



NC DEPARTMENT OF  
HEALTH AND  
HUMAN SERVICES

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

October 30, 2018

Kenneth Burgess  
301 Fayetteville Street, Suite 1900  
Raleigh, NC 27601

**Exempt from Review – Replacement Equipment**

**Record #:** 2738  
**Facility Name:** Mission Hospital  
**FID #:** 943349  
**Business Name:** Mission Hospital, Inc.  
**Business #:** 1234  
**Project Description:** Acquisition of Replacement Equipment  
**County:** Buncombe

Dear Mr. Burgess:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency), determined that based on your letter of October 3, 2018, the above referenced proposal is exempt from certificate of need review in accordance with N.C. Gen. Stat. §131E-184(a)(7) (see Attachment A) and N.C. Gen. Stat. §131E-184(f) (see Attachment B). Therefore, you may proceed to acquire without a certificate of need the equipment listed in the Attachments. This determination is based on your representations that the existing unit will be sold or otherwise disposed of and will not be used again in the State without first obtaining a certificate of need if one is required.

Moreover, you need to contact the Agency's Construction, Radiation Protection and Acute and Home Care Licensure and Certification Sections to determine if they have any requirements for development of the proposed project.

It should be noted that the Agency's position is based solely on the facts represented by you and that any change in facts as represented would require further consideration by this office and a separate determination. If you have any questions concerning this matter, please feel free to contact this office.

Sincerely,

Ena Lightbourne  
Project Analyst

Martha J. Frisone  
Chief, Healthcare Planning and  
Certificate of Need Section

cc: Construction Section, DHSR  
Radiation Protection Section, DHSR  
Acute and Home Care Licensure and Certification Section, DHSR  
Melinda Boyette, Administrative Assistant, Healthcare Planning, DHSR

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

HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION

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



**ATTACHMENT A**

N.C. Gen. Stat. §131E-184(a)(7)				
<b>Replacement Equipment</b>	<b>Make</b>	<b>Model</b>	<b>Replacement Equipment Make</b>	<b>Replacement Equipment Model</b>
Cardiac Cath Lab	GE (2007)	Innova 2100	GE	IGS 730
Cardiac Cath Lab	Phillips (2007)	Allura xper FD10	GE	IGS 730
Cardiac Cath Lab	Phillips (2010)	Allura xper FD20	GE	IGS 520
GE Structural Heart Lab	Phillips (2013)	Allura xper FD10	GE	Discovery IGS 740
Electrophysiology Lab	Excel Imaging (2012)	OmegaEP Single	GE	IGS 520
Electrophysiology Lab	Excel Imaging (2013)	OmegaEP Single	GE	IGS 520
Vascular Operating Room Equipment	Phillips (2014)	Allura xper FD20	GE	Discovery IGS 740
Vascular Operating Room Equipment	Phillips (2014)	Allura xper FD20	GE	Discovery IGS 740
Interventional Radiology Lab	Phillips (2007)	Allura xper FD20	GE	IGS 740
CT Scanner	GE (2010)	VCT WAUK Base FV GT2000	GE	Revolution EVO
CT Scanner	GE (2014)	Optima CT660S	GE	Revolution EVO





**ATTACHMENT B**

N.C. Gen. Stat. §131E-184(F)				
<b>Replacement Equipment</b>	<b>Make</b>	<b>Model</b>	<b>Replacement Equipment Make</b>	<b>Replacement Equipment Model</b>
Biplane	Phillips (2003)	Integris Allur 12/15/ BI	Phillips	Azurion 7 B20
Biplane	Siemens (2009)	Axiom Artis DBA	Phillips	Azurion 7 B20



## Lightbourne, Ena

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**From:** Burgess, Kenneth L. <KBurgess@poynerspruill.com>  
**Sent:** Wednesday, October 03, 2018 9:52 AM  
**To:** Lightbourne, Ena; Pittman, Lisa  
**Subject:** [External] Notice of Exemption for Acquisition of Replacement Equipment by Mission Hospital, Inc.  
**Attachments:** Notice of Exemption for Acquisition of Replacement Equipment.pdf

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

Ena and Lisa, attached please find a Notice of Exemption for the Acquisition of Replacement Equipment by our client, Mission Hospital, Inc. I'm filing this via email only at the request of Lisa Pittman. This filing covers multiple items of exempt replacement equipment which we've organized in the attached correspondence in two groups, those equipment items that cost less than \$2 million and thus are covered by the exemption at N.C. Gen. Stat. section 131E-184(a)(7) and those equipment items that cost more than \$2 million and are thus covered by the exemption at N.C. Gen. Stat. section 131E-184(f). We have bookmarked the supporting attachments (a total of 20 attachments) so that you can identify those by clicking on the ribbon on the left-hand side of the screen when you open the pdf. The attachments are also separated by a divider sheet identifying the number of each attachment referenced in the body of the cover letter. Please let me know if you need additional information regarding this Notice of Exemption or have any questions.

Since I am filing this electronically and cannot obtain a date-stamped copy, would you please acknowledge receipt of this email and attachment by return email.

Thanks very much, Ken Burgess

\*\*\*\*\*

This message constitutes a confidential attorney-client communication. If you have received this communication in error, do not read it. It is not intended for transmission to, or receipt by, any unauthorized persons. Please delete it from your system without copying it, and notify the sender by reply email or by calling 919-783-6400, so that our address record can be corrected. Thank you.



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## Non-Profit Corporation

### Legal Name

Mission Hospital, Inc.

### Prev Legal Name

Memorial Mission Hospital of Western North Carolina, Incorporated

### Prev Legal Name

Memorial Mission Hospital, Inc.

### Prev Legal Name

Mission Hospitals, Inc.

## Information

**SosId:** 0095765

**Status:** Current-Active

**Annual Report Status:** Current

**Citizenship:** Domestic

**Date Formed:** 5/22/1951

**Registered Agent:** Esposito, Donald R., Jr.

## Addresses

### Mailing

509 Biltmore Ave.  
Asheville, NC 28801

### Principal Office

509 Biltmore Ave.  
Asheville, NC 28801

### Reg Office

509 Biltmore Ave.  
Asheville, NC 28801

### Reg Mailing

509 Biltmore Ave.  
Asheville, NC 28801



October 3, 2018



Kenneth L. Burgess  
Partner  
D: 919.783.2917  
F: 252.972.7045  
kburgess@poynerspruill.com

VIA E-MAIL

Lisa Pittman, Assistant Chief  
Ena Lightbourne, Project Analyst  
N.C. Department of Health and Human Services  
N.C. Division of Health Service Regulation  
Certificate of Need Section  
809 Ruggles Drive, Raleigh, N.C. 27603

**RE: *Notice of Exemption for the Acquisition of Replacement Equipment by Mission Hospital, Inc.***

Dear Lisa and Ena:

I am writing on behalf of our client Mission Hospital, Inc. ("Mission") to provide the North Carolina Department of Health and Human Services, Division of Facility Services, Certificate of Need Section ("the CON Section" or "the Agency") with prior written notice of the acquisition of certain replacement equipment at Mission's Hospital for Advanced Medicine ("MHAM" or "the MHAM Project"), pursuant to N.C. Gen. Stat. §§ 131E-184(a)(7) and (f).

Background

In 2014, Mission provided advance written notice to the CON Section of the development of the MHAM Project, explaining why the MHAM Project was exempt from CON Section review under various provisions of the CON Section, including N.C. Gen. Stat. § 131E-184(g), or was otherwise not subject to review and approval by the CON Section, and thus could be developed without first obtaining a Certificate of Need ("CON"). Mission's original Notice of Exemption was filed on February 19, 2014. On May 9, 2014, the CON Section wrote to Mission asking for certain additional information about the MHAM Project. On June 2, 2014, Mission responded to those inquiries, providing the additional information requested by the CON Section. A copy of Mission's 2014 Notice of Exemption and related correspondence is attached hereto as Attachment 1.<sup>1</sup> See also, Attachment 2, diagram and photograph showing the MHAM and MHAM New Tower.

Mission's 2014 Exemption Notice described, among other things, the construction of a new tower on the hospital's main campus adjacent to the existing main hospital, relocation of numerous clinical services from the St. Joseph building to the Mission Memorial building, both located on the hospital's main campus, and a major renovation, consolidation and expansion of various clinical, administrative and support services at the Mission Memorial building, all of which were part of the MHAM Project. On June 19, 2014, the CON Section provided written confirmation to Mission that the MHAM Project was not subject to CON Section review and could be developed with a Certificate of Need. See Attachment 1.

In its February 19, 2014 Exemption Notice to the CON Section, Mission indicated that, at that time, the MHAM Project did not involve the acquisition of any major medical equipment or the acquisition of any

<sup>1</sup> We have not included the attachments to Mission's 2014 Notice of Exemption for MHAM because of their size, but they can be provided if needed upon request of the CON Section.



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replacement equipment<sup>2</sup> and further stated that if those plans changed, Mission would provide the CON Section with a separate notice regarding any related replacement equipment acquisitions<sup>3</sup>. As the MHAM Project has progressed, Mission has identified the need to replace certain units of medical equipment ("the MHAM Replacement Equipment") which qualify as replacement equipment within the meaning of N.C. Gen. Stat. § 131E-176(22a) and which are thus exempt from certificate of need review pursuant to N.C. Gen. Stat. §§ 131E-184(a)(7) and (f) upon the provision of advance written notice to the CON Section. The purpose of this correspondence is to provide the CON Section with advance written notice of the acquisition of those items of replacement equipment and to request written confirmation from the CON Section that Mission may acquire this equipment without a CON. Details regarding the various items of exempt replacement equipment Mission intends to acquire are set forth in the remainder of this correspondence.

#### Applicable Legal Authorities

The CON Law precludes any person from offering or developing a "new institutional health service" without first obtaining a CON. N.C. Gen. Stat. § 131E-178(a). The definition of "new institutional health service" includes, *inter alia*, the following:

- Incurring an obligation for a capital expenditure that exceeds \$2,000,000.00 to develop or expand a health service or health service facility, or which "relates" to the provision of a health service; and
- The acquisition by purchase, donation, lease, transfer or comparable arrangement of "major medical equipment," which is defined as a single unit or single system of components used to provide medical and health services which costs more than \$750,000.00, including the costs of the equipment and all studies, drawings, installation and any other activities essential to acquiring and making the equipment operational.

N.C. Gen. Stat. §§ 131E-176(16)(b), (16)(p) and (14o). However, the CON Law contains two specific exemptions applicable to "replacement equipment," one of which applies to replacement equipment that costs less than \$2,000,000.00 and one of which applies to replacement equipment that costs more than \$2,000,000.00. Either of these exemption categories, where applicable, eliminate the need to obtain a CON before acquiring and installing replacement equipment. Those two exemptions are described below.

#### Statutory Exemption For Replacement Equipment Which Costs Less Than \$2,000,000.00

N.C. Gen. Stat. §131E-184(a)(7) provides an express exemption from CON review for the acquisition and installation of "replacement equipment" costing less than \$2,000,000.00, provided that the CON Section receives prior written notice from the party proposing to acquire the equipment which explains why the proposed acquisition and installation qualifies under this exemption. The statute and accompanying regulations further define "replacement equipment" as follows:

Equipment that costs less than two million dollars (\$2,000,000.00) and is purchased for the sole purpose of replacing comparable medical equipment currently in use which will be

<sup>2</sup> The CON Statute provides at N.C. Gen. Stat. § 131E-176(14o) that "replacement equipment" as defined at N.C. Gen. Stat. § 131E-176(22a) does not constitute "major medical equipment."

<sup>3</sup> Mission's 2014 Exemption Notice stated specifically that it included only "replacement needed of equipment that either is not major medical equipment under the CON law or is non-health care equipment." See Attachment 1.



