ray, Mb Practice Nam	e:
Address:	2530 Pefold Lane Wake	Forest NC. 27587
Phone	910-302-9772 Email	Juliam vey und o hotmail. (04

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Sincerely,	11 0			
(Signature:	Mr. Cm	205		
Name:	Melinda Cunningham	Practice Name:	Village Family Dental	
Address:	104 Southern Ave	, Rae-ford	NC 28376	
Phone	(919)414-2761	Email	dr-melcunninghandds@gr	nail.co
	`		v	

Please email to cboyd@pda-inc.net

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Sincerely,		
Signature:	No 2 Keed In 105	
Name:	La Colis Reed IIC DOS Practice Name:	Village Family Dental
Address:	34 Parque De Sarah PI	Clayton, NC 27527
Phone	(919)523-0310 Email	I reed three @ gmail. com

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Sincerely,	S
Signature:	DOS, MS
Name:	Shannitta Bridgers DDS MS Practice Name: Highland Peds Dental (Fay)
Address:	189 Suntree LA Garner NC 27529
Phone	(919) 824-2575 Email Shamitta, pridgers@gmail.com
5	

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Sincerely,	1	Ant
Signature:	hum	19
Name:	ANUJ JAMES	Practice Name: VALLEYGATE - VILLAGE FAMILY DENTAL
Address:	2029 ValleyGATE DR.	FAYETTEVILLE, NC. 28314
Phone Cell:	910-485-8884	Email a james & V-fdental.com
Please emai	il to <u>cboyd@pda-inc.net</u>	

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Signature:	29-		
Name:	(Jach Olon DDS, W	🥁 Practice Nai	me: Village Fairly Parts
Address:	106 Parihel Julle La	Cany, NC	27519
Phone	919-360 - 9825	Email	janda olta @ guail. can

Please email to cboyd@pda-inc.net

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Sincerely,	
Signature	: hul
Name:	Najmeh Shahbar DMM Practice Name: Village Family Dendal
Address:	312 W Mclean st st. panls, NC, 28384
Phone	480.358-7224 Email naj Shahbazi@gma; 1.com

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Sincerely,

Signature:	Sund Real, 101	
Name:	DANIEL RAVEL DDJ Practice Name:	VILLAGE FAMILY DENTAL
Address:	513 HILLIARD DRIVE	FAYETTEVILLE, NC
Phone	<u>910 797-1590</u> Email	DANIELRAVEL @ HOTMALL-COM

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Sincerely,	$^{\prime}$	
Signature	e: Nicholas Norwood Bland	
Name:	Nich Bland DMD Practice Name:	
Address:	109 Mc Alpine In Laurinburg, NC, 28352	
Phone	404-519-8351 Email nich. bland Q gmail. co	m

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Sincerely,	1.15
Signature:	Dug
Name:	BRYANT S. EDWARDS, DO Practice Name: Edwards Periprocedural Solutions, PLLC
Address:	1846 BRYN MAWR DR Fayetteville, NC 28304
Phone	910-987-5300 Email bryant.s.edwards@gmail.com

Please email to cboyd@pda-inc.net

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Sincerely,		9						
Signature:							·····	
Name:	Zu	vrntlik	ner	Practio	e Name:	The Fay	steril	e Dentist
Address:	4251	Ramsey	S+	Slite	859	Fayetteulle	NC,	28311
Phone	9107	160105		Email		Smile Othe	Gyette	ville dertiste. com.

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Village Family Dental, a Valleygate affiliate, helped to build the dental care workforce in underserved communities in Eastern North Carolina, and has advocated for regulatory and other changes that help retain dentists, particularly pediatric dentists in our communities. My family is pleased with the care and their approach to helping families.

I believe Valleygate will take the same approach with their proposed multispecialty ambulatory surgery center and offer the same high-quality care that Valleygate affiliates have offered my family.

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Sincerely,	$Q - Q \times l$	
Signature:	Lun E Stat	
Name:	Diamond E. Smith	
Address:	1235 Norman Dr #2B Eden, NC 27288	
Phone	(336) 33 2-9545	

Please email to ekennerson@valleygatedsc.com

Ms. Martha Frisone, Chief Healthcare Planning and Certificate of Need Section Division of Health Service Regulation 2704 Mail Service Center Raleigh, NC 27699-2704

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Sincerely,

sincerely,	;1	\cap					
Signature:	platt	u pon	es				
Name:	Heath	ir Jones	,				
Address:	4125	Brynwood	Dr	Colfax	NC	27235	
Phone	419-9	89-3528					

Please email to ekennerson@valleygatedsc.com
Ms. Martha Frisone, Chief Healthcare Planning and Certificate of Need Section Division of Health Service Regulation 2704 Mail Service Center Raleigh, NC 27699-2704

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Gale

Sincerely,

Signature:

Name:

Address:

Phone

Please email to <u>ekennerson@valleygatedsc.com</u>

Dr. Clemmons, NC 27012

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Dear Ms. Frisone,

My name is <u>Amy T. LONG</u>. I am writing this letter to express support for the Certificate of Need application filed by Valleygate Surgery Center, LLC ("Valleygate") to develop a new freestanding multispecialty ambulatory surgery center in Wake County, North Carolina.

Village Family Dental, a Valleygate affiliate, helped to build the dental care workforce in underserved communities in Eastern North Carolina, and has advocated for regulatory and other changes that help retain dentists, particularly pediatric dentists in our communities. My family is pleased with the care and their approach to helping families.

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Thank you for taking time with this important project. Please approve this Certificate of Need application as quickly as possible.

Sincerely,		
Signature:	Augen 1 Jon	
Name:	AMU T. Long	
Address:	5964 Kilbern Cir	Kernersville NC
Phone	910 520 5296	,

Ms. Martha Frisone, Chief Healthcare Planning and Certificate of Need Section Division of Health Service Regulation 2704 Mail Service Center Raleigh, NC 27699-2704

RE: Letter of Support for Valleygate Surgery Center, LLC's Certificate of Need Application to develop a new multispecialty ambulatory surgery center in Wake County, North Carolina.

Dear Ms. Frisone,

My name is <u>Pamela Sherrill</u>. I am writing this letter to express support for the Certificate of Need application filed by Valleygate Surgery Center, LLC ("Valleygate") to develop a new freestanding multispecialty ambulatory surgery center in Wake County, North Carolina.

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Thank you for taking time with this important project. Please approve this Certificate of Need application as quickly as possible.

Sincerely,

Sincerely,	
Signature:	Pamola Sperice
Name:	Pamela Sherrill
Address:	116 Point Cirde Belmont, NC 28012
Phone	704-915-2618

Ms. Martha Frisone, Chief Healthcare Planning and Certificate of Need Section Division of Health Service Regulation 2704 Mail Service Center Raleigh, NC 27699-2704

RE: Letter of Support for Valleygate Surgery Center, LLC's Certificate of Need Application to develop a new multispecialty ambulatory surgery center in Wake County, North Carolina.

Dear Ms. Frisone,

My name is <u>Armelia</u>. I am writing this letter to express support for the Certificate of Need application filed by Valleygate Surgery Center, LLC ("Valleygate") to develop a new freestanding multispecialty ambulatory surgery center in Wake County, North Carolina.

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Thank you for taking time with this important project. Please approve this Certificate of Need application as quickly as possible.

