



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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

RESPONSE REQUIRED

October 26, 2018

Dr. Kenneth Owen
2119 Coniston Place
Charlotte, NC 28207

Conditional Approval

Project ID #: F-11560-18
Facility: Tryon Medical Partners
Project Description: Develop a new ASC with four GI Endoscopy rooms
County: Mecklenburg
FID #: 180430

Dear Dr. Owen:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) has conditionally approved the above referenced certificate of need application. This decision was made after a review of the applications submitted for this cycle and after consideration of the Certificate of Need Law, N.C. Gen. Stat. §131E-175 et. seq. and regulations promulgated there under, the State Medical Facilities Plan, and other applicable information. Attached to this letter are the required findings made with respect to your application. The applicant shall not proceed with the construction, offering or development of this project until the certificate of need is issued. Further, the Agency shall not issue the certificate of need until all applicable conditions of approval have been met pursuant to N.C. Gen. Stat. §131E-187(a). The conditions are as follows:

- 1. Tryon Medical Partners, PLLC shall materially comply with all representations made in the certificate of need application.**
- 2. Tryon Medical Partners, PLLC shall develop a new ambulatory surgical facility with four gastrointestinal endoscopy procedure rooms.**
- 3. Upon completion of the project Tryon Medical Partners, PLLC shall be licensed for no more than four gastrointestinal endoscopy procedure rooms.**
- 4. Tryon Medical Partners, PLLC shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditure in**

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION

LOCATION: 809 Ruggles Drive, Edgerton Building, Raleigh, NC 27603
MAILING ADDRESS: 2701 Mail Service Center, Raleigh, NC 27699-2701
www.ncdhhs.gov/dhsr/ • TEL: 919-855-3750 • FAX: 919-733-2757

Sections F and Q of the application and that would otherwise require a certificate of need.

5. Tryon Medical Partners, PLLC, shall receive accreditation from the Joint Commission for the Accreditation of Healthcare Organizations, the Accreditation Association for Ambulatory Health Care or a comparable accreditation authority within two years following licensure of the facility.
6. For the first three years of operation following completion of the project, Tryon Medical Partners, PLLC shall not increase charges more than 5% of the charges projected in Sections F and Q of the application without first obtaining a determination from the Healthcare Planning and Certificate of Need Section that the proposed increase is in material compliance with the representations in the certificate of need application.
7. The procedure rooms shall not be used for procedures that should be performed only in an operating room based on current standards of practice.
8. Procedures performed in the procedure rooms shall not be reported for billing purposes as having been performed in a gastrointestinal endoscopy room and shall not be reported on the facility's license renewal application as procedures performed in a gastrointestinal endoscopy room.
10. No later than three months after the last day of each of the first three full years of operation following initiation of the services authorized by this certificate of need, & shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
 - a. Payor mix for the services authorized in this certificate of need.
 - b. Utilization of the services authorized in this certificate of need.
 - c. Revenues and operating costs for the services authorized in this certificate of need.
 - d. Average gross revenue per unit of service.
 - e. Average net revenue per unit of service.
 - f. Average operating cost per unit of service.
11. Tryon Medical Partners, PLLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

Response to the above conditions should be submitted to the Agency no later than 35 days from the date of the decision. Failure to respond within this time period may result in the Agency making a determination not to issue a certificate of need for the project referenced above.

The conditional approval is valid only for a capital expenditure of \$2,807,918. If a cost overrun occurs that exceeds the approved capital expenditure amount, a new certificate of need may be required as determined by N.C. Gen. Stat. §131E-176(16)(e).

The applicant should be aware that according to the Certificate of Need law any affected person shall have thirty (30) days after the date of decision to file a petition for a contested case on this approval. Further, if you are aggrieved by the conditions of the decision you may file a petition for a contested case hearing in accordance with N.C. Gen. Stat. §150B, Article 3, as amended. This petition must be filed with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, North Carolina 27699-6714 within thirty (30) days of the date of this decision. [Note: Effective October 1, 2009, OAH requires a filing fee with submittal of petitions for contested cases. Please direct all questions regarding this fee to OAH Clerk's Office (919-431-3000).]

N.C. Gen. Stat. §150B-23 provides that a party filing a petition must also serve a copy of the petition on all parties to the petition. Therefore, if you file a petition for a contested case hearing, you must serve a copy of the petition on the Department of Health and Human Services by mailing a copy of your petition to:

Lisa G. Corbett
Department of Health and Human Services,
Office of Legal Affairs,
Adams Building – Room 154
2001 Mail Service Center
Raleigh, North Carolina, 27699-2001

It is requested that a copy of the petition also be served on the Agency.

The certificate of need will not be issued before the completion of this 30 day period ending November 26, 2018. If a contested case request is received within the thirty (30) day period, the certificate will not be issued until the appeal is resolved (10A NCAC 14C .0208).

The timetable for completion of the project is the timetable outlined in the certificate of need application, unless an adjustment has been made by the Agency because the review period was extended. The timetable for this project is as follows:

1. Financing Obtained _____ August 8, 2018
2. Drawings Completed _____ August 10, 2018
3. Construction/Renovation Contract(s) Executed _____ June 15, 2018
4. 25% of Construction/Renovation Completed
(25% of the cost is in place) _____ July 15, 2018
5. 50% of Construction/Renovation Completed _____ August 15, 2018
6. 75% of Construction/Renovation Completed _____ September 15, 2018
7. Construction/Renovation Completed _____ October 15, 2018
8. Building/Space Occupied _____ December 1, 2018
9. Licensed Obtained _____ January 7, 2019
10. Services Offered _____ January 7, 2019
11. Medicare and/or Medicaid Certification Obtained _____ January 7, 2019
12. Facility or Service Accredited _____ December 31, 2019
13. Final Annual Report Due _____ April 1, 2022

Dr. Kenneth Owen

October 26, 2018

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If the decision is appealed, the timetable set forth in this letter will be adjusted accordingly before the Certificate of Need is issued. Please contact this office if any clarification of this decision is required.

Please refer to the Project ID # and Facility ID # (FID) in all correspondence.

Sincerely,



Ena Lightbourne
Project Analyst



Fatimah Wilson
Team Leader

Attachment

cc: Melinda Boyette, Administrative Assistant, Healthcare Planning, DHR
Acute and Home Care Licensure and Certification Section, DHR

CERTIFICATE OF SERVICE

I hereby certify that I have served the foregoing notice of **conditional approval on** the following person by placing a copy in an official depository of the United States Postal Service in a postage-paid, first class envelope addressed as follows:

Dr. Kenneth Owen
2119 Coniston Place
Charlotte, NC 28207

This the 26th day of October, 2018.

A handwritten signature in black ink, appearing to read 'Ena Lightbourne', written over a horizontal line.

Ena Lightbourne
Project Analyst, Certificate of Need