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sold or otherwise disposed of when replaced. In calculating the total cost of the replacement equipment, the costs of the equipment, studies, surveys, designs, plans, working drawings, specifications, construction, installation, and other activities essential to acquiring and making operational the replacement equipment shall be included. The capital expenditure for the equipment shall be deemed to be the fair market value or the cost of the equipment, whichever is greater.

N.C. Gen. Stat. §131E-176(22a). Replacement equipment is "comparable" to the equipment being replaced if:

1. it has the same technology as the equipment currently in use, although it may possess expanded capabilities due to technological improvements; and
2. it is functionally similar and is used for the same diagnostic or treatment purposes as the equipment currently in use and is not used to provide a new health service; and
3. the acquisition of the equipment does not result in more than a 10% increase in patient charges or per procedure operating expenses within the first twelve months after the replacement equipment is acquired.

10A N.C. Admin. Code 14C .0303(d)(1)-(3).<sup>4</sup>

#### MHAM Replacement Equipment That Costs Less Than \$2,000,000.00

The following items of MHAM Replacement Equipment cost less than \$2,000,000.00 and fit within the statutory exemption set forth collectively at N.C. Gen. Stat. §§ 131E-176(22a); 131E-184(a)(7) and 10A NCAC 14C .0303(d)<sup>5</sup>:

1. Cardiac Cath Lab Currently Located in Room D315.05 of Mission Hospital.

<sup>4</sup> Pursuant to 10A NCAC 14C .0303, equipment does not qualify as "replacement equipment" where equipment which was second-hand or reconditioned is being replaced with new equipment within three (3) years of the acquisition of the equipment being replaced, or leased equipment is being replaced with purchased equipment. None of the MHAM Replacement Equipment fits within any of those categories and so those limitations are not applicable. Please note that while several items of existing equipment which will be replaced at the MHAM Project were refurbished when initially acquired, and will be replaced with new equipment, none of the refurbished equipment which is being replaced with new equipment is being replaced within three (3) years of acquisition of the refurbished equipment. See Attachment 3 for age and acquisition date of equipment being replaced.

<sup>5</sup> In calculating construction costs, our clients relied upon prior Agency determinations that the construction costs "essential to acquiring and making operational the replacement equipment" should include only those costs directly related to removing the old equipment, installing the new equipment and making sure that equipment operates properly. In the case of a CT scanner, for example, such costs should include upfit of the CT room related solely to the operation of the CT scanner (e.g., shielding, extra electrical connections), but need not include other construction costs associated with that room. Similarly, the Agency has previously determined that costs associated with the installation of equipment in the control room for the CT scanner should be included only to the extent that those costs would be different from construction related to general office space. Mission Hospitals, Inc. v. NC DHHS, \_\_\_ N.C.App. \_\_\_, 696 S.E.2d 163 (2010).



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2. Cardiac Cath Lab Currently Located in Room D315.08 of Mission Hospital.
3. Cardiac Cath Lab Currently Located in Room D319 of Mission Hospital.
4. Structural Heart Lab Currently Located in Room D316 of Mission Hospital.
5. Electrophysiology Lab Currently Located in Room D315.07 of Mission Hospital.
6. Electrophysiology Lab Currently Located in Room D315.03 of Mission Hospital.
7. Vascular Operating Room Equipment Currently Located in Room X146 of Mission Hospital.
8. Vascular Operating Room Equipment Currently Located in Room X147 of Mission Hospital.
9. Interventional Radiology Lab Currently Located in Room W168 of Mission Hospital.
10. CT Scanner Currently Located in Room A220.02 of Mission Hospital.
11. CT Scanner Currently Located in Room W148.03 of Mission Hospital.

The chart attached hereto as Attachment 3 lists pertinent information about each of these items of replacement equipment, including the make and model of the existing equipment; the make and model of the replacement equipment; the cost of the replacement equipment; the acquisition date of the existing equipment; status of the existing equipment as new or refurbished at the time of acquisition; the current location of the existing equipment; and the planned location of the replacement equipment at MHAM. Please see also the following Attachments in support of the price quotations for each item of replacement equipment:

1. Cardiac Cath Lab Replacement Equipment to be Located in Room KL236.04 of the MHAM. See Attachment 4.
2. Cardiac Cath Lab Equipment to be Located in Room KL236.03 of the MHAM. See Attachment 5.
3. Cardiac Cath Lab Equipment to be Located in Room KL236.02 of the MHAM. See Attachment 6.
4. Structural Heart Lab to be Located in Room KL238.03 of the MHAM. See Attachment 7.
5. Electrophysiology Lab to be Located in Room KL238.02 of the MHAM. See Attachment 8.
6. Electrophysiology Lab to be Located in Room KL238.01 of the MHAM. See Attachment 9.
7. Vascular Operating Room Equipment to be Located in Room KL284.06 of the MHAM. See Attachment 10.
8. Vascular Operating Room Equipment to be Located in Room 284.07 of the MHAM. See Attachment 11.
9. Interventional Radiology Lab to be Located in Room K286.02 of the MHAM. See Attachment 12.
10. CT Scanner to be Located in Room KLL247.02 of the MHAM. See Attachment 13.
11. CT Scanner to be Located in Room KLL247.03 of the MHAM. See Attachment 14.

In addition, with respect to each item identified above,

1. The existing equipment is currently in use at Mission Hospital;
2. The existing equipment will be removed from service at Mission Hospital and disposed of through either trade-ins or resale to third party medical equipment vendors;
3. The replacement equipment being acquired is comparable medical equipment, meaning that it is functionally similar to and is used for the same diagnostic or treatment purposes as the equipment being replaced and any expanded capabilities it has are solely due to technological advances in the equipment;
4. The replacement equipment will not be used to provide a new health service not currently being provided by Mission Hospital on the equipment being replaced; and
5. Acquisition of the replacement equipment will not result in an increase of more than ten percent (10%) in patient charges or per procedure operating expenses within the first twelve (12) months after its acquisition.



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See Attachment 15 (certification letters attesting to each of these representations).

Statutory Exemption For Replacement Equipment Which Costs More Than \$2,000,000.00

The CON Law at N.C. Gen. Stat. §131E-184(f) provides an express exemption for replacement equipment that costs more than \$2,000,000.00. In determining the applicability of this exemption, the same definitions, cost components and other criteria which apply to the exemption for replacement equipment costing less than \$2,000,000.00 apply. In addition, there are two further statutory criteria which apply, as follows:

1. The equipment being replaced is located on the main campus; and
2. The Department of Health and Human Services has previously issued a CON for the equipment being replaced, unless a CON was not required at the time the equipment was purchased by the licensed health service facility.

MHAM Replacement Equipment That Costs More Than \$2,000,000.00

The following items of replacement equipment at the MHAM Project qualify under the exemption set forth at N.C. Gen. Stat. §131E-184(f):

1. Biplane in Nuclear Interventional Radiology Lab (Existing Lab is Located in Room A207.14 of Mission Hospital).
2. Biplane in Nuclear Interventional Radiology Lab (Existing Lab is Located in Room A207.15 of Mission Hospital).

The chart attached hereto as Attachment 3 lists pertinent information about each of these items of replacement equipment, including the make and model of the existing equipment; the make and model of the replacement equipment; the cost of the replacement equipment; the acquisition date of the existing equipment; status of the existing equipment as new or refurbished at the time of acquisition; the current location of the existing equipment; and the planned location of the replacement equipment at MHAM. Please see also the following Attachments in support of the price quotations for each item of replacement equipment:

1. Philips Biplane in Nuclear Interventional Radiology Lab to be Located in Room K286.05 of the MHAM. See Attachment 16.
2. Philips Biplane in Nuclear Interventional Radiology Lab Currently Located in Room K286.04 of the MHAM. See Attachment 17.

Please also see Attachment 15 demonstrating that these two items satisfy the statutory criteria for "replacement equipment" set forth at N.C. Gen. Stat. §§131E-176(22a), 131E-184(a)(7) and 10A N.C. Admin Code § 14C .0303(d).

Additionally, these two items of equipment satisfy the two statutory criteria specifically applicable to replacement equipment that costs more than \$2, 000,000.00 set forth at N.C. Gen. Stat. § 131E-184(f).

First, the equipment is being replaced on the hospital's main campus. The term "campus" is defined at N.C. Gen. Stat. § 131E-176(2c) as "the adjacent grounds and buildings, or grounds and buildings not separated by more than a public right-of-way, of a health service facility and related health care entities." The term "main campus" is defined as the site of the main building from which a licensed health service facility provides clinical patient services and exercises financial and administrative control over the entire

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facility, including the buildings and grounds adjacent to that main building or other areas and structures which are not strictly contiguous to the main building but are within 250 yards of the main building." N.C. Gen. Stat. §131E-176(14n). The two items of replacement equipment addressed in this section are both replacing equipment which is currently located in the main hospital building at Mission. That building is also the cite from which Mission provides clinical patient services and exercises financial and administrative control over the Mission hospital facility. See Attachment 18 (diagram showing location of clinical and administrative services at Mission and relationship of the MHAM Project construction site to the main hospital building). See also Attachment 1 for evidence that the 2014 MHAM Exemption Notice was filed and approved pursuant to N.C. Gen. Stat. § 131E-184(g), governing renovations, replacements or expansions on the "main campus." The two items of MHAM Replacement Equipment described in this section will be located at the MHAM.

Second, the CON Section has previously issued a CON for the equipment being replaced or a CON was not required at the time the equipment being replaced was acquired. Please see Exhibit 19, demonstrating that no CON was required, and a CON Exemption Notice was issued, for the Siemans Artis biplane currently located at Room A207.15 which will be replaced and located in Room K286.04 at the MHAM. See also, Exhibit 20 demonstrating that the Phillips Integris Allura equipment currently located in Room A207.14 which will be replaced and located in Room K286.05 was acquired via a CON Section Exemption Notice.

#### Conclusion

As previously noted, we are providing this written advance notice of the acquisition of the above-referenced replacement equipment and requesting that the CON Section provide written confirmation that the equipment identified herein may be acquired without further CON Section review and without a CON. Please let me know if you have any questions regarding the information contained in this correspondence or need additional information.

Very truly yours,

  
**Kenneth L. Burgess**  
Partner

cc: Sonya Greck  
Toby Kay

Attachments

List of Replacement Equipment for Mission Hospital for Advanced Medicine (MHAM)

Wednesday, August 25, 2018

Line of Replacement Equipment	Replacement Equipment Cost	Project Cost Including Design & Construction	Over \$2M?	PO #	Room # in Existing Campus	Room # in MHAM
GE Cath lab 1 \$979,580	1,051,919.85	1,522,464.97	no	100015903-0-1	D315.05	KJ218.04
GE Cath lab 2 \$979,580	1,051,919.85	1,522,464.97	no	100015903-0-1	D315.08	KJ218.03
GE Cath lab 3 \$656,968	729,328.85	1,172,835.02	no	100015903-0-1	D319	KJ218.02
GE Structural Heart 1 \$579,580	1,046,486.36	1,493,380.94	no	100015903-0-1	D316	KJ218.03
GE EP lab 1 \$458,170	761,482.45	1,204,077.41	no	100015903-0-1	D315.07	KJ218.02
GE EP lab 2 \$458,170	761,482.45	1,206,652.22	no	100015903-0-1	D315.03	KJ218.01
GE Vascular OR 1 \$1,311,747	1,380,112.39	1,904,904.63	no	100015903-0-1	K147	KJ284.05
GE Vascular OR 2 \$1,311,747	1,380,112.39	1,904,904.63	no	100015903-0-1	IR 3 W168	KJ284.07
GE IR single plane \$1,076M	675,352.70	1,541,237.71	no	100015903-0-1	A220.02	KL1,247.02
GE CT scanner \$558,396.90	558,396.90	884,399.56	no	100015903-0-1	IR 4 A207.14	K218.05
Phillips biphasic \$1.65M	1,653,080.01	2,074,334.79	yes	100014564-0-1	IR 4 A207.14	K218.05
Phillips biphasic \$1.65M	1,653,080.01	2,074,334.79	yes	100014564-0-1	IR 4 A207.15	K218.04