Sincerely,	Lucia de la
Signature:	Anglia Cla
Name:	Armelia Clar
Address:	5171 Rocky River Crossing Rd.
Phone	704-885-4222

Ms. Martha Frisone, Chief Healthcare Planning and Certificate of Need Section Division of Health Service Regulation 2704 Mail Service Center Raleigh, NC 27699-2704

RE: Letter of Support for Valleygate Surgery Center, LLC's Certificate of Need Application to develop a new multispecialty ambulatory surgery center in Wake County, North Carolina.

Dear Ms. Frisone,

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Sincerely,

Signature:	Mp	
Name:	Megan Agee	
Address:	4809 Shadow Muss CL. Charlotte NC 28727	0
Phone	(704) 923-1544	
		_

Ms. Martha Frisone, Chief Healthcare Planning and Certificate of Need Section Division of Health Service Regulation 2704 Mail Service Center Raleigh, NC 27699-2704

RE: Letter of Support for Valleygate Surgery Center, LLC's Certificate of Need Application to develop a new multispecialty ambulatory surgery center in Wake County, North Carolina.

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Sincerely,

Sincerery,	
Signature:	Minanala Jercuson
Name:	Miranda Fergeson
Address:	1034 Wouths Br. Charlotte N.C. 28216
Phone	9808335625

Ms. Martha Frisone, Chief Healthcare Planning and Certificate of Need Section Division of Health Service Regulation 2704 Mail Service Center Raleigh, NC 27699-2704

RE: Letter of Support for Valleygate Surgery Center, LLC's Certificate of Need Application to develop a new multispecialty ambulatory surgery center in Wake County, North Carolina.

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Sincerely,

Signature:	michille Branc	
Name:	michelle Bequilemin	_
Address:	207 West brook St Lensir nc	-
Phone	EDE 303 303 "	-

Ms. Martha Frisone, Chief Healthcare Planning and Certificate of Need Section Division of Health Service Regulation 2704 Mail Service Center Raleigh, NC 27699-2704

RE: Letter of Support for Valleygate Surgery Center, LLC's Certificate of Need Application to develop a new multispecialty ambulatory surgery center in Wake County, North Carolina.

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Sincerely,		Ň
Signature:	Bever tim our	
Name:	Brerly VanGon	
Address:	200 Summi + Give 1/4 +6/16 11 C, 28120	
Phone	704-678-0996	

Ms. Martha Frisone, Chief Healthcare Planning and Certificate of Need Section Division of Health Service Regulation 2704 Mail Service Center Raleigh, NC 27699-2704

RE: Letter of Support for Valleygate Surgery Center, LLC's Certificate of Need Application to develop a new multispecialty ambulatory surgery center in Wake County, North Carolina.

Dear Ms. Frisone,

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Sincerely,	γ
Signature:	remetering (30 m
Name:	Tremetrius Brown
Address:	309 GIIDSON PAIK DR. MMERSYTE, NC
Phone	(704) 9005 - 0906

Ms. Martha Frisone, Chief Healthcare Planning and Certificate of Need Section Division of Health Service Regulation 2704 Mail Service Center Raleigh, NC 27699-2704

RE: Letter of Support for Valleygate Surgery Center, LLC's Certificate of Need Application to develop a new multispecialty ambulatory surgery center in Wake County, North Carolina.

Dear Ms. Frisone,

My name is <u>Rosa</u> Sanchez____. I am writing this letter to express support for the Certificate of Need application filed by Valleygate Surgery Center, LLC ("Valleygate") to develop a new freestanding multispecialty ambulatory surgery center in Wake County, North Carolina.

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Sincerely,				
Signature:	(ast munch			
Name:	husa Sanchez			
Address:	1600 Shelby Rol	K. Mountain	NC 28086	
Phone	104 521 1257		1	,

Ms. Martha Frisone, Chief Healthcare Planning and Certificate of Need Section Division of Health Service Regulation 2704 Mail Service Center Raleigh, NC 27699-2704

RE: Letter of Support for Valleygate Surgery Center, LLC's Certificate of Need Application to develop a new multispecialty ambulatory surgery center in Wake County, North Carolina.

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Sincerely,		
Signature:	NEW	
Name:	Paula Peralta	
Address:	2604 Devon Dr. Monroe, NC 2840	
Phone	7092220266	

Ms. Martha Frisone, Chief Healthcare Planning and Certificate of Need Section Division of Health Service Regulation 2704 Mail Service Center Raleigh, NC 27699-2704

RE: Letter of Support for Valleygate Surgery Center, LLC's Certificate of Need Application to develop a new multispecialty ambulatory surgery center in Wake County, North Carolina.

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Sincerely,		
Signature:	and ampinate	
Name:	Ana Campuzano	
Address:	4901 RIMUR Rd, Concord, NC 28025	
Phone	704 299 8681	

Ms. Martha Frisone, Chief Healthcare Planning and Certificate of Need Section Division of Health Service Regulation 2704 Mail Service Center Raleigh, NC 27699-2704

RE: Letter of Support for Valleygate Surgery Center, LLC's Certificate of Need Application to develop a new multispecialty ambulatory surgery center in Wake County, North Carolina.

Dear Ms. Frisone,

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Sincerely,		
Signature:	pun hatn	
Name:	Laura Zapata	
Address:	3203 Glordon in monroe NC 120110	
Phone	(709)-201-1901	

Ms. Martha Frisone, Chief Healthcare Planning and Certificate of Need Section Division of Health Service Regulation 2704 Mail Service Center Raleigh, NC 27699-2704

RE: Letter of Support for Valleygate Surgery Center, LLC's Certificate of Need Application to develop a new multispecialty ambulatory surgery center in Wake County, North Carolina.

Dear Ms. Frisone,

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Sincerely,	
Signature	Monder Mr
Name:	Nandie Chrant
Address:	131 Hilary Cir. Apt. T Cheirlotte NIC 28217
Phone	8102 704 5653

Ms. Martha Frisone, Chief Healthcare Planning and Certificate of Need Section Division of Health Service Regulation 2704 Mail Service Center Raleigh, NC 27699-2704

RE: Letter of Support for Valleygate Surgery Center, LLC's Certificate of Need Application to develop a new multispecialty ambulatory surgery center in Wake County, North Carolina.

Dear Ms. Frisone,

My name is BetKis Rolanco. I am writing this letter to express support for the Certificate of Need application filed by Valleygate Surgery Center, LLC ("Valleygate") to develop a new freestanding multispecialty ambulatory surgery center in Wake County, North Carolina.

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Sincerely,

Signature:	Belen Kaln
	Belkis Polanco
Address:	9420 golden Rond of Charlotte NC 28269
Phone	(704) 497-2218

Ms. Martha Frisone, Chief Healthcare Planning and Certificate of Need Section Division of Health Service Regulation 2704 Mail Service Center Raleigh, NC 27699-2704

RE: Letter of Support for Valleygate Surgery Center, LLC's Certificate of Need Application to develop a new multispecialty ambulatory surgery center in Wake County, North Carolina.

