



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

May 27, 2021

Elizabeth Kirkman
2709 Water Ridge Parkway
Suite 200
Charlotte, NC 28217

Conditional Approval

Project ID #: F-12025-21
Facility: Atrium Health Surgery Center-Huntersville
Project Description: Cost overrun for Project ID #F-11349-17 (convert facility from a hospital-based outpatient surgery center to a separately-licensed freestanding ASF)
County: Mecklenburg
FID #: 170239

Approved Capital Expenditure: \$1,392,300
Conditions of Approval: See Attachment A
Approved Timetable: See Attachment B
Last Date to Appeal: June 28, 2021
Required State Agency Findings: Enclosed

Dear Ms. Kirkman:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) has conditionally approved the above referenced certificate of need application. The conditional approval is valid only for the approved capital expenditure shown above. If the capital cost will exceed the approved capital expenditure amount by more than 115%, the applicant must first obtain a new certificate of need.

Response to the conditions in Attachment A should be attached to an email addressed to the Project Analyst and the Co-signer no later than 35 days from the date of the decision. The certificate of need will not be issued if the response to the conditions in Attachment A has not been received by the Agency.

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 approved timetable for this project is found in Attachment B.

The applicant shall not begin developing this project until after the certificate of need has been issued and the certificate of need will not be issued until the applicant has documented that all conditions that must be met prior to issuance of the certificate of need have been met.

The Certificate of Need law provides that any affected person has thirty (30) days after the date of the decision to file a petition for a contested case on this approval. Further, if you are aggrieved by any of the conditions you may file a petition for a contested case hearing in accordance with G.S.150B, Article 3.

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: 2704 Mail Service Center, Raleigh, NC 27699-2704
<https://info.ncdhhs.gov/dhsr/> • TEL: 919-855-3873

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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. Effective October 1, 2009, OAH requires a filing fee with submittal of petitions for contested cases. Please direct all questions regarding this fee to the OAH Clerk's Office (919-431-3000).

G.S. 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 thirty-day appeal period which ends on the date shown above. If a contested case petition is filed with OAH within the thirty-day appeal period, the certificate will not be issued until the appeal is resolved.

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,



Julie M. Faenza
Project Analyst
Julie.faenza@dhhs.nc.gov



Fatimah Wilson
Team Leader
Fatimah.wilson@dhhs.nc.gov

Enclosures:

Attachment A: Conditions of Approval
Attachment B: Approved Timetable
Required State Agency Findings

cc: Acute & Home Care Licensure & Certification Section, DHSR
Construction Section, DHSR

Attachment A
Conditions of Approval

1. Atrium Health Huntersville ASC, LLC and The Charlotte-Mecklenburg Hospital Authority (hereinafter certificate holder) shall materially comply with the representations in this application, the representations in Project I.D. #F-11349-17, and any supplemental information. Where representations conflict, the certificate holder shall materially comply with the last made representation.
2. The certificate holder shall develop a new freestanding ambulatory surgical facility, Atrium Health Surgery Center – Huntersville, by separately licensing 1 existing OR currently licensed as part of Atrium Health University City.
3. Upon completion of the project, Atrium Health Surgery Center – Huntersville shall be licensed for no more than 1 OR.
4. Upon completion of the project, the certificate holder shall take the necessary steps to delicense the OR from Atrium Health University City.
5. The approved combined capital expenditure for both Project I.D. #F-11349-17 and this project is \$1,747,300, an increase of \$1,392,300 over the previously approved capital expenditure of \$355,000 in Project I.D. #F-11349-17.
6. The certificate holder shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.
7. The certificate holder 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.
8. For the first three years of operation following completion of the project, the certificate holder shall not increase charges more than 5% of the charges projected in Section 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.
9. Progress Reports:
 - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.
 - b. The certificate holder shall complete all sections of the Progress Report form.
 - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
 - d. Progress reports shall be due on the first day of every third month. The first progress report shall be due on September 1, 2021. The second progress report shall be due on December 1, 2021 and so forth.

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, the certificate holders 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. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section in writing prior to issuance of the certificate of need.

**Attachment B
Approved Timetable**

Milestone		Date
1	Drawings Completed	9/7/2021
2	Construction / Renovation Contract(s) Executed	9/14/2021
3	25% of Construction / Renovation Completed (25% of the cost is in place)	11/16/2021
4	50% of Construction / Renovation Completed	12/21/2021
5	75% of Construction / Renovation Completed	2/1/2022
6	Construction / Renovation Completed	3/1/2022
7	Licensure Obtained	3/15/2022
8	Services Offered (required)	4/1/2022
9	Medicare and / or Medicaid Certification Obtained	6/1/2022
10	Facility or Service Accredited	6/1/2022
11	First Annual Report Due*	4/1/2024