



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

VIA EMAIL ONLY

-CORRECTION-

April 7, 2021

Dorsey Tobias
Dorsey.tobias@unchealth.unc.edu

Exempt from Review – Replacement Equipment

Record #: 3262
Date of Request: April 14, 2020
Facility Name: Nash General Hospital
FID #: 933368
Business Name: Nash Hospitals, Inc.
Business #: 1289
Project Description: Replace CT scanner
County: Nash

Dear Ms. Tobias:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency), determined that the above referenced project is exempt from certificate of need review in accordance with G.S. 131E-184(a)(7). Therefore, you may proceed to acquire without a certificate of need the GE Healthcare Rev HDe6 ES CT scanner to replace the existing GE Healthcare Lightspeed