Dear Ms. Frisone,

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Sincerely,	
Signature:	
Name:	Hussen
Address:	- 9037 Bishop Crest UN
Phone	404-281-0265

Ms. Martha Frisone, Chief Healthcare Planning and Certificate of Need Section Division of Health Service Regulation 2704 Mail Service Center Raleigh, NC 27699-2704

RE: Letter of Support for Valleygate Surgery Center, LLC's Certificate of Need Application to develop a new multispecialty ambulatory surgery center in Wake County, North Carolina.

Dear Ms. Frisone,

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Sincerely,	\mathcal{A}
Signature:	MQ
Name:	Alyssa Collins
Address:	
Phone	980-333-10-4

Ms. Martha Frisone, Chief Healthcare Planning and Certificate of Need Section Division of Health Service Regulation 2704 Mail Service Center Raleigh, NC 27699-2704

RE: Letter of Support for Valleygate Surgery Center, LLC's Certificate of Need Application to develop a new multispecialty ambulatory surgery center in Wake County, North Carolina.

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Sincerely,	
Signature:	&- penfield
Name:	She Carl Hurderson
Address:	3555 Garinfith St-
Phone	704-906-15/0

Ms. Martha Frisone, Chief Healthcare Planning and Certificate of Need Section Division of Health Service Regulation 2704 Mail Service Center Raleigh, NC 27699-2704

RE: Letter of Support for Valleygate Surgery Center, LLC's Certificate of Need Application to develop a new multispecialty ambulatory surgery center in Wake County, North Carolina.

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Sincerely,	A. A.
Signature:	Jac Survey/
Name:	Joel Jimenez
Address:	3925 wonderland Dr Mattleeus N.C
Phone	954-708-7582

Ms. Martha Frisone, Chief Healthcare Planning and Certificate of Need Section Division of Health Service Regulation 2704 Mail Service Center Raleigh, NC 27699-2704

RE: Letter of Support for Valleygate Surgery Center, LLC's Certificate of Need Application to develop a new multispecialty ambulatory surgery center in Wake County, North Carolina.

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Sincerely,	Ω	
Signature	: fellur Camen	
Name:	Laura Cowan	-
Address:		_
Phone	980-444-8541	-

Ms. Martha Frisone, Chief Healthcare Planning and Certificate of Need Section Division of Health Service Regulation 2704 Mail Service Center Raleigh, NC 27699-2704

RE: Letter of Support for Valleygate Surgery Center, LLC's Certificate of Need Application to develop a new multispecialty ambulatory surgery center in Wake County, North Carolina.

Dear Ms. Frisone,

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Sincerely,	
Signature:	Jana hela
Name:	Lamar WAYNE Clark
Address:	6915 Towisridge Ed. Fayetteville NC 28306
Phone	910916 6654

Ms. Martha Frisone, Chief Healthcare Planning and Certificate of Need Section Division of Health Service Regulation 2704 Mail Service Center Raleigh, NC 27699-2704

RE: Letter of Support for Valleygate Surgery Center, LLC's Certificate of Need Application to develop a new multispecialty ambulatory surgery center in Wake County, North Carolina.

Dear Ms. Frisone,

My name is <u>Karen</u> <u>Fearm</u>. I am writing this letter to express support for the Certificate of Need application filed by Valleygate Surgery Center, LLC ("Valleygate") to develop a new freestanding multispecialty ambulatory surgery center in Wake County, North Carolina.

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Sincerely,	AATAA	
Signature:		
Name:	Karen Stearns	2
Address:	6915 Towbridge Rd Fayetteville NC	28306
Phone	410-688-688	

Ms. Martha Frisone, Chief Healthcare Planning and Certificate of Need Section Division of Health Service Regulation 2704 Mail Service Center Raleigh, NC 27699-2704

RE: Letter of Support for Valleygate Surgery Center, LLC's Certificate of Need Application to develop a new multispecialty ambulatory surgery center in Wake County, North Carolina.

Dear Ms. Frisone,

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Sincerely,	
Signature:	JACULAL
Name:	Jennifer Kay Waugh Hill
Address:	513 Levenhall Prive Fayetleville, NC 28314
Phone	910-824-4519

Ms. Martha Frisone, Chief Healthcare Planning and Certificate of Need Section Division of Health Service Regulation 2704 Mail Service Center Raleigh, NC 27699-2704

RE: Letter of Support for Valleygate Surgery Center, LLC's Certificate of Need Application to develop a new multispecialty ambulatory surgery center in Wake County, North Carolina.

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Sincerely,	\bigcirc			
Signature:	lite			
Name:	VPMAT LE			
Address:	552 FORSYTHE ST	FAYETTEVILLE	NC	28304
Phone	973-980-9370	/		/

Ms. Martha Frisone, Chief Healthcare Planning and Certificate of Need Section Division of Health Service Regulation 2704 Mail Service Center Raleigh, NC 27699-2704

RE: Letter of Support for Valleygate Surgery Center, LLC's Certificate of Need Application to develop a new multispecialty ambulatory surgery center in Wake County, North Carolina.

Dear Ms. Frisone, My name is <u>Jeni KA</u> <u>Appesson</u>. I am writing this letter to express support for the Certificate of Need application filed by Valleygate Surgery Center, LLC ("Valleygate") to develop a new freestanding multispecialty ambulatory surgery center in Wake County, North Carolina.

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Sincerely,	
Signature:	June alor
Name:	Ten: KA Anaeso
Address:	217 Somerset Drive
Phone	(910) 309-5606

Ms. Martha Frisone, Chief Healthcare Planning and Certificate of Need Section Division of Health Service Regulation 2704 Mail Service Center Raleigh, NC 27699-2704

RE: Letter of Support for Valleygate Surgery Center, LLC's Certificate of Need Application to develop a new multispecialty ambulatory surgery center in Wake County, North Carolina.

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Sincerely,	\wedge
Signature:	Chaloberts
Name:	Tara Roberts
Address:	120 Old Mill Dr. Angur NC 27501
Phone	919-215-3410

Ms. Martha Frisone, Chief Healthcare Planning and Certificate of Need Section Division of Health Service Regulation 2704 Mail Service Center Raleigh, NC 27699-2704

RE: Letter of Support for Valleygate Surgery Center, LLC's Certificate of Need Application to develop a new multispecialty ambulatory surgery center in Wake County, North Carolina.

Dear Ms. Frisone,

My name is <u>Augustual</u>. I am writing this letter to express support for the Certificate of Need application filed by Valleygate Surgery Center, LLC ("Valleygate") to develop a new freestanding multispecialty ambulatory surgery center in Wake County, North Carolina.

Village Family Dental, a Valleygate affiliate, helped to build the dental care workforce in underserved communities in Eastern North Carolina, and has advocated for regulatory and other changes that help retain dentists, particularly pediatric dentists in our communities. My family is pleased with the care and their approach to helping families.

I believe Valleygate will take the same approach with their proposed multispecialty ambulatory surgery center and offer the same high-quality care that Valleygate affiliates have offered my family.

Thank you for taking time with this important project. Please approve this Certificate of Need application as quickly as possible.

Sincerely,	
Signature:	Kewskuhendall
Name:	her, huykendall
Address:	2904 Lindbridge Dr
Phone	910 818-0246

Ms. Martha Frisone, Chief Healthcare Planning and Certificate of Need Section Division of Health Service Regulation 2704 Mail Service Center Raleigh, NC 27699-2704

RE: Letter of Support for Valleygate Surgery Center, LLC's Certificate of Need Application to develop a new multispecialty ambulatory surgery center in Wake County, North Carolina.