Existing Equip Make	Existing Equip Model	Replacement Equip Make	Replacement Equip Model	Replacement Equip Capabilities	Was Equip New or Rebuilt when Acquired?	Year Acquired	Is Replacement Equip New or Rebuilt when Acquired?	Any Additional Procedures by Replacement Equip beyond Technologic Advances
GE (2007)	Imvua 2100	GE	IGS 730	updated technology	re/rob	2007	New	No
Philips (2007)	Allura Xper FD30	GE	IGS 730	updated technology	re/rob	2007	New	No
Philips (2010)	Allura Xper FD20	GE	IGS 570	updated technology	re/rob	2010	New	No
Philips (2013)	Allura Xper FD20	GE	IGS 570	updated technology	re/rob	2013	New	No
Excel Imaging (2013)	OmniGEP Single	GE	IGS 570	updated technology	re/rob	2013	New	No
Excel Imaging (2013)	OmniGEP Single	GE	IGS 570	updated technology	re/rob	2013	New	No
Philips (2014)	Allura Xper FD20	GE	Discontin IGS 740	updated technology	re/rob	2014	New	No
Philips (2014)	Allura Xper FD20	GE	Discontin IGS 740	updated technology	re/rob	2014	New	No
Philips (2007)	Allura Xper FD20	GE	IGS 740	updated technology	re/rob	2007	New	No
GE (2015)	NCT WALUK Base PV G17000	GE	Revolution EVO	updated technology	New	2015	New	No
GE (2014)	Optima CT6605	GE	Revolution EVO	updated technology	New	2014	New	No
Philips (2003)	Integra Allura 12/15 BI	Philips	Aurion 7 B20	updated technology	New	2003	New	No
Siemens (2009)	Aucom Artis DBA	Philips	Aurion 7 B20	updated technology	re/rob	2009	New	No

**ATTACHMENT 3**

**ATTACHMENT 1**



February 19, 2014



Martha Frisone, Interim Chief  
Certificate of Need Section  
Division of Health Service Regulation  
NC Department of Health and Human Services  
2704 Mail Service Center  
Raleigh, North Carolina 27699-2704

Re: Renovation, redesign and consolidation of services and expansion of the central energy plant on the Mission Hospital, Inc. main campus

Dear Ms. Frisone:

This letter provides prior written notice of Mission's intention to pursue a major renovation and expansion project on its main campus under the exemption provisions in N.C. Gen. Stat. § 131E-184(g). The sole purpose of Mission's project is to renovate, replace on the same site and expand its existing health service facility that is located on the main campus. The project does not include any change in bed capacity, the addition of a health service facility or any other new institutional health service other than a capital expenditure in excess of two million dollars. If, in the future, Mission should consider any new institutional health service, it will do so as a separate project and pursue appropriate approvals from the Certificate of Need Section.

The reason for this major renovation and expansion is that sections of the St. Joseph building are approximately 30-50 years old and not configured in accordance with current clinical inpatient norms. The age and structure of the St. Joseph building are such that it would not be as effective from a cost or design standpoint to attempt to renovate the existing structure. Furthermore, there is currently duplication in the Memorial and St. Joseph buildings of certain services, such as lab, imaging and space for surgeries and procedural interventions. This separation and duplication detracts from effective patient flow, efficient operations and patient satisfaction. Mission currently physically moves about 11,000 patients per year between the two major buildings on its main campus, which is costly, raises the need to safeguard against potential safety considerations and is not as comfortable for the patient as being able to move within the same or joined structures on the same side of the campus.

Many clinical spaces are not well suited to today's current health care equipment and treatment modalities. Numerous patient rooms are small and not configured in accordance with current thinking on appropriate patient room space for delivery of patient care. It is also difficult to make ongoing technological improvements in the St. Joseph building due to the need for certain ceiling clearances, floor supports and space size to accommodate new technology. Due to the mountainous topography and the space constrained campus, it is necessary to reconfigure and more efficiently and effectively utilize existing land on the main campus to enhance clinical services, efficiency of operations and patient satisfaction.



	before and after completion of this project as shown on the current license.	meaning of G.S. 131E-176 (5) and 176(16)(c)	2. CON #B-8637-11 (attachment 6)
8.	Mission Hospital will have no more than 47 operating rooms before and after completion of this project as shown on the current license.	Does not result in the addition of a new institutional health service within the meaning of G.S. 131E-176(16)(u) and (v)	License renewal application. (attachment 5)
9.	Mission Hospital will have no more than 6 endoscopy procedure rooms before and after this project as shown on the current license.	Does not result in the addition of a new institutional health service within the meaning of G.S. 131E-176(16)(u) and (v)	License renewal application. (attachment 5)
10.	Provide prior written notice.	This letter serves as prior written notice under G.S. 131E-184(a) and (g)	

If Mission identifies the need to replace any existing major medical equipment, it will submit in the future separate notices to address why such replacement equipment is exempt. This proposal and notice includes any replacement needed of equipment that either is not major medical equipment under the CON law or is non-health care equipment.

Based on the information in this letter and the attached documentation, we look forward to receiving your letter confirming that Mission Hospital's renovation project is exempt from certificate of need review pursuant to N.C. Gen. Stat. § 131E-184(g). Please let us know if you have any questions or need additional information. We look forward to hearing from you in the near future.

Sincerely,

BRIAN D. MOORE, DIRECTOR, PUBLIC  
POLICY AND GOVERNMENT RELATIONS



Brian D. Moore

Enclosures  
cc: Toby Kay



North Carolina Department of Health and Human Services  
Division of Health Service Regulation

Pat McCrory  
Governor

Aldona Z. Wos, M.D.  
Ambassador (Ret.)  
Secretary DHHS

Drexdal Pratt  
Division Director

May 9, 2014

Brian Moore  
509 Biltmore Avenue  
Asheville, NC 28801

**Information Request for Exemption Pursuant to G.S. 131E-184(g)**

Facility: Mission Hospital  
Project Description: Renovate and consolidate services and expand the central energy plant  
County: Buncombe  
FID #: 943349

Dear Mr. Moore:

The Certificate of Need Section (CON Section) has received your letter dated February 19, 2014, regarding the above reference proposal. However, additional information is needed to determine if the project is exempt from review pursuant to G.S. 131E-184(g).

Provide assurances that the project will not result in:

1. The offering of health services not currently provided;
2. The acquisition of additional units of major medical equipment;
3. An increase in the number of any type of beds, operating rooms, and gastrointestinal endoscopy rooms; or
4. An increase in the number of ICU beds.

We are requesting this information because the precise scope (i.e., detailed description) of the expansion, consolidation, and renovation project is not provided in your February 19, 2014 letter.

Please note that the addition of new services, beds, operating rooms, gastrointestinal endoscopy rooms, or major medical equipment during development of the project or for one year after the entire project is complete could be considered a change in scope.



**Certificate of Need Section**

[www.ncdhhs.gov](http://www.ncdhhs.gov)

Telephone: 919-855-3873 • Fax: 919-733-8139

Location: Edgerton Building • 809 Ruggles Drive • Raleigh, NC 27603

Mailing Address: 2704 Mail Service Center • Raleigh, NC 27699-2704

An Equal Opportunity/ Affirmative Action Employer



June 2, 2014

Via E-Mail

Julie Halatek, Project Analyst  
Certificate of Need Section  
Division of Health Service Regulation  
North Carolina Department of Health  
and Human Services  
2704 Mail Service Center  
Raleigh, NC 27699-2704



Re: **Information Request Related to Notice of Exemption Pursuant to G.S.**

**131E-184(g)**

Facility: Mission Hospital  
Project Description: Renovate and consolidate services and expand the central energy plant  
FID #: 943349  
County: Buncombe

Dear Ms. Halatek:

We have received your letter dated May 9, 2014 requesting additional information related to Mission Hospital's notice of exemption for its project to renovate and consolidate services as well as expand its central energy plant on its main campus. I am writing to re-confirm the assurances you have requested:

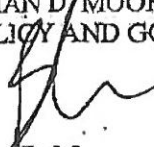
1. The project will not result in the offering of health services that are not currently provided. Mission Hospital plans to provide in the renovated space the same range of services that it is currently providing, and the project does not involve the development or offering of any new health services.
2. The project does not involve the acquisition of additional units of major medical equipment. Existing units of major medical equipment may be moved, but we are not planning with this project to add any units of major medical equipment. If we identify through further planning that replacement equipment is needed, we would send a separate notice regarding any replacement equipment.
3. This project will not result in an increase in the number of beds, operating rooms, or gastrointestinal endoscopy rooms. We are renovating and relocating space for beds, operating rooms, and gastrointestinal endoscopy rooms, but we are not adding any new beds, operating rooms, or gastrointestinal endoscopy rooms.

4. This project does not involve an increase the number of ICU beds.

Please let us know if you need any additional information. We look forward to receiving as soon as possible the CON Section's response to our February 19, 2014 exemption notice as supplemented by this letter.

Sincerely,

BRIAN D. MOORE, DIRECTOR, PUBLIC  
POLICY AND GOVERNMENTAL RELATIONS



Brian D. Moore



North Carolina Department of Health and Human Services  
Division of Health Service Regulation

Pat McCrory  
Governor

Aldona Z. Wos, M.D.  
Ambassador (Ret.)  
Secretary DHHS

Drexdal Pratt  
Division Director

June 19, 2014

Brian D. Moore  
509 Biltmore Avenue  
Asheville, NC 28801

**Exempt from Review**

Facility: Mission Hospital, Inc.  
Project Description: Renovate and consolidate services and expand the central energy plant  
County: Buncombe  
FID #: 943349

Dear Mr. Moore:

In response to your letters of February 19, 2014, and June 2, 2014, the above referenced proposal is exempt from certificate of need review in accordance with G.S. 131E-184(g). Therefore, you may proceed to offer, develop or establish the above referenced project without a certificate of need.

However, you need to contact the Construction and Acute and Home Care Licensure and Certification Sections of the Division of Health Service Regulation to determine if they have any requirements for development of the proposed project.

It should be noted that this determination is binding only for the facts represented by you. Consequently, if changes are made in the project or in the facts provided in your correspondence referenced above, a new determination as to whether a certificate of need is required would need to be made by the Certificate of Need Section. Changes in a project include, but are not limited to: (1) increases in the capital cost; (2) acquisition of medical equipment not included in the original cost estimate; (3) modifications in the design of the project; (4) change in location; and (5) any increase in the number of square feet to be constructed.

If you have any questions concerning this matter, please feel free to contact this office.