Dear Ms. Frisone,

My name is <u>Desiree Benson</u>. I am writing this letter to express support for the Certificate of Need application filed by Valleygate Surgery Center, LLC ("Valleygate") to develop a new freestanding multispecialty ambulatory surgery center in Wake County, North Carolina.

Village Family Dental, a Valleygate affiliate, helped to build the dental care workforce in underserved communities in Eastern North Carolina, and has advocated for regulatory and other changes that help retain dentists, particularly pediatric dentists in our communities. My family is pleased with the care and their approach to helping families.

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Thank you for taking time with this important project. Please approve this Certificate of Need application as quickly as possible.

Sincerely,	$(\Omega \cap \Omega)$	
Signature:	Desnee Bensier	
Name:	Desiree Benson	
Address:	3411 Willa Ct Fayettenlle NC 28306	
Phone	910-728-6512	

Ms. Martha Frisone, Chief Healthcare Planning and Certificate of Need Section Division of Health Service Regulation 2704 Mail Service Center Raleigh, NC 27699-2704

RE: Letter of Support for Valleygate Surgery Center, LLC's Certificate of Need Application to develop a new multispecialty ambulatory surgery center in Wake County, North Carolina.

Dear Ms. Frisone,

My name is <u>FATARANS</u>. <u>RIUHAROSON</u>. I am writing this letter to express support for the Certificate of Need application filed by Valleygate Surgery Center, LLC ("Valleygate") to develop a new freestanding multispecialty ambulatory surgery center in Wake County, North Carolina.

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Thank you for taking time with this important project. Please approve this Certificate of Need application as quickly as possible.

Sincerely,					
Signature:	KSKAMANON,BENIRN				
Name:	KATHRYN S. RUCHMRIDSON, BEN, RN	_			
Address:	US SPRINNSING BR. SPRINNMKE NO 29390				
Phone	9314947779				

Ms. Martha Frisone, Chief Healthcare Planning and Certificate of Need Section Division of Health Service Regulation 2704 Mail Service Center Raleigh, NC 27699-2704

RE: Letter of Support for Valleygate Surgery Center, LLC's Certificate of Need Application to develop a new multispecialty ambulatory surgery center in Wake County, North Carolina.

Dear Ms. Frisone,

My name is <u>UMULUMAGO</u>. I am writing this letter to express support for the Certificate of Need application filed by Valleygate Surgery Center, LLC ("Valleygate") to develop a new freestanding multispecialty ambulatory surgery center in Wake County, North Carolina.

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Thank you for taking time with this important project. Please approve this Certificate of Need application as quickly as possible.

Sincerely,	$\Delta b = O$
Signature:	alling
Name:	Amy Imagosol
Address:	122 Soupra Drive + Lillington, NC 27546
Phone	217-871.9156

Ms. Martha Frisone, Chief Healthcare Planning and Certificate of Need Section Division of Health Service Regulation 2704 Mail Service Center Raleigh, NC 27699-2704

RE: Letter of Support for Valleygate Surgery Center, LLC's Certificate of Need Application to develop a new multispecialty ambulatory surgery center in Wake County, North Carolina.

Dear Ms. Frisone,

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Sincerely,	
Signature:	Buitry hischette
Name:	Britney Flschetto
Address:	1103 Landau rd Fayetteville NC 28311
Phone	9105741971

Ms. Martha Frisone, Chief Healthcare Planning and Certificate of Need Section Division of Health Service Regulation 2704 Mail Service Center Raleigh, NC 27699-2704

RE: Letter of Support for Valleygate Surgery Center, LLC's Certificate of Need Application to develop a new multispecialty ambulatory surgery center in Wake County, North Carolina.

Dear Ms. Frisone,

My name is <u>Probey Williams</u>. I am writing this letter to express support for the Certificate of Need application filed by Valleygate Surgery Center, LLC ("Valleygate") to develop a new freestanding multispecialty ambulatory surgery center in Wake County, North Carolina.

Village Family Dental, a Valleygate affiliate, helped to build the dental care workforce in underserved communities in Eastern North Carolina, and has advocated for regulatory and other changes that help retain dentists, particularly pediatric dentists in our communities. My family is pleased with the care and their approach to helping families.

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Thank you for taking time with this important project. Please approve this Certificate of Need application as quickly as possible.

Sincerely,

Sincerery,	· ^ ک	
Signature:	Auber Willen	
Name:	Amber Williams	
Address:	466 Hogart St. Raeford NS. 28376	
Phone	910-349-4089	

Ms. Martha Frisone, Chief Healthcare Planning and Certificate of Need Section Division of Health Service Regulation 2704 Mail Service Center Raleigh, NC 27699-2704

RE: Letter of Support for Valleygate Surgery Center, LLC's Certificate of Need Application to develop a new multispecialty ambulatory surgery center in Wake County, North Carolina.

Dear Ms. Frisone,

My name is <u>Kathury</u> <u>Mercur</u>. I am writing this letter to express support for the Certificate of Need application filed by Valleygate Surgery Center, LLC ("Valleygate") to develop a new freestanding multispecialty ambulatory surgery center in Wake County, North Carolina.

Village Family Dental, a Valleygate affiliate, helped to build the dental care workforce in underserved communities in Eastern North Carolina, and has advocated for regulatory and other changes that help retain dentists, particularly pediatric dentists in our communities. My family is pleased with the care and their approach to helping families.

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Thank you for taking time with this important project. Please approve this Certificate of Need application as quickly as possible.

Sincerely,	Marthe G MIDIA
Signature:	- name e me
Name:	Kathryn E. Mercer
Address:	5206 Old Railroad Way Hope Mills, NC 2834
Phone	(910) 587-9130

Ms. Martha Frisone, Chief Healthcare Planning and Certificate of Need Section Division of Health Service Regulation 2704 Mail Service Center Raleigh, NC 27699-2704

RE: Letter of Support for Valleygate Surgery Center, LLC's Certificate of Need Application to develop a new multispecialty ambulatory surgery center in Wake County, North Carolina.

Dear Ms. Frisone,

My name is <u>Liana</u> <u>Monech</u>. I am writing this letter to express support for the Certificate of Need application filed by Valleygate Surgery Center, LLC ("Valleygate") to develop a new freestanding multispecialty ambulatory surgery center in Wake County, North Carolina.

Village Family Dental, a Valleygate affiliate, helped to build the dental care workforce in underserved communities in Eastern North Carolina, and has advocated for regulatory and other changes that help retain dentists, particularly pediatric dentists in our communities. My family is pleased with the care and their approach to helping families.

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Thank you for taking time with this important project. Please approve this Certificate of Need application as quickly as possible.

Sincerely,	Λ.
Signature:	Luna menu
Name:	liana Maneill
Address:	3104 Saddletrie Rol, Lumberton Ac 28260
Phone	910-280-8816.

Ms. Martha Frisone, Chief Healthcare Planning and Certificate of Need Section Division of Health Service Regulation 2704 Mail Service Center Raleigh, NC 27699-2704

RE: Letter of Support for Valleygate Surgery Center, LLC's Certificate of Need Application to develop a new multispecialty ambulatory surgery center in Wake County, North Carolina.