Sincerely,

Julie Halatek  
Project Analyst

Martha J. Frisone, Interim Chief  
Certificate of Need Section

cc: Medical Facilities Planning Branch, DHSR  
Construction Section, DHSR  
Acute and Home Care Licensure and Certification Section, DHSR

Certificate of Need Section

[www.ncdhhs.gov](http://www.ncdhhs.gov)

Telephone: 919-855-3873 • Fax: 919-733-8139

Location: Edgerton Building • 809 Ruggles Drive • Raleigh, NC 27603

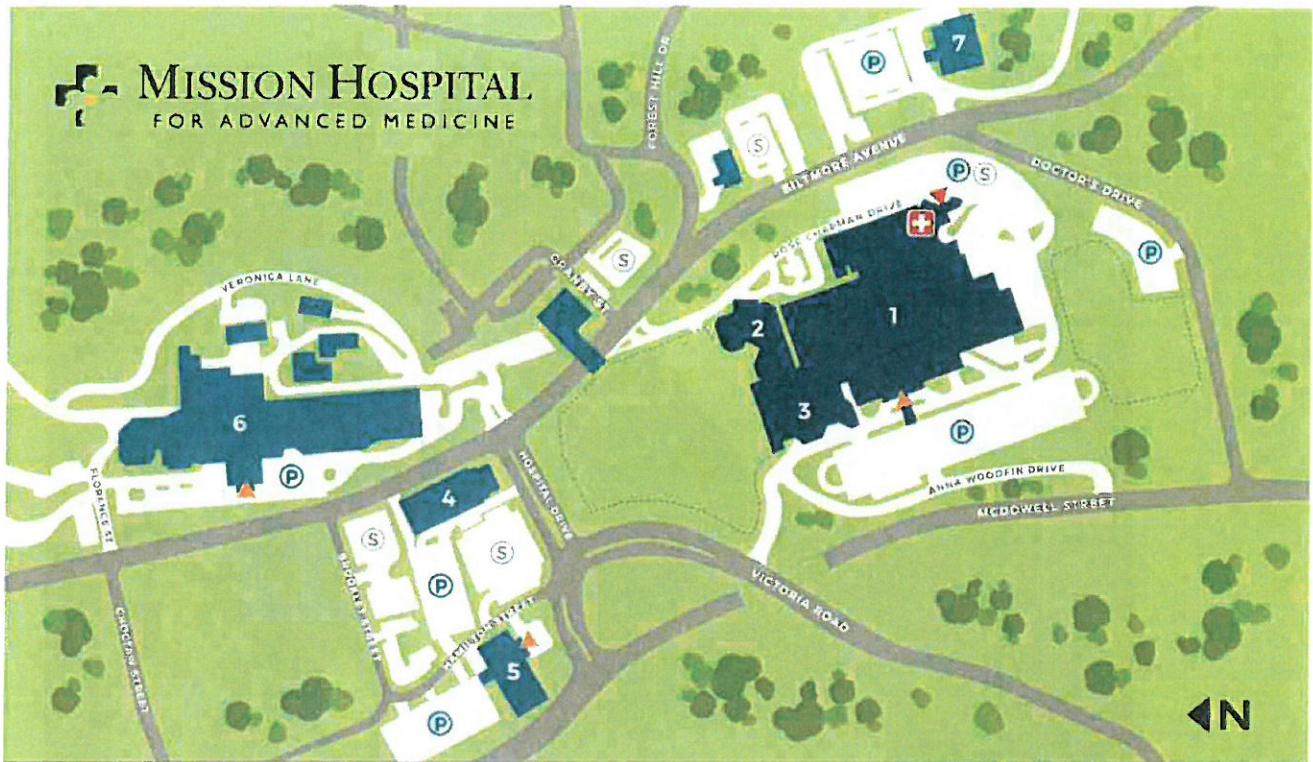
Mailing Address: 2704 Mail Service Center • Raleigh, NC 27699-2704

An Equal Opportunity/ Affirmative Action Employer



**ATTACHMENT 2**





**LEGEND**

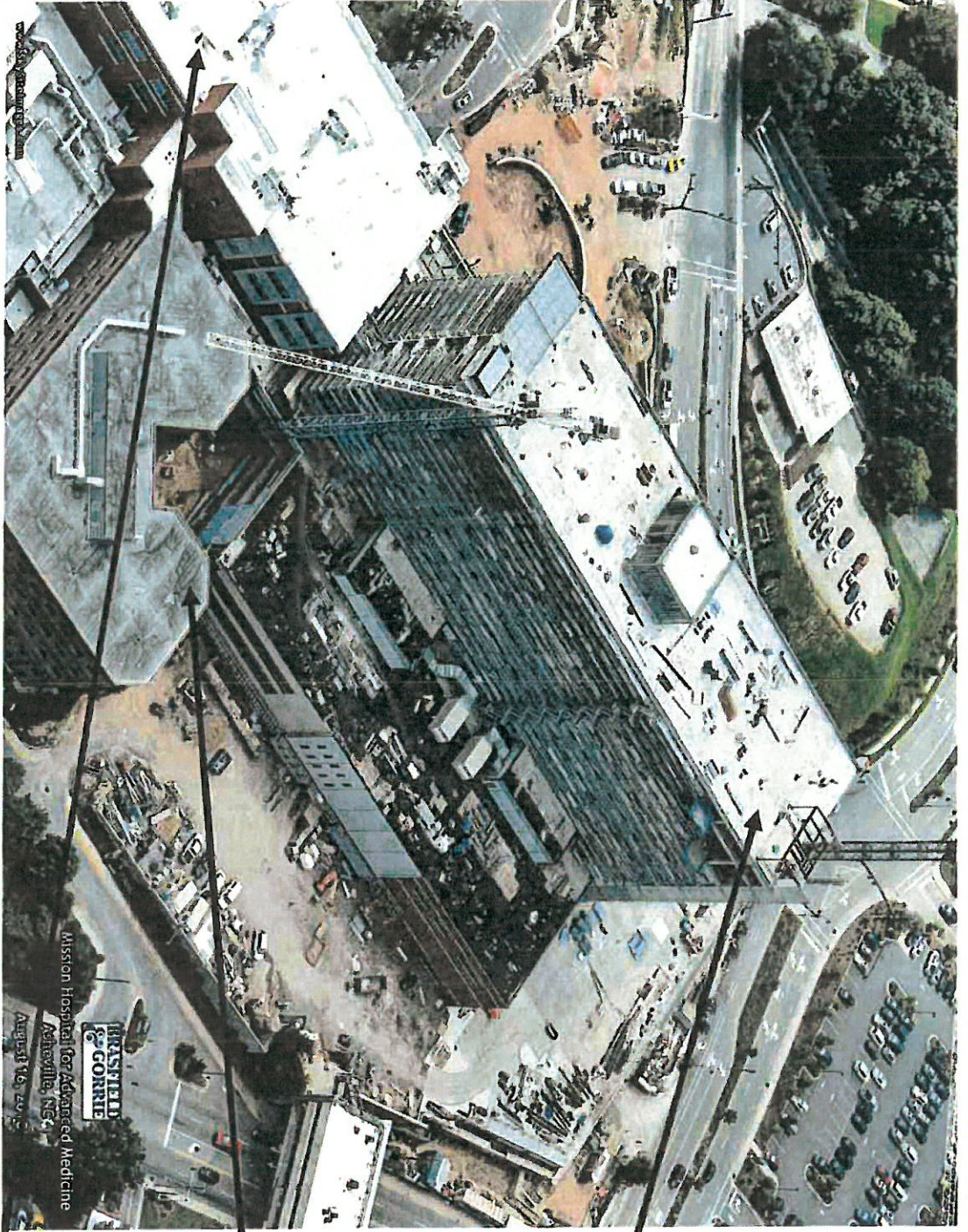
-  Main Hospital
-  Mission Health Facility
-  Main Entrance
-  Visitor Parking
-  Staff Parking
-  Emergency Department

**FACILITIES**

- |                              |  |
|------------------------------|--|
| <b>1</b> Memorial Campus     | <b>5</b> SECU Cancer Center                |
| <b>2</b> Owen Heart Center   | <b>6</b> St. Joseph Campus                 |
| <b>3</b> Outpatient Services | <b>7</b> Mission Imaging and Breast Center |
| <b>4</b> 1 Hospital Drive    |  |







New Tower

Existing Heart Center

Existing J Building



**PROPOSED TOTAL CAPITAL COST OF PROJECT**

Project Name: Cath Lab K236.04

Provider/Company: Mission Hospital

**A. Site Costs**

(1) Full purchase price of land.....		\$ _____	
Acres _____ Price per Acre	\$ _____		
(2) Closing costs.....		\$ _____	
(3) Site Inspection and Survey.....		\$ _____	
(4) Legal fees and subsoil investigation		\$ _____	
(5) Site Preparation Costs			
Soil Borings.....	\$ _____		
Clearing-Earthwork...	\$ _____		
Fine Grade For Slab...	\$ _____		
Roads-Paving.....	\$ _____		
Concrete Sidewalks....	\$ _____		
Water and Sewer.....	\$ _____		
Footing Excavation....	\$ _____		
Footing Backfill.....	\$ _____		
Termite Treatment....	\$ _____		
Other (Specify).....	\$ _____		
Sub-Total Site Preparation Costs		\$ _____	
(6) Other (Specify)		\$ _____	
(7) Sub-Total Site Costs			\$ _____

**B. Construction Contract**

(8) Cost of Materials			
General Requirements	\$ _____		
Concrete/Masonry	\$ _____		
Woods/Doors & Windows/Finishes	\$ _____		
Thermal & Moisture Protection	\$ _____		
Equipment/Specialty Items	\$ _____		
Mechanical/Electrical	\$ _____		
Other (Specify)	\$ _____		
Sub-Total Cost of Materials.....		\$263,474	
(9) Cost of Labor.....		\$175,649	
(10) Other (Specify). Cleaning, Project Mgmt..		\$ 7,627	
(11) Sub-Total Construction Contract			\$446,749

**C. Miscellaneous Project Costs**

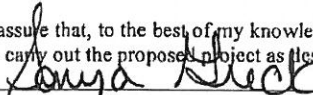
(12) Building Purchase.....		\$ _____	
(13) Fixed Equipment Purchase/Lease		\$1,052,670	
(14) Movable Equipment Purchase/Lease		\$ _____	
(15) Furniture		\$ _____	
(16) Landscaping		\$ _____	
(17) Consultant Fees			
Architect and Engineering Fees	\$21,956		
Legal Fees.....	\$ _____		
Market Analysis.....	\$ _____		
Other (Specify) Equipment Planning	\$ 1,090		
Other (Specify).....	\$ _____		
Sub-Total Consultant Fees.....		\$23,046	
(18) Financing Costs (e.g. Bond, Loan, etc.).		\$ _____	
(19) Interest During Construction.		\$ _____	
(20) Other (Specify)	\$ _____		
(21) Sub-Total Miscellaneous..			\$1,075,715
(22) Total Capital Cost of Project (Sum A-C above)			\$1,522,465

I certify that, to the best of my knowledge, the above construction related costs of the proposed project named above are complete and correct.

 Neal Corbett, HDR

(signature of Licensed Architect or Engineer)

I assure that, to the best of my knowledge, the above capital costs for the proposed project are complete and correct and that it is my intent to carry out the proposed project as described.

  
SVP

Signature of Office Authorized to Represent Provider/Company)

(Title of Officer)

**ATTACHMENT 4**

**ATTACHMENT 5**

**PROPOSED TOTAL CAPITAL COST OF PROJECT**

Project Name: Cath Lab K236.03

Provider/Company: Mission Hospital

**A. Site Costs**

(1) Full purchase price of land.....		\$ _____	
Acres _____ Price per Acre	\$ _____		
(2) Closing costs.....		\$ _____	
(3) Site Inspection and Survey.....		\$ _____	
(4) Legal fees and subsoil investigation		\$ _____	
(5) Site Preparation Costs			
Soil Borings.....	\$ _____		
Clearing-Earthwork...	\$ _____		
Fine Grade For Slab...	\$ _____		
Roads-Paving.....	\$ _____		
Concrete Sidewalks....	\$ _____		
Water and Sewer.....	\$ _____		
Footing Excavation....	\$ _____		
Footing Backfill.....	\$ _____		
Termite Treatment....	\$ _____		
Other (Specify).....	\$ _____		
Sub-Total Site Preparation Costs		\$ _____	
(6) Other (Specify)		\$ _____	
(7) Sub-Total Site Costs			\$ _____

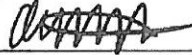
**B. Construction Contract**

(8) Cost of Materials			
General Requirements	\$ _____		
Concrete/Masonry	\$ _____		
Woods/Doors & Windows/Finishes	\$ _____		
Thermal & Moisture Protection	\$ _____		
Equipment/Specialty Items	\$ _____		
Mechanical/Electrical	\$ _____		
Other (Specify)	\$ _____		
Sub-Total Cost of Materials.....		\$263,474	
(9) Cost of Labor.....		\$175,649	
(10) Other (Specify).Cleaning, Project Mgmt..		\$ 7,627	
(11) Sub-Total Construction Contract			\$446,749

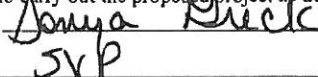
**C. Miscellaneous Project Costs**

(12) Building Purchase.....		\$ _____	
(13) Fixed Equipment Purchase/Lease		\$1,052,670	
(14) Movable Equipment Purchase/Lease		\$ _____	
(15) Furniture		\$ _____	
(16) Landscaping		\$ _____	
(17) Consultant Fees			
Architect and Engineering Fees	\$21,956		
Legal Fees.....	\$ _____		
Market Analysis.....	\$ _____		
Other (Specify) Equipment Planning	\$ 1,090		
Other (Specify).....	\$ _____		
Sub-Total Consultant Fees.....		\$23,046	
(18) Financing Costs (e.g. Bond, Loan, etc.).		\$ _____	
(19) Interest During Construction.		\$ _____	
(20) Other (Specify)		\$ _____	
(21) Sub-Total Miscellaneous..			\$1,075,715
(22) Total Capital Cost of Project (Sum A-C above)			\$1,522,465

I certify that, to the best of my knowledge, the above construction related costs of the proposed project named above are complete and correct.