Dear Ms. Frisone,

My name is <u>JACKSAN</u>. I am writing this letter to express support for the Certificate of Need application filed by Valleygate Surgery Center, LLC ("Valleygate") to develop a new freestanding multispecialty ambulatory surgery center in Wake County, North Carolina.

Village Family Dental, a Valleygate affiliate, helped to build the dental care workforce in underserved communities in Eastern North Carolina, and has advocated for regulatory and other changes that help retain dentists, particularly pediatric dentists in our communities. My family is pleased with the care and their approach to helping families.

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Thank you for taking time with this important project. Please approve this Certificate of Need application as quickly as possible.

Sincerely,	ND	1				
Signature.	Leni	1 aussen				
Name:	Unzi	Gackson				
Address:	5962	Rehopeth	rd	- Hepe	mills,	NC 283-18
Phone	910-98	7-8887			1	

Ms. Martha Frisone, Chief Healthcare Planning and Certificate of Need Section Division of Health Service Regulation 2704 Mail Service Center Raleigh, NC 27699-2704

RE: Letter of Support for Valleygate Surgery Center, LLC's Certificate of Need Application to develop a new multispecialty ambulatory surgery center in Wake County, North Carolina.

Dear Ms. Frisone,

My name is <u>JIMM</u> <u>IOPET</u>. I am writing this letter to express support for the Certificate of Need application filed by Valleygate Surgery Center, LLC ("Valleygate") to develop a new freestanding multispecialty ambulatory surgery center in Wake County, North Carolina.

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Thank you for taking time with this important project. Please approve this Certificate of Need application as quickly as possible.

Sincerely,	600
Signature:	() Sentimpicore
Name:	SINCAL LOPEZ
Address:	1951 JENNIGER LA Gay NC 28314
Phone	741-3636
Ms. Martha Frisone, Chief Healthcare Planning and Certificate of Need Section Division of Health Service Regulation 2704 Mail Service Center Raleigh, NC 27699-2704

RE: Letter of Support for Valleygate Surgery Center, LLC's Certificate of Need Application to develop a new multispecialty ambulatory surgery center in Wake County, North Carolina.

Dear Ms. Frisone,

My name is <u>Holly Chandler</u>. I am writing this letter to express support for the Certificate of Need application filed by Valleygate Surgery Center, LLC ("Valleygate") to develop a new freestanding multispecialty ambulatory surgery center in Wake County, North Carolina.

Village Family Dental, a Valleygate affiliate, helped to build the dental care workforce in underserved communities in Eastern North Carolina, and has advocated for regulatory and other changes that help retain dentists, particularly pediatric dentists in our communities. My family is pleased with the care and their approach to helping families.

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Thank you for taking time with this important project. Please approve this Certificate of Need application as quickly as possible.

Sincerely,	ILACIOL da	
Signature:	Hole Chanel	
Name:	Holly Chandler	
Address:	194 thock harbor lare	Spring Lake, We 28390
Phone	813-892-9173	

Ms. Martha Frisone, Chief Healthcare Planning and Certificate of Need Section Division of Health Service Regulation 2704 Mail Service Center Raleigh, NC 27699-2704

RE: Letter of Support for Valleygate Surgery Center, LLC's Certificate of Need Application to develop a new multispecialty ambulatory surgery center in Wake County, North Carolina.

Dear Ms. Frisone,

My name is <u>MORAN Smith</u>. I am writing this letter to express support for the Certificate of Need application filed by Valleygate Surgery Center, LLC ("Valleygate") to develop a new freestanding multispecialty ambulatory surgery center in Wake County, North Carolina.

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Thank you for taking time with this important project. Please approve this Certificate of Need application as quickly as possible.

Sincerely,	A 100
Signature:	MOMUD
Name:	Margan Smith
Address:	453 Derbi La Hope Mills NC 28348
Phone	910 G24 2512

Ms. Martha Frisone, Chief Healthcare Planning and Certificate of Need Section Division of Health Service Regulation 2704 Mail Service Center Raleigh, NC 27699-2704

RE: Letter of Support for Valleygate Surgery Center, LLC's Certificate of Need Application to develop a new multispecialty ambulatory surgery center in Wake County, North Carolina.

Dear Ms. Frisone,

My name is <u>Stephen</u> W. <u>Mercer</u>. I am writing this letter to express support for the Certificate of Need application filed by Valleygate Surgery Center, LLC ("Valleygate") to develop a new freestanding multispecialty ambulatory surgery center in Wake County, North Carolina.

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Thank you for taking time with this important project. Please approve this Certificate of Need application as quickly as possible.

Sincerely,	Pt 1 1 P 11 P
Signature:	Stephen W. Mercer
Name:	Mercer, Stephen W.
Address:	5206 Old Railroad Way, Hope Mills, NC 28348
Phone	(850) 374-2560

Ms. Martha Frisone, Chief Healthcare Planning and Certificate of Need Section Division of Health Service Regulation 2704 Mail Service Center Raleigh, NC 27699-2704

RE: Letter of Support for Valleygate Surgery Center, LLC's Certificate of Need Application to develop a new multispecialty ambulatory surgery center in Wake County, North Carolina.

Dear Ms. Frisone,

My name is <u>Myme</u> <u>Mercer</u>. I am writing this letter to express support for the Certificate of Need/application filed by Valleygate Surgery Center, LLC ("Valleygate") to develop a new freestanding multispecialty ambulatory surgery center in Wake County, North Carolina.

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Thank you for taking time with this important project. Please approve this Certificate of Need application as quickly as possible.

Sincerely, ¬	h. Thu			
Signature:	Mypma Mircin			
Name:	Myrna Mercer	/		
Address:	5206 Old Railrond Way,	Hope	Mills	NC
Phone	910-354-6435	/		

Ms. Martha Frisone, Chief Healthcare Planning and Certificate of Need Section Division of Health Service Regulation 2704 Mail Service Center Raleigh, NC 27699-2704

RE: Letter of Support for Valleygate Surgery Center, LLC's Certificate of Need Application to develop a new multispecialty ambulatory surgery center in Wake County, North Carolina.

Dear Ms. Frisone,

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Sincerely,	0	
Signature:	austrey Kermu	
Name:	Audrey Klamer	
Address:	6533 Hidden Lake Loop Apt. 53 Fayetter,71	1e, NC 28304
Phone	(910) 813-8551	

Ms. Martha Frisone, Chief Healthcare Planning and Certificate of Need Section Division of Health Service Regulation 2704 Mail Service Center Raleigh, NC 27699-2704

RE: Letter of Support for Valleygate Surgery Center, LLC's Certificate of Need Application to develop a new multispecialty ambulatory surgery center in Wake County, North Carolina.

Dear Ms. Frisone,

My name is <u>Satarea</u> <u>NChas</u>. I am writing this letter to express support for the Certificate of Need application filed by Valleygate Surgery Center, LLC ("Valleygate") to develop a new freestanding multispecialty ambulatory surgery center in Wake County, North Carolina.

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Si	nce	rel	γ,
			11

Sincerery,		
Signature:	Satores Michael	
Name:	Satarea Nichols	
Address:	4630 Duncastle Bd. Apt. 2B Fayetterille, NC 283	Ķ
Phone	(910) 922-0958	

Ms. Martha Frisone, Chief Healthcare Planning and Certificate of Need Section Division of Health Service Regulation 2704 Mail Service Center Raleigh, NC 27699-2704

RE: Letter of Support for Valleygate Surgery Center, LLC's Certificate of Need Application to develop a new multispecialty ambulatory surgery center in Wake County, North Carolina.

Dear Ms. Frisone,

My name is <u>Robin Ramson</u>. I am writing this letter to express support for the Certificate of Need application filed by Valleygate Surgery Center, LLC ("Valleygate") to develop a new freestanding multispecialty ambulatory surgery center in Wake County, North Carolina.

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Thank you for taking time with this important project. Please approve this Certificate of Need application as quickly as possible.

Sincerely,	$\cap \cap \cap$
Signature:	KON RET, CDA
Name:	Robin Ramself
Address:	1540 Seabiscuit Dr. Parkton, NC 28371
Phone	910 527 2661

Ms. Martha Frisone, Chief Healthcare Planning and Certificate of Need Section Division of Health Service Regulation 2704 Mail Service Center Raleigh, NC 27699-2704

RE: Letter of Support for Valleygate Surgery Center, LLC's Certificate of Need Application to develop a new multispecialty ambulatory surgery center in Wake County, North Carolina.

Dear Ms. Frisone,

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Thank you for taking time with this important project. Please approve this Certificate of Need application as quickly as possible.

Sincerely,	dullin C
Signature:	NOW
Name:	La hiuvia Crowford
Address:	4118 Glenriche Pr
Phone	803-552-6807

Ms. Martha Frisone, Chief Healthcare Planning and Certificate of Need Section Division of Health Service Regulation 2704 Mail Service Center Raleigh, NC 27699-2704

RE: Letter of Support for Valleygate Surgery Center, LLC's Certificate of Need Application to develop a new multispecialty ambulatory surgery center in Wake County, North Carolina.

Dear Ms. Frisone,

My name is <u>Here Brewington</u>. I am writing this letter to express support for the Certificate of Need application filed by Valleygate Surgery Center, LLC ("Valleygate") to develop a new freestanding multispecialty ambulatory surgery center in Wake County, North Carolina.

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Thank you for taking time with this important project. Please approve this Certificate of Need application as quickly as possible.

Sincerely,	
Signature:	alle Brewington
Name:	Ike Brewington
Address:	5800 Nicolet Drive
Phone	910-729-2349

Ms. Martha Frisone, Chief Healthcare Planning and Certificate of Need Section Division of Health Service Regulation 2704 Mail Service Center Raleigh, NC 27699-2704

RE: Letter of Support for Valleygate Surgery Center, LLC's Certificate of Need Application to develop a new multispecialty ambulatory surgery center in Wake County, North Carolina.

Dear Ms. Frisone,

My name is <u>Christian</u>. I am writing this letter to express support for the Certificate of Need application filed by Valleygate Surgery Center, LLC ("Valleygate") to develop a new freestanding multispecialty ambulatory surgery center in Wake County, North Carolina.

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Thank you for taking time with this important project. Please approve this Certificate of Need application as quickly as possible.

Sincerely,	$\rho = \rho$
Signature:	Christie Typy
Name:	Christine Lopez
Address:	125 Raymond St Racford NC, 28376
Phone	910-674-9590

Ms. Martha Frisone, Chief Healthcare Planning and Certificate of Need Section Division of Health Service Regulation 2704 Mail Service Center Raleigh, NC 27699-2704

RE: Letter of Support for Valleygate Surgery Center, LLC's Certificate of Need Application to develop a new multispecialty ambulatory surgery center in Wake County, North Carolina.

Dear Ms. Frisone, My name is <u>JURI</u> <u>FERRE - LOUIS</u>. I am writing this letter to express support for the Certificate of Need application filed by Valleygate Surgery Center, LLC ("Valleygate") to develop a new freestanding multispecialty ambulatory surgery center in Wake County, North Carolina.

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Sincerely,	GIG I
Signature:	Juri previer out
Name:	YURI PIERRE-LOUIS
Address:	5206 oldrailroad way, Hope Mills, NC, 28348
Phone	(862)-849-1764

Ms. Martha Frisone, Chief Healthcare Planning and Certificate of Need Section Division of Health Service Regulation 2704 Mail Service Center Raleigh, NC 27699-2704

RE: Letter of Support for Valleygate Surgery Center, LLC's Certificate of Need Application to develop a new multispecialty ambulatory surgery center in Wake County, North Carolina.

Dear Ms. Frisone,

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Sincerely,	
Signature:	Den
Name:	Lysboth Vergera
Address:	819 Durwood Dr. Fay, NC 28311
Phone	715-944-5222

Ms. Martha Frisone, Chief Healthcare Planning and Certificate of Need Section Division of Health Service Regulation 2704 Mail Service Center Raleigh, NC 27699-2704

RE: Letter of Support for Valleygate Surgery Center, LLC's Certificate of Need Application to develop a new multispecialty ambulatory surgery center in Wake County, North Carolina.

Dear Ms. Frisone,

My name is <u>TIPEOU</u> <u>Deasbitt</u>. I am writing this letter to express support for the Certificate of Need application filed by Valleygate Surgery Center, LLC ("Valleygate") to develop a new freestanding multispecialty ambulatory surgery center in Wake County, North Carolina.

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Thank you for taking time with this important project. Please approve this Certificate of Need application as quickly as possible.

Sincerely,		
Signature:		
Name:	TIADAY Neasbith	
Address:	960 Screech Owl Pr	Hope Mills UC 28348
Phone	910 229 0190	

Ms. Martha Frisone, Chief Healthcare Planning and Certificate of Need Section Division of Health Service Regulation 2704 Mail Service Center Raleigh, NC 27699-2704

RE: Letter of Support for Valleygate Surgery Center, LLC's Certificate of Need Application to develop a new multispecialty ambulatory surgery center in Wake County, North Carolina.

Dear Ms. Frisone,

My name is <u>Arlene Ramos</u>. I am writing this letter to express support for the Certificate of Need application filed by Valleygate Surgery Center, LLC ("Valleygate") to develop a new freestanding multispecialty ambulatory surgery center in Wake County, North Carolina.

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Thank you for taking time with this important project. Please approve this Certificate of Need application as quickly as possible.

Sincerely,	la Rous
Signature:	A Ser Cure 8
Name:	Avlene Ramos
Address:	381 RuffRd, Redsprings NC 28377
Phone	908-220-8269

Ms. Martha Frisone, Chief Healthcare Planning and Certificate of Need Section Division of Health Service Regulation 2704 Mail Service Center Raleigh, NC 27699-2704

RE: Letter of Support for Valleygate Surgery Center, LLC's Certificate of Need Application to develop a new multispecialty ambulatory surgery center in Wake County, North Carolina.

Dear Ms. Frisone,

My name is <u>Julia</u> <u>Diddid</u>. I am writing this letter to express support for the Certificate of Need application filed by Valleygate Surgery Center, LLC ("Valleygate") to develop a new freestanding multispecialty ambulatory surgery center in Wake County, North Carolina.

Village Family Dental, a Valleygate affiliate, helped to build the dental care workforce in underserved communities in Eastern North Carolina, and has advocated for regulatory and other changes that help retain dentists, particularly pediatric dentists in our communities. My family is pleased with the care and their approach to helping families.