 Neal Corbett, HDR  
 (signature of Licensed Architect or Engineer)

I assure that, to the best of my knowledge, the above capital costs for the proposed project are complete and correct and that it is my intent to carry out the proposed project as described.

  
 SVP  
 (Title of Officer) Signature of Office Authorized to Represent Provider/Company)

**ATTACHMENT 6**

### PROPOSED TOTAL CAPITAL COST OF PROJECT

Project Name:     Cath Lab K236.02    

Provider/Company:     Mission Hospital    

**A. Site Costs**

(1) Full purchase price of land.....		\$ _____	
Acres _____ Price per Acre	\$ _____		
(2) Closing costs.....		\$ _____	
(3) Site Inspection and Survey.....		\$ _____	
(4) Legal fees and subsoil investigation		\$ _____	
<b>(5) Site Preparation Costs</b>			
Soil Borings.....	\$ _____		
Clearing-Earthwork...	\$ _____		
Fine Grade For Slab...	\$ _____		
Roads-Paving.....	\$ _____		
Concrete Sidewalks....	\$ _____		
Water and Sewer.....	\$ _____		
Footing Excavation....	\$ _____		
Footing Backfill.....	\$ _____		
Termite Treatment....	\$ _____		
Other (Specify).....	\$ _____		
Sub-Total Site Preparation Costs		\$ _____	
(6) Other (Specify)		\$ _____	
<b>(7) Sub-Total Site Costs</b>			<b>\$ _____</b>

**B. Construction Contract**

<b>(8) Cost of Materials</b>			
General Requirements	\$ _____		
Concrete/Masonry	\$ _____		
Woods/Doors & Windows/Finishes	\$ _____		
Thermal & Moisture Protection	\$ _____		
Equipment/Specialty Items	\$ _____		
Mechanical/Electrical	\$ _____		
Other (Specify)	\$ _____		
Sub-Total Cost of Materials.....		\$248,601	
(9) Cost of Labor.....		\$165,734	
(10) Other (Specify).Cleaning, Project Mgmt..		\$ 7,196	
<b>(11) Sub-Total Construction Contract</b>			<b>\$421,531</b>

**C. Miscellaneous Project Costs**

(12) Building Purchase.....		\$ _____	
(13) Fixed Equipment Purchase/Lease		\$730,059	
(14) Movable Equipment Purchase/Lease		\$ _____	
(15) Furniture		\$ _____	
(16) Landscaping		\$ _____	
<b>(17) Consultant Fees</b>			
Architect and Engineering Fees	\$20,717		
Legal Fees.....	\$ _____		
Market Analysis.....	\$ _____		
Other (Specify) Equipment Planning	\$ 1,028		
Other (Specify).....	\$ _____		
Sub-Total Consultant Fees.....		\$21,745	
(18) Financing Costs (e.g. Bond, Loan, etc.).		\$ _____	
(19) Interest During Construction.		\$ _____	
(20) Other (Specify)		\$ _____	
<b>(21) Sub-Total Miscellaneous..</b>			<b>\$751,804</b>
<b>(22) Total Capital Cost of Project (Sum A-C above)</b>			<b>\$1,173,335</b>

I certify that, to the best of my knowledge, the above construction related costs of the proposed project named above are complete and correct.

   Neal Corbett, HDR  
 \_\_\_\_\_  
 (signature of Licensed Architect or Engineer)

I assure that, to the best of my knowledge, the above capital costs for the proposed project are complete and correct and that it is my intent to carry out the proposed project as described.

    
    
 \_\_\_\_\_  
 (Title of Officer)

**ATTACHMENT 7**

**PROPOSED TOTAL CAPITAL COST OF PROJECT**

Project Name: Structural Heart K238.03

Provider/Company: Mission Hospital

**A. Site Costs**

(1) Full purchase price of land.....		\$ _____	\$ _____
Acres _____ Price per Acre	\$ _____		
(2) Closing costs.....			\$ _____
(3) Site Inspection and Survey.....			\$ _____
(4) Legal fees and subsoil investigation		\$ _____	
(5) Site Preparation Costs			
Soil Borings.....	\$ _____		
Clearing-Earthwork...	\$ _____		
Fine Grade For Slab...	\$ _____		
Roads-Paving.....	\$ _____		
Concrete Sidewalks....	\$ _____		
Water and Sewer.....	\$ _____		
Footing Excavation....	\$ _____		
Footing Backfill.....	\$ _____		
Termite Treatment....	\$ _____		
Other (Specify).....	\$ _____		
Sub-Total Site Preparation Costs		\$ _____	
(6) Other (Specify)		\$ _____	
(7) Sub-Total Site Costs			\$ _____


**B. Construction Contract**

(8) Cost of Materials			
General Requirements	\$ _____		
Concrete/Masonry	\$ _____		
Woods/Doors & Windows/Finishes	\$ _____		
Thermal & Moisture Protection	\$ _____		
Equipment/Specialty Items	\$ _____		
Mechanical/Electrical	\$ _____		
Other (Specify)	\$ _____		
Sub-Total Cost of Materials.....		\$250,294	
(9) Cost of Labor.....		\$166,863	
(10) Other (Specify).Cleaning, Project Mgmt..		\$ 7,245	
(11) Sub-Total Construction Contract			\$424,402

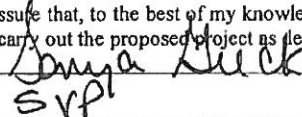
**C. Miscellaneous Project Costs**

(12) Building Purchase.....		\$ _____	
(13) Fixed Equipment Purchase/Lease		\$1,047,086	
(14) Movable Equipment Purchase/Lease		\$ _____	
(15) Furniture		\$ _____	
(16) Landscaping		\$ _____	
(17) Consultant Fees			
Architect and Engineering Fees	\$20,858		
Legal Fees.....	\$ _____		
Market Analysis.....	\$ _____		
Other (Specify) Equipment Planning	\$ 1,035		
Other (Specify).....	\$ _____		
Sub-Total Consultant Fees.....		\$21,893	
(18) Financing Costs (e.g. Bond, Loan, etc.).		\$ _____	
(19) Interest During Construction.		\$ _____	
(20) Other (Specify)	\$ _____		
(21) Sub-Total Miscellaneous..			\$1,068,979
(22) Total Capital Cost of Project (Sum A-C above)			\$1,493,381

I certify that, to the best of my knowledge, the above construction related costs of the proposed project named above are complete and correct.

 Neal Corbett, HDR  
 (signature of Licensed Architect or Engineer)

I assure that, to the best of my knowledge, the above capital costs for the proposed project are complete and correct and that it is my intent to carry out the proposed project as described.

  
 SVP  
 (Title of Officer) Signature of Office Authorized to Represent Provider/Company)



**ATTACHMENT 8**

**PROPOSED TOTAL CAPITAL COST OF PROJECT**

Project Name: EP Lab K238.02

Provider/Company: Mission Hospital

**A. Site Costs**

(1) Full purchase price of land.....		\$ _____	
Acres _____ Price per Acre	\$ _____		
(2) Closing costs.....		\$ _____	
(3) Site Inspection and Survey.....		\$ _____	
(4) Legal fees and subsoil investigation		\$ _____	
(5) Site Preparation Costs			
Soil Borings.....	\$ _____		
Clearing-Earthwork...	\$ _____		
Fine Grade For Slab...	\$ _____		
Roads-Paving.....	\$ _____		
Concrete Sidewalks....	\$ _____		
Water and Sewer.....	\$ _____		
Footing Excavation....	\$ _____		
Footing Backfill.....	\$ _____		
Termite Treatment....	\$ _____		
Other (Specify).....	\$ _____		
Sub-Total Site Preparation Costs		\$ _____	
(6) Other (Specify)		\$ _____	
(7) Sub-Total Site Costs			\$ _____


**B. Construction Contract**

(8) Cost of Materials			
General Requirements	\$ _____		
Concrete/Masonry	\$ _____		
Woods/Doors & Windows/Finishes	\$ _____		
Thermal & Moisture Protection	\$ _____		
Equipment/Specialty Items	\$ _____		
Mechanical/Electrical	\$ _____		
Other (Specify)	\$ _____		
Sub-Total Cost of Materials.....		\$248,359	
(9) Cost of Labor.....		\$165,573	
(10) Other (Specify).Cleaning, Project Mgmt..		\$ 7,189	
(11) Sub-Total Construction Contract			\$421,121

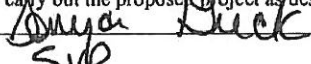
**C. Miscellaneous Project Costs**

(12) Building Purchase.....		\$ _____	
(13) Fixed Equipment Purchase/Lease		\$762,082	
(14) Movable Equipment Purchase/Lease		\$ _____	
(15) Furniture		\$ _____	
(16) Landscaping		\$ _____	
(17) Consultant Fees			
Architect and Engineering Fees	\$20,697		
Legal Fees.....	\$ _____		
Market Analysis.....	\$ _____		
Other (Specify) Equipment Planning	\$ 1,027		
Other (Specify).....	\$ _____		
Sub-Total Consultant Fees.....		\$21,724	
(18) Financing Costs (e.g. Bond, Loan, etc.).		\$ _____	
(19) Interest During Construction.		\$ _____	
(20) Other (Specify)		\$ _____	
(21) Sub-Total Miscellaneous..			\$783,806
(22) Total Capital Cost of Project (Sum A-C above)			\$1,204,927

I certify that, to the best of my knowledge, the above construction related costs of the proposed project named above are complete and correct.

 Neal Corbett, HDR  
 (signature of Licensed Architect or Engineer)

I assure that, to the best of my knowledge, the above capital costs for the proposed project are complete and correct and that it is my intent to carry out the proposed project as described.

  
 SVP  
 (Title of Officer) Signature of Office Authorized to Represent Provider/Company)

**ATTACHMENT 9**

**PROPOSED TOTAL CAPITAL COST OF PROJECT**

Project Name: EP Lab K238.01

Provider/Company: Mission Hospital

**A. Site Costs**

(1) Full purchase price of land.....		\$ _____	
Acres _____ Price per Acre	\$ _____		
(2) Closing costs.....		\$ _____	
(3) Site Inspection and Survey.....		\$ _____	
(4) Legal fees and subsoil investigation		\$ _____	
(5) Site Preparation Costs			
Soil Borings.....	\$ _____		
Clearing-Earthwork...	\$ _____		
Fine Grade For Slab...	\$ _____		
Roads-Paving.....	\$ _____		
Concrete Sidewalks....	\$ _____		
Water and Sewer.....	\$ _____		
Footing Excavation....	\$ _____		
Footing Backfill.....	\$ _____		
Termite Treatment....	\$ _____		
Other (Specify).....	\$ _____		
Sub-Total Site Preparation Costs		\$ _____	
(6) Other (Specify)		\$ _____	
(7) Sub-Total Site Costs			\$ _____


**B. Construction Contract**

(8) Cost of Materials			
General Requirements	\$ _____		
Concrete/Masonry	\$ _____		
Woods/Doors & Windows/Finishes	\$ _____		
Thermal & Moisture Protection	\$ _____		
Equipment/Specialty Items	\$ _____		
Mechanical/Electrical	\$ _____		
Other (Specify)	\$ _____		
Sub-Total Cost of Materials.....		\$249,327	
(9) Cost of Labor.....		\$166,218	
(10) Other (Specify). Cleaning, Project Mgmt..		\$ 7,217	
(11) Sub-Total Construction Contract			\$422,762

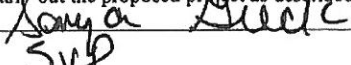
**C. Miscellaneous Project Costs**

(12) Building Purchase.....		\$ _____	
(13) Fixed Equipment Purchase/Lease		\$762,082	
(14) Movable Equipment Purchase/Lease		\$ _____	
(15) Furniture		\$ _____	
(16) Landscaping		\$ _____	
(17) Consultant Fees			
Architect and Engineering Fees	\$20,777		
Legal Fees.....	\$ _____		
Market Analysis.....	\$ _____		
Other (Specify) Equipment Planning	\$ 1,031		
Other (Specify).....	\$ _____		
Sub-Total Consultant Fees.....		\$21,808	
(18) Financing Costs (e.g. Bond, Loan, etc.).		\$ _____	
(19) Interest During Construction.		\$ _____	
(20) Other (Specify)	\$ _____		
(21) Sub-Total Miscellaneous..			\$783,891
(22) Total Capital Cost of Project (Sum A-C above)			\$1,206,652

I certify that, to the best of my knowledge, the above construction related costs of the proposed project named above are complete and correct.

 Neal Corbett, HDR  
 (signature of Licensed Architect or Engineer)

I assure that, to the best of my knowledge, the above capital costs for the proposed project are complete and correct and that it is my intent to carry out the proposed project as described.

  
 SVP  
 (Title of Officer) Signature of Office Authorized to Represent Provider/Company)

**ATTACHMENT 10**

**PROPOSED TOTAL CAPITAL COST OF PROJECT**

Project Name: VOR K284.06

Provider/Company: Mission Hospital

**A. Site Costs**

(1) Full purchase price of land.....		\$ _____	
Acres _____ Price per Acre	\$ _____		
(2) Closing costs.....		\$ _____	
(3) Site Inspection and Survey.....		\$ _____	
(4) Legal fees and subsoil investigation		\$ _____	
(5) Site Preparation Costs			
Soil Borings.....	\$ _____		
Clearing-Earthwork...	\$ _____		
Fine Grade For Slab...	\$ _____		
Roads-Paving.....	\$ _____		
Concrete Sidewalks....	\$ _____		
Water and Sewer.....	\$ _____		
Footing Excavation....	\$ _____		
Footing Backfill.....	\$ _____		
Termite Treatment....	\$ _____		
Other (Specify).....	\$ _____		
Sub-Total Site Preparation Costs		\$ _____	
(6) Other (Specify)		\$ _____	
(7) Sub-Total Site Costs			\$ _____


**B. Construction Contract**

(8) Cost of Materials			
General Requirements	\$ _____		
Concrete/Masonry	\$ _____		
Woods/Doors & Windows/Finishes	\$ _____		
Thermal & Moisture Protection	\$ _____		
Equipment/Specialty Items	\$ _____		
Mechanical/Electrical	\$ _____		
Other (Specify)	\$ _____		
Sub-Total Cost of Materials.....		\$294,065	
(9) Cost of Labor.....		\$196,044	
(10) Other (Specify). Cleaning, Project Mgmt..		\$ 8,512	
(11) Sub-Total Construction Contract			\$498,621

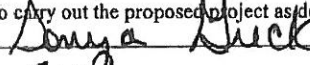
**C. Miscellaneous Project Costs**

(12) Building Purchase.....		\$ _____	
(13) Fixed Equipment Purchase/Lease		\$1,380,562	
(14) Movable Equipment Purchase/Lease		\$ _____	
(15) Furniture		\$ _____	
(16) Landscaping		\$ _____	
(17) Consultant Fees			
Architect and Engineering Fees	\$24,505		
Legal Fees.....	\$ _____		
Market Analysis.....	\$ _____		
Other (Specify) Equipment Planning	\$ 1,216		
Other (Specify).....	\$ _____		
Sub-Total Consultant Fees.....		\$25,721	
(18) Financing Costs (e.g. Bond, Loan, etc.).		\$ _____	
(19) Interest During Construction.		\$ _____	
(20) Other (Specify)		\$ _____	
(21) Sub-Total Miscellaneous..			\$1,406,284
(22) Total Capital Cost of Project (Sum A-C above)			\$1,904,905

I certify that, to the best of my knowledge, the above construction related costs of the proposed project named above are complete and correct.

 Neal Corbett, HDR  
 (signature of Licensed Architect or Engineer)

I assure that, to the best of my knowledge, the above capital costs for the proposed project are complete and correct and that it is my intent to carry out the proposed project as described.

  
 SVP  
 Signature of Office Authorized to Represent Provider/Company)  
 (Title of Officer)

**ATTACHMENT 11**

**PROPOSED TOTAL CAPITAL COST OF PROJECT**

Project Name: VOR K284.07

Provider/Company: Mission Hospital

**A. Site Costs**

(1) Full purchase price of land.....		\$ _____	\$ _____
Acres _____ Price per Acre	\$ _____		
(2) Closing costs.....			\$ _____
(3) Site Inspection and Survey.....			\$ _____
(4) Legal fees and subsoil investigation		\$ _____	
(5) Site Preparation Costs			
Soil Borings.....	\$ _____		
Clearing-Earthwork...	\$ _____		
Fine Grade For Slab...	\$ _____		
Roads-Paving.....	\$ _____		
Concrete Sidewalks....	\$ _____		
Water and Sewer.....	\$ _____		
Footing Excavation....	\$ _____		
Footing Backfill.....	\$ _____		
Termite Treatment....	\$ _____		
Other (Specify).....	\$ _____		
Sub-Total Site Preparation Costs		\$ _____	
(6) Other (Specify)		\$ _____	
(7) Sub-Total Site Costs			\$ _____

**B. Construction Contract**

(8) Cost of Materials			
General Requirements	\$ _____		
Concrete/Masonry	\$ _____		
Woods/Doors & Windows/Finishes	\$ _____		
Thermal & Moisture Protection	\$ _____		
Equipment/Specialty Items	\$ _____		
Mechanical/Electrical	\$ _____		
Other (Specify)	\$ _____		
Sub-Total Cost of Materials.....		\$294,065	
(9) Cost of Labor.....		\$196,044	
(10) Other (Specify).Cleaning, Project Mgmt..		\$ 8,512	
(11) Sub-Total Construction Contract			\$498,621

**C. Miscellaneous Project Costs**

(12) Building Purchase.....		\$ _____	
(13) Fixed Equipment Purchase/Lease		\$1,380,562	
(14) Movable Equipment Purchase/Lease		\$ _____	
(15) Furniture		\$ _____	
(16) Landscaping		\$ _____	
(17) Consultant Fees			
Architect and Engineering Fees	\$24,505		
Legal Fees.....	\$ _____		
Market Analysis.....	\$ _____		
Other (Specify) Equipment Planning	\$ 1,216		
Other (Specify).....	\$ _____		
Sub-Total Consultant Fees.....		\$25,721	
(18) Financing Costs (e.g. Bond, Loan, etc.).		\$ _____	
(19) Interest During Construction.		\$ _____	
(20) Other (Specify)		\$ _____	
(21) Sub-Total Miscellaneous..			\$1,406,284
(22) Total Capital Cost of Project (Sum A-C above)			\$1,904,905

I certify that, to the best of my knowledge, the above construction related costs of the proposed project named above are complete and correct.

Neal Corbett, HDR  
 (signature of Licensed Architect or Engineer)

I assure that, to the best of my knowledge, the above capital costs for the proposed project are complete and correct and that it is my intent to carry out the proposed project as described.

SVP  
 (Title of Officer) Signature of Office Authorized to Represent Provider/Company)



**ATTACHMENT 12**

**PROPOSED TOTAL CAPITAL COST OF PROJECT**

Project Name: IR Room K286.02

Provider/Company: Mission Hospital

**A. Site Costs**

(1) Full purchase price of land.....		\$ _____	
Acres _____ Price per Acre	\$ _____		
(2) Closing costs.....		\$ _____	
(3) Site Inspection and Survey.....		\$ _____	
(4) Legal fees and subsoil investigation		\$ _____	
(5) Site Preparation Costs			
Soil Borings.....	\$ _____		
Clearing-Earthwork...	\$ _____		
Fine Grade For Slab...	\$ _____		
Roads-Paving.....	\$ _____		
Concrete Sidewalks....	\$ _____		
Water and Sewer.....	\$ _____		
Footing Excavation....	\$ _____		
Footing Backfill.....	\$ _____		
Termite Treatment....	\$ _____		
Other (Specify).....	\$ _____		
Sub-Total Site Preparation Costs		\$ _____	
(6) Other (Specify)		\$ _____	
(7) Sub-Total Site Costs			\$ _____

**B. Construction Contract**

(8) Cost of Materials			
General Requirements	\$ _____		
Concrete/Masonry	\$ _____		
Woods/Doors & Windows/Finishes	\$ _____		
Thermal & Moisture Protection	\$ _____		
Equipment/Specialty Items	\$ _____		
Mechanical/Electrical	\$ _____		
Other (Specify)	\$ _____		
Sub-Total Cost of Materials.....		\$217,768	
(9) Cost of Labor.....		\$145,179	
(10) Other (Specify). Cleaning, Project Mgmt..		\$ 6,304	
(11) Sub-Total Construction Contract			\$369,250

**C. Miscellaneous Project Costs**

(12) Building Purchase.....		\$ _____	
(13) Fixed Equipment Purchase/Lease		\$1,152,940	
(14) Movable Equipment Purchase/Lease		\$ _____	
(15) Furniture		\$ _____	
(16) Landscaping		\$ _____	
(17) Consultant Fees			
Architect and Engineering Fees	\$18,147		
Legal Fees.....	\$ _____		
Market Analysis.....	\$ _____		
Other (Specify) Equipment Planning	\$ 901		
Other (Specify).....	\$ _____		
Sub-Total Consultant Fees.....		\$19,048	
(18) Financing Costs (e.g. Bond, Loan, etc.).		\$ _____	
(19) Interest During Construction.		\$ _____	
(20) Other (Specify)		\$ _____	
(21) Sub-Total Miscellaneous..			\$1,171,988
(22) Total Capital Cost of Project (Sum A-C above)			\$1,541,238

I certify that, to the best of my knowledge, the above construction related costs of the proposed project named above are complete and correct.

Neal Corbett, HDR  
 (signature of Licensed Architect or Engineer)

I assure that, to the best of my knowledge, the above capital costs for the proposed project are complete and correct and that it is my intent to carry out the proposed project as described.