I believe Valleygate will take the same approach with their proposed multispecialty ambulatory surgery center and offer the same high-quality care that Valleygate affiliates have offered my family.

Thank you for taking time with this important project. Please approve this Certificate of Need application as quickly as possible.

Sincerely,			
Signature:	J. Diddik		
Name:	Aulia Biddul		
Address:	133 Bayshore Dr.	Parkton, NC	28311
Phone	910 494-4454		

Ms. Martha Frisone, Chief Healthcare Planning and Certificate of Need Section Division of Health Service Regulation 2704 Mail Service Center Raleigh, NC 27699-2704

RE: Letter of Support for Valleygate Surgery Center, LLC's Certificate of Need Application to develop a new multispecialty ambulatory surgery center in Wake County, North Carolina.

Dear Ms. Frisone,

My name is <u>Michae</u> Shepard. I am writing this letter to express support for the Certificate of Need application filed by Valleygate Surgery Center, LLC ("Valleygate") to develop a new freestanding multispecialty ambulatory surgery center in Wake County, North Carolina.

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Sincerely,	A.A. da	Λ	
Signature:	Yucole S. Shepand	/	
Name:	Nicole L. Speparol		
Address:	583 Regimental Dr.	Cameron, MC	28326
Phone	(910) 308 - 1949	-	

Ms. Martha Frisone, Chief Healthcare Planning and Certificate of Need Section Division of Health Service Regulation 2704 Mail Service Center Raleigh, NC 27699-2704

RE: Letter of Support for Valleygate Surgery Center, LLC's Certificate of Need Application to develop a new multispecialty ambulatory surgery center in Wake County, North Carolina.

Dear Ms. Frisone,

My name is <u>Jule</u> <u>Canver</u>. I am writing this letter to express support for the Certificate of Need application filed by Valleygate Surgery Center, LLC ("Valleygate") to develop a new freestanding multispecialty ambulatory surgery center in Wake County, North Carolina.

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Thank you for taking time with this important project. Please approve this Certificate of Need application as quickly as possible.

Sincerely,	\cap \cap
Signature:	Julie Carrer
Name:	Julie Carver
Address:	5343 Old Paliford Way
Phone	910 257 6401

Ms. Martha Frisone, Chief Healthcare Planning and Certificate of Need Section Division of Health Service Regulation 2704 Mail Service Center Raleigh, NC 27699-2704

RE: Letter of Support for Valleygate Surgery Center, LLC's Certificate of Need Application to develop a new multispecialty ambulatory surgery center in Wake County, North Carolina.

Dear Ms. Frisone,

My name is <u>Jamaiue</u> <u>Coulog</u>. I am writing this letter to express support for the Certificate of Need application filed by Valleygate Surgery Center, LLC ("Valleygate") to develop a new freestanding multispecialty ambulatory surgery center in Wake County, North Carolina.

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Thank you for taking time with this important project. Please approve this Certificate of Need application as quickly as possible.

Sincerely,

sincerely,	1		
Signature:	1. Conley		
Name:	JAMAINE CONTRY		
Address:	4368 Falls Dr.	Hope Mills, NC 28348	
Phone	(910) 489-4594	· ·	

Ms. Martha Frisone, Chief Healthcare Planning and Certificate of Need Section Division of Health Service Regulation 2704 Mail Service Center Raleigh, NC 27699-2704

RE: Letter of Support for Valleygate Surgery Center, LLC's Certificate of Need Application to develop a new multispecialty ambulatory surgery center in Wake County, North Carolina.

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Sincerely,	1 1 1 1 1 1 1	
Signature:	anneget epermi	
Name:	Annegret Ingledue	no la
Address:	5213 Thacherous Drive	Forgoterille NC
Phone	910-488 485-8884	0. X0306

Ms. Martha Frisone, Chief Healthcare Planning and Certificate of Need Section Division of Health Service Regulation 2704 Mail Service Center Raleigh, NC 27699-2704

RE: Letter of Support for Valleygate Surgery Center, LLC's Certificate of Need Application to develop a new multispecialty ambulatory surgery center in Wake County, North Carolina.

Dear Ms. Frisone,

My name is <u>Jenita Compton</u>. I am writing this letter to express support for the Certificate of Need application filed by Valleygate Surgery Center, LLC ("Valleygate") to develop a new freestanding multispecialty ambulatory surgery center in Wake County, North Carolina.

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Thank you for taking time with this important project. Please approve this Certificate of Need application as quickly as possible.

Sincerely,	
Signature:	Senta Compta
Name:	Jenita Compton
Address:	2250 John McMillan Rd. Hope Mills, NC 28348
Phone	910-624-0130

Ms. Martha Frisone, Chief Healthcare Planning and Certificate of Need Section Division of Health Service Regulation 2704 Mail Service Center Raleigh, NC 27699-2704

RE: Letter of Support for Valleygate Surgery Center, LLC's Certificate of Need Application to develop a new multispecialty ambulatory surgery center in Wake County, North Carolina.

Dear Ms. Frisone,

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Thank you for taking time with this important project. Please approve this Certificate of Need application as quickly as possible.

Sincerely,

	and the work
Signature:	Kecledrichtammonob
Name:	Kedeshia Hammonds
Address:	1943 Smith RD. Hopemills NIC 28348
Phone	910-309-3554

Ms. Martha Frisone, Chief Healthcare Planning and Certificate of Need Section Division of Health Service Regulation 2704 Mail Service Center Raleigh, NC 27699-2704

RE: Letter of Support for Valleygate Surgery Center, LLC's Certificate of Need Application to develop a new multispecialty ambulatory surgery center in Wake County, North Carolina.

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Sincerely,	MILL CP
Signature:	Ktto zlaning
Name:	Ritadennings
Address:	1367 Walter Read Kd
Phone	910-285-8749

Ms. Martha Frisone, Chief Healthcare Planning and Certificate of Need Section Division of Health Service Regulation 2704 Mail Service Center Raleigh, NC 27699-2704

RE: Letter of Support for Valleygate Surgery Center, LLC's Certificate of Need Application to develop a new multispecialty ambulatory surgery center in Wake County, North Carolina.

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Sincerely,

Signature:	Mata
Name:	Martie Straub
Address:	1367 Walter Reed Rd #103
Phone	910 485 8749

Ms. Martha Frisone, Chief Healthcare Planning and Certificate of Need Section Division of Health Service Regulation 2704 Mail Service Center Raleigh, NC 27699-2704

RE: Letter of Support for Valleygate Surgery Center, LLC's Certificate of Need Application to develop a new multispecialty ambulatory surgery center in Wake County, North Carolina.

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Sincerely,

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	mana million
Name:	Maria milbert
Address:	4344 Grove Ave # E winsten salem NC 27105
Phone	218 343 1424

Ms. Martha Frisone, Chief Healthcare Planning and Certificate of Need Section Division of Health Service Regulation 2704 Mail Service Center Raleigh, NC 27699-2704

RE: Letter of Support for Valleygate Surgery Center, LLC's Certificate of Need Application to develop a new multispecialty ambulatory surgery center in Wake County, North Carolina.