SVP  
 (Title of Officer) Signature of Office Authorized to Represent Provider/Company)

**ATTACHMENT 13**

**PROPOSED TOTAL CAPITAL COST OF PROJECT**

Project Name: CT Room K247.02

Provider/Company: Mission Hospital

**A. Site Costs**

(1) Full purchase price of land.....		\$ _____	
Acres _____ Price per Acre	\$ _____		
(2) Closing costs.....		\$ _____	
(3) Site Inspection and Survey.....		\$ _____	
(4) Legal fees and subsoil investigation		\$ _____	
(5) Site Preparation Costs			
Soil Borings.....	\$ _____		
Clearing-Earthwork...	\$ _____		
Fine Grade For Slab...	\$ _____		
Roads-Paving.....	\$ _____		
Concrete Sidewalks....	\$ _____		
Water and Sewer.....	\$ _____		
Footing Excavation....	\$ _____		
Footing Backfill.....	\$ _____		
Termite Treatment....	\$ _____		
Other (Specify).....	\$ _____		
Sub-Total Site Preparation Costs		\$ _____	
(6) Other (Specify)		\$ _____	
(7) Sub-Total Site Costs			\$ _____

**B. Construction Contract**

(8) Cost of Materials			
General Requirements	\$ _____		
Concrete/Masonry	\$ _____		
Woods/Doors & Windows/Finishes	\$ _____		
Thermal & Moisture Protection	\$ _____		
Equipment/Specialty Items	\$ _____		
Mechanical/Electrical	\$ _____		
Other (Specify)	\$ _____		
Sub-Total Cost of Materials.....		\$150,580	
(9) Cost of Labor.....		\$100,387	
(10) Other (Specify). Cleaning, Project Mgmt..		\$ 4,359	
(11) Sub-Total Construction Contract			\$255,326

**C. Miscellaneous Project Costs**

(12) Building Purchase.....		\$ _____	
(13) Fixed Equipment Purchase/Lease		\$625,903	
(14) Movable Equipment Purchase/Lease		\$ _____	
(15) Furniture		\$ _____	
(16) Landscaping		\$ _____	
(17) Consultant Fees			
Architect and Engineering Fees	\$12,548		
Legal Fees.....	\$ _____		
Market Analysis.....	\$ _____		
Other (Specify) Equipment Planning	\$ 623		
Other (Specify).....	\$ _____		
Sub-Total Consultant Fees.....		\$13,171	
(18) Financing Costs (e.g. Bond, Loan, etc.).		\$ _____	
(19) Interest During Construction.		\$ _____	
(20) Other (Specify)	\$ _____		
(21) Sub-Total Miscellaneous..			\$639,074
(22) Total Capital Cost of Project (Sum A-C above)			\$894,400

I certify that, to the best of my knowledge, the above construction related costs of the proposed project named above are complete and correct.

*[Signature]* Next Contact HDR  
 (signature of Licensed Architect or Engineer)

I assure that, to the best of my knowledge, the above capital costs for the proposed project are complete and correct and that it is my intent to carry out the proposed project as described.

*[Signature]*  
SVP Signature of Office Authorized to Represent Provider/Company)  
 (Title of Officer)

**ATTACHMENT 14**

**PROPOSED TOTAL CAPITAL COST OF PROJECT**

Project Name: CT Room K247.03

Provider/Company: Mission Hospital

**A. Site Costs**

(1) Full purchase price of land.....		\$ _____	
Acres _____ Price per Acre	\$ _____		
(2) Closing costs.....		\$ _____	
(3) Site Inspection and Survey.....		\$ _____	
(4) Legal fees and subsoil investigation		\$ _____	
(5) Site Preparation Costs			
Soil Borings.....	\$ _____		
Clearing-Earthwork...	\$ _____		
Fine Grade For Slab...	\$ _____		
Roads-Paving.....	\$ _____		
Concrete Sidewalks....	\$ _____		
Water and Sewer.....	\$ _____		
Footing Excavation....	\$ _____		
Footing Backfill.....	\$ _____		
Termite Treatment....	\$ _____		
Other (Specify).....	\$ _____		
Sub-Total Site Preparation Costs		\$ _____	
(6) Other (Specify)		\$ _____	
(7) Sub-Total Site Costs			\$ _____


**B. Construction Contract**

(8) Cost of Materials			
General Requirements	\$ _____		
Concrete/Masonry	\$ _____		
Woods/Doors & Windows/Finishes	\$ _____		
Thermal & Moisture Protection	\$ _____		
Equipment/Specialty Items	\$ _____		
Mechanical/Electrical	\$ _____		
Other (Specify)	\$ _____		
Sub-Total Cost of Materials.....		\$150,580	
(9) Cost of Labor.....		\$100,387	
(10) Other (Specify).Cleaning, Project Mgmt..		\$ 4,359	
(11) Sub-Total Construction Contract			\$255,326

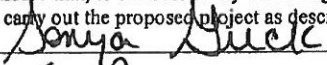
**C. Miscellaneous Project Costs**

(12) Building Purchase.....		\$ _____	
(13) Fixed Equipment Purchase/Lease		\$559,047	
(14) Movable Equipment Purchase/Lcase		\$ _____	
(15) Furniture		\$ _____	
(16) Landscaping		\$ _____	
(17) Consultant Fees			
Architect and Engineering Fees	\$12,548		
Legal Fees.....	\$ _____		
Market Analysis.....	\$ _____		
Other (Specify) Equipment Planning	\$ 623		
Other (Specify).....	\$ _____		
Sub-Total Consultant Fees.....		\$13,171	
(18) Financing Costs (e.g. Bond, Loan, etc.).		\$ _____	
(19) Interest During Construction.		\$ _____	
(20) Other (Specify)	\$ _____		
(21) Sub-Total Miscellaneous..			\$572,218
(22) Total Capital Cost of Project (Sum A-C above)			\$827,544

I certify that, to the best of my knowledge, the above construction related costs of the proposed project named above are complete and correct.

 Neal Corbett, HDR  
 (signature of Licensed Architect or Engineer)

I assure that, to the best of my knowledge, the above capital costs for the proposed project are complete and correct and that it is my intent to carry out the proposed project as described.

 SVP  
 (Title of Officer) Signature of Office Authorized to Represent Provider/Company)

**ATTACHMENT 15**



September 25, 2018

TO WHOM IT MAY CONCERN:

Please accept this statement as my attestation regarding the existing equipment being replaced by new equipment in the Mission Hospital for Advanced Medicine (MHAM)

- The existing equipment is presently in use inside Mission Hospital

and

- The existing equipment will be removed from service at Mission Hospital and disposed of through either trade-ins or reselling to 3<sup>rd</sup> party medical equipment vendors

and

- The replacement equipment being acquired is comparable medical equipment, meaning that it is functionally similar to and is used for the same diagnostic or treatment purposes as the equipment being replaced and any expanded capabilities it has are solely due to technological advances in the equipment. The replacement equipment will not be used to provide a new health service not currently being provided by Mission on the equipment being replaced.

The equipment being replaced is listed below with the room numbers of the current and new location:

Current Location	New Location
2 CT Scanners in rooms A220.02 and W148.03	2 CT Scanners in rooms KLL247.02 and KLL247.03
4 Cath Labs in rooms D315.05, D315.08, D316 and D319	4 Cath Labs in rooms K238.03, K236.02, K236.03 and K236.04
2 EP Labs in rooms D315.03 and D315.07	2 EP Labs in rooms K238.01 & K238.02
1 IR Lab in W168	1 IR Lab in K286.02
2 NIR Labs in A207.14 and A207.15	2 NIR Labs in K286.04 & K286.05
2 Vascular ORs in X146 and X147	2 Vascular ORs in K284.06 & K284.07

Sincerely,

Rita Edwards, CRA, MBA  
Chief Ancillary Officer  
Mission Health System





September 25, 2018

TO WHOM IT MAY CONCERN:

Please accept this statement as my attestation that the existing equipment being replaced by new equipment in the Mission Hospital for Advanced Medicine (MHAM)

- Will not result in more than a 10% increase in patient charges or per procedure operating expenses due to this replacement equipment within the first 12 months (September 1, 2019 through August 31, 2020) after the replacement equipment is acquired.

The equipment involved in this attestation is listed below along with the current and new room numbers:

Current Location	New Location
2 CT Scanners in rooms A220.02 and W148.03	2 CT Scanners in rooms KLL247.02 and KLL247.03
4 Cath Labs in rooms D315.05, D315.08, D316 and D319 [includes structural heart lab]	4 Cath Labs in rooms K238.03, K236.02, K236.03 and K236.04
2 EP Labs in rooms D315.03 and D315.07	2 EP Labs in rooms K238.01 & K238.02
1 IR Lab in W168	1 IR Lab in K286.02
2 NIR Labs in A207.14 and A207.15	2 NIR Labs in K286.04 & K286.05
2 Vascular ORs in X146 and X147	2 Vascular ORs in K284.06 & K284.07

Sincerely,

Paul McDowell  
Senior Vice President, Finance and Chief Financial Officer  
Mission Health

**ATTACHMENT 16**

**PROPOSED TOTAL CAPITAL COST OF PROJECT**

Project Name: Neuro IR Room K286.05

Provider/Company: Mission Hospital

**A. Site Costs**

(1) Full purchase price of land.....		\$ _____	
Acres _____ Price per Acre	\$ _____		
(2) Closing costs.....		\$ _____	
(3) Site Inspection and Survey.....		\$ _____	
(4) Legal fees and subsoil investigation		\$ _____	
(5) Site Preparation Costs			
Soil Borings.....	\$ _____		
Clearing-Earthwork...	\$ _____		
Fine Grade For Slab...	\$ _____		
Roads-Paving.....	\$ _____		
Concrete Sidewalks....	\$ _____		
Water and Sewer.....	\$ _____		
Footing Excavation....	\$ _____		
Footing Backfill.....	\$ _____		
Termite Treatment....	\$ _____		
Other (Specify).....	\$ _____		
Sub-Total Site Preparation Costs		\$ _____	
(6) Other (Specify)		\$ _____	
(7) Sub-Total Site Costs			\$ _____


**B. Construction Contract**

(8) Cost of Materials			
General Requirements	\$ _____		
Concrete/Masonry	\$ _____		
Woods/Doors & Windows/Finishes	\$ _____		
Thermal & Moisture Protection	\$ _____		
Equipment/Specialty Items	\$ _____		
Mechanical/Electrical	\$ _____		
Other (Specify)	\$ _____		
Sub-Total Cost of Materials.....		\$230,222	
(9) Cost of Labor.....		\$153,481	
(10) Other (Specify). Cleaning, Project Mgmt..		\$ 6,664	
(11) Sub-Total Construction Contract			\$390,368

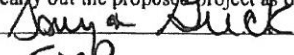
**C. Miscellaneous Project Costs**

(12) Building Purchase.....		\$ _____	
(13) Fixed Equipment Purchase/Lease		\$1,663,830	
(14) Movable Equipment Purchase/Lease		\$ _____	
(15) Furniture		\$ _____	
(16) Landscaping		\$ _____	
(17) Consultant Fees			
Architect and Engineering Fees	\$19,185		
Legal Fees.....	\$ _____		
Market Analysis.....	\$ _____		
Other (Specify) Equipment Planning	\$ 952		
Other (Specify).....	\$ _____		
Sub-Total Consultant Fees.....		\$20,137	
(18) Financing Costs (e.g. Bond, Loan, etc.).		\$ _____	
(19) Interest During Construction.		\$ _____	
(20) Other (Specify)		\$ _____	
(21) Sub-Total Miscellaneous..			\$1,683,967
(22) Total Capital Cost of Project (Sum A-C above)			\$2,074,335

I certify that, to the best of my knowledge, the above construction related costs of the proposed project named above are complete and correct.

 Ned Corbett, HDR  
 (signature of Licensed Architect or Engineer)

I assure that, to the best of my knowledge, the above capital costs for the proposed project are complete and correct and that it is my intent to carry out the proposed project as described.

  
 SRP  
 (Title of Officer) Signature of Office Authorized to Represent Provider/Company)

**ATTACHMENT 17**

**PROPOSED TOTAL CAPITAL COST OF PROJECT**

Project Name: Neuro IR Room K286.04

Provider/Company: Mission Hospital

**A. Site Costs**

(1) Full purchase price of land.....		\$ _____	
Acres _____ Price per Acre	\$ _____		
(2) Closing costs.....		\$ _____	
(3) Site Inspection and Survey.....		\$ _____	
(4) Legal fees and subsoil investigation		\$ _____	
(5) Site Preparation Costs			
Soil Borings.....	\$ _____		
Clearing-Earthwork...	\$ _____		
Fine Grade For Slab...	\$ _____		
Roads-Paving.....	\$ _____		
Concrete Sidewalks....	\$ _____		
Water and Sewer.....	\$ _____		
Footing Excavation....	\$ _____		
Footing Backfill.....	\$ _____		
Termite Treatment....	\$ _____		
Other (Specify).....	\$ _____		
Sub-Total Site Preparation Costs		\$ _____	
(6) Other (Specify)		\$ _____	
(7) Sub-Total Site Costs			\$ _____

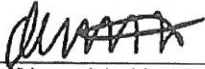
**B. Construction Contract**

(8) Cost of Materials			
General Requirements	\$ _____		
Concrete/Masonry	\$ _____		
Woods/Doors & Windows/Finishes	\$ _____		
Thermal & Moisture Protection	\$ _____		
Equipment/Specialty Items	\$ _____		
Mechanical/Electrical	\$ _____		
Other (Specify)	\$ _____		
Sub-Total Cost of Materials.....		\$230,222	
(9) Cost of Labor.....		\$153,481	
(10) Other (Specify). Cleaning, Project Mgmt..		\$ 6,664	
(11) Sub-Total Construction Contract			\$390,368

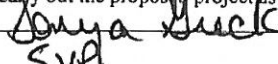
**C. Miscellaneous Project Costs**

(12) Building Purchase.....		\$ _____	
(13) Fixed Equipment Purchase/Lease		\$1,663,830	
(14) Movable Equipment Purchase/Lease		\$ _____	
(15) Furniture		\$ _____	
(16) Landscaping		\$ _____	
(17) Consultant Fees			
Architect and Engineering Fees	\$19,185		
Legal Fees.....	\$ _____		
Market Analysis.....	\$ _____		
Other (Specify) Equipment Planning	\$ 952		
Other (Specify).....	\$ _____		
Sub-Total Consultant Fees.....		\$20,137	
(18) Financing Costs (e.g. Bond, Loan, etc.).		\$ _____	
(19) Interest During Construction.		\$ _____	
(20) Other (Specify)		\$ _____	
(21) Sub-Total Miscellaneous..			\$1,683,967
(22) Total Capital Cost of Project (Sum A-C above)			\$2,074,335

I certify that, to the best of my knowledge, the above construction related costs of the proposed project named above are complete and correct.

 Neal Corbett, HDR  
 (signature of Licensed Architect or Engineer)

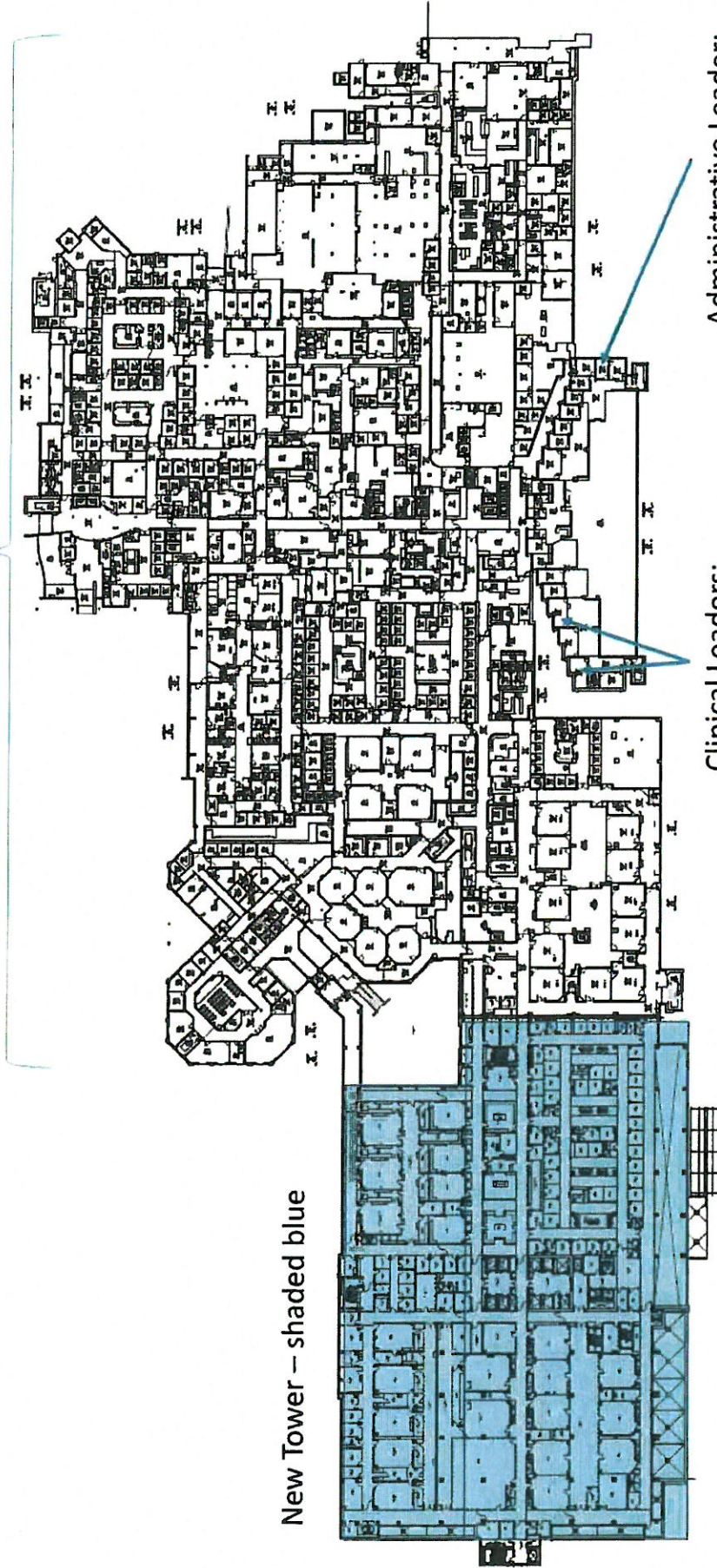
I assure that, to the best of my knowledge, the above capital costs for the proposed project are complete and correct and that it is my intent to carry out the proposed project as described.

  
 SVP  
 (Title of Officer) Signature of Office Authorized to Represent Provider/Company)

**ATTACHMENT 18**



Existing Campus – unshaded



New Tower – shaded blue

Clinical Leaders:  
Ruth Zyry, COO  
Karen Olsen, CNO

Administrative Leader:  
Jill Hoggard Green,  
President

**ATTACHMENT 19**



North Carolina Department of Health and Human Services  
Division of Health Service Regulation  
Certificate of Need Section  
2704 Mail Service Center v Raleigh, North Carolina 27699-2704

Michael F. Easley, Governor  
Dempsey Benton, Secretary

[www.ncdhhs.gov/dhstr](http://www.ncdhhs.gov/dhstr)

Lee Hoffman, Section Chief  
Phone: 919-855-3873  
Fax: 919-733-8139

December 23, 2008

Brian Moore, Director of Planning and Public Policy  
Mission Hospitals  
509 Biltmore Avenue  
Asheville, NC 28801

RE: Exempt from Review - Replacement Equipment/ Mission Hospitals/ Replace single plane interventional room (angiography system) with a bi-plane interventional room (angiography system) / Buncombe County  
FID # 010373

Dear Mr. Moore:

In response to your letters of July 1, September 4, and December 15, 2008, regarding the above referenced project, the above referenced proposal is exempt from certificate of need review in accordance with N.C.G.S 131E-184(a)(7). Therefore, you may proceed to acquire, without a certificate of need, the Siemens ARTIS Proven Excellence angiography system to replace the existing 1991 GE Advantix Angiography Laboratory. This determination is based on your representations that the existing unit will be removed from North Carolina and will not be used again in the State without first obtaining a certificate of need. Further please be advised that as soon as the replacement equipment is acquired, you must provide the CON Section and the Medical Facilities Planning Section with the serial number of the new equipment to update the inventory.

It should be noted that this Agency's position is based solely on the facts represented by you and that any change in facts as represented would require further consideration by this Agency and a separate determination. If you have any questions concerning this matter, please feel free to contact this office.

Sincerely

Ronald Loftin, Project Analyst

Lee Hoffman, Chief  
Certificate of Need Section

cc: Construction Section, DHSR



**ATTACHMENT 20**



North Carolina Department of Health and Human Services  
Division of Facility Services  
Certificate of Need Section  
2704 Mail Service Center ■ Raleigh, North Carolina 27699-2704

Michael F. Easley, Governor  
Carmen Hooker Odom, Secretary

<http://facility-services.state.nc.us>

Lee Hoffman, Section Chief  
Phone: 919-733-6360  
Fax: 919-733-8139

May 3, 2002

Brian Moore  
Manager of Planning  
Mission St. Joseph's Health System  
509 Biltmore Avenue  
Asheville, NC 28801-4690

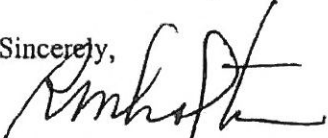
RE: Exempt from Review/ Mission St. Joseph's Health System /Replace existing angiography unit located in the St. Joseph's building Hospital /Buncombe County FID #933468

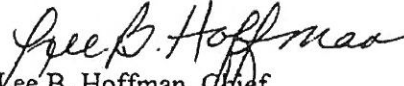
Dear Mr. Moore:

In response to your letter of March 26, 2002, the above referenced proposal is exempt from certificate of need review in accordance with N.C.G.S 131E-184(a)(7). Therefore, you may proceed to offer, develop or establish the above referenced project without a certificate of need. However, you may need to contact the Construction Section of the Division of Facility Services to determine if they have any special requirements for the proposed project.

It should be noted that this Agency's position is based solely on the facts represented by you and that any change in facts as represented would require further consideration by this Agency and a separate determination. If you have any questions concerning this matter, please feel free to contact this office.

Sincerely,

  
Ronald Loftin, Project Analyst

  
Lee B. Hoffman, Chief  
Certificate of Need Section

cc: Section Chief, Construction Section, DFS  
Medical Facilities Planning Section, DFS





Working Together To Improve Your Health

March 26, 2002

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Ms. Lee Hoffman, Section Chief  
Certificate of Need Section  
NC Department of Facility Services  
2704 Mail Service Drive  
Raleigh, North Carolina 27699-2704

Certificate Of Need Section

Ms. Hoffman,

I am writing to request a letter of no review for an angiography unit replacement project located in the Memorial Mission Hospital, MMH campus location. The project includes the replacement of an existing angiography unit located in the SJH building of Memorial Mission Hospital, serial number 14501. The total cost of the project including all fees, equipment and construction is \$1,950,850. This cost is based on actual expenditures plus fixed price quotes for equipment and construction, including a liberal 10% contingency for construction.

We are requesting this exemption from review based on NCGS E131E-184 (a) (7).

Attached you will find the following supporting documentation:

1. Equipment quote from Phillips Medical Systems. This quotation is still valid and binding
2. Signed and stamped Statement of Probable Construction Cost
3. Owner/contractor agreement
4. Budget
5. Architectural plans

The unit being replaced will be removed from service and sold for salvage.

If I may provide any additional information, please do not hesitate to contact me via email at [Brian.Moore@MSJ.org](mailto:Brian.Moore@MSJ.org), or phone at 828 213-3509. Thank you very much for your consideration of this request.

Sincerely,

Brian Moore  
Chief Strategic Planning and Quality Improvement Officer

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Certificate Of Need Section