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Sincerely,	
Signature:	of the
Name:	Uticia NUTER Mercado 2011 Uni Ridar Pd Rendleman NC 27317
Address:	332 Walnut Kidge Rd Hendeman Ne 30.
Phone	336-380-4908

Ms. Martha Frisone, Chief Healthcare Planning and Certificate of Need Section Division of Health Service Regulation 2704 Mail Service Center Raleigh, NC 27699-2704

RE: Letter of Support for Valleygate Surgery Center, LLC's Certificate of Need Application to develop a new multispecialty ambulatory surgery center in Wake County, North Carolina.

Dear Ms. Frisone,

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DR.

Thank you for taking time with this important project. Please approve this Certificate of Need application as quickly as possible.

PAYL

Sincerely,

Signature:

Name:

Address:

Phone

Ms. Martha Frisone, Chief Healthcare Planning and Certificate of Need Section Division of Health Service Regulation 2704 Mail Service Center Raleigh, NC 27699-2704

RE: Letter of Support for Valleygate Surgery Center, LLC's Certificate of Need Application to develop a new multispecialty ambulatory surgery center in Wake County, North Carolina.

Dear Ms. Frisone,

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Sincerely,	
Signature:	fate luito
Name:	batia Clemente
Address:	3020 Craven st Apt 2 W-S NC 27127
Phone	(3361770-0714

Ms. Martha Frisone, Chief Healthcare Planning and Certificate of Need Section Division of Health Service Regulation 2704 Mail Service Center Raleigh, NC 27699-2704

RE: Letter of Support for Valleygate Surgery Center, LLC's Certificate of Need Application to develop a new multispecialty ambulatory surgery center in Wake County, North Carolina.

Dear Ms. Frisone,

My name is FEUSDA EIBALLA. I am writing this letter to express support for the Certificate of Need application filed by Valleygate Surgery Center, LLC ("Valleygate") to develop a new freestanding multispecialty ambulatory surgery center in Wake County, North Carolina.

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Sincerely,

Signatu

Name:

Addres

Phone

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ature:	11/1/1 1 1	Sall			
ne:	Felisha	ElBad	19		
ress:	123 Caro	1 Ed	WIS	NC	27106
ne	336-817.	-0842			

Ms. Martha Frisone, Chief Healthcare Planning and Certificate of Need Section Division of Health Service Regulation 2704 Mail Service Center Raleigh, NC 27699-2704

RE: Letter of Support for Valleygate Surgery Center, LLC's Certificate of Need Application to develop a new multispecialty ambulatory surgery center in Wake County, North Carolina.

Dear Ms. Frisone,

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Sincerely,

KAMADA IQ
11 Marshold
Vahoska Pena ATOOTA
5444 Fairman Forest Dr WS NG 27105
376-528-8044

Ms. Martha Frisone, Chief Healthcare Planning and Certificate of Need Section Division of Health Service Regulation 2704 Mail Service Center Raleigh, NC 27699-2704

RE: Letter of Support for Valleygate Surgery Center, LLC's Certificate of Need Application to develop a new multispecialty ambulatory surgery center in Wake County, North Carolina.

Dear Ms. Frisone,

I am writing this letter to express support for the Certificate of Need application filed by Valleygate Surgery Center, LLC to develop a new freestanding multispecialty ambulatory surgery center in Wake County, North Carolina. I understand at project completion the new facility will have one operating room and three procedure rooms that will accommodate multiple outpatient surgery center specialties.

The proposed project would offer the community and surgeons more surgical capacity. The population of Wake and surrounding counties is growing, and growth increases need for ambulatory surgery capacity and access.

Thank you for taking time with this important project. Please approve this Certificate of Need application as quickly as possible.

Sincerely,	(A	A.O.	
Signature:	Jarglest	E.C.	
Name:	David G. Sm. Hh. Du		
Address:	510 Nicholas Rd.	Greensboro, NC	27409
Phone	480 516 9448	Email	david Smith Ckids denta 1 bands. com

Please email to <u>cboyd@pda-inc.net</u>

Ms. Martha Frisone, Chief Healthcare Planning and Certificate of Need Section Division of Health Service Regulation 2704 Mail Service Center Raleigh, NC 27699-2704

RE: Letter of Support for Valleygate Surgery Center, LLC's Certificate of Need Application to develop a new multispecialty ambulatory surgery center in Wake County, North Carolina.

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Sincerely,	A. N		
Signature			
Name:		1	Spanleting Smiles of Ashebou
Address:	412 N. Church Stree	<i>†</i>	
Phone	336 625-1319	Email	trariedds egmail.con

Please email to <u>cboyd@pda-inc.net</u>

Ms. Martha Frisone, Chief Healthcare Planning and Certificate of Need Section Division of Health Service Regulation 2704 Mail Service Center Raleigh, NC 27699-2704

RE: Letter of Support for Valleygate Surgery Center, LLC's Certificate of Need Application to develop a new multispecialty ambulatory surgery center in Wake County, North Carolina.

Dear Ms. Frisone,

My name is <u>Shannon Farce of</u>. I am writing this letter to express support for the Certificate of Need application filed by Valleygate Surgery Center, LLC ("Valleygate") to develop a new freestanding multispecialty ambulatory surgery center in Wake County, North Carolina.

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Thank you for taking time with this important project. Please approve this Certificate of Need application as quickly as possible.

Sincerely,	An ringel (a) Fill	
Signature:	Shannon Fauchoth / Shannon Faircloth	
Name:	Shannon Farelett	
Address:	2887 Marchif Rd. Franklinville NC 27248	
Phone	336-301-2435	

Ms. Martha Frisone, Chief Healthcare Planning and Certificate of Need Section Division of Health Service Regulation 2704 Mail Service Center Raleigh, NC 27699-2704

RE: Letter of Support for Valleygate Surgery Center, LLC's Certificate of Need Application to develop a new multispecialty ambulatory surgery center in Wake County, North Carolina.

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Sincerely,

sincerciy,	
Signature:	Ausy Mosqueeda
Name:	Susy masqueda
Address:	2875 Raymond gray lane Altohale, NC 27263
Phone	336. 82524.07

Ms. Martha Frisone, Chief Healthcare Planning and Certificate of Need Section Division of Health Service Regulation 2704 Mail Service Center Raleigh, NC 27699-2704

RE: Letter of Support for Valleygate Surgery Center, LLC's Certificate of Need Application to develop a new multispecialty ambulatory surgery center in Wake County, North Carolina.

Dear Ms. Frisone,

My name is <u>Randi JONES</u>. I am writing this letter to express support for the Certificate of Need application filed by Valleygate Surgery Center, LLC ("Valleygate") to develop a new freestanding multispecialty ambulatory surgery center in Wake County, North Carolina.

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Sincerely,

Signature:	Rend Jens
Name:	Randi Jones
Address:	914 Lakecrest Ave Apt G
Phone	(336)259-7987

Ms. Martha Frisone, Chief Healthcare Planning and Certificate of Need Section Division of Health Service Regulation 2704 Mail Service Center Raleigh, NC 27699-2704

RE: Letter of Support for Valleygate Surgery Center, LLC's Certificate of Need Application to develop a new multispecialty ambulatory surgery center in Wake County, North Carolina.

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Sincerely,

0.87920	
Signature:	Arei Lonides
Name:	Areli reonides
Address:	7639 pine st Rurel Hell
Phone	336-781-9091

Please email to ekennerson@valleygatedsc.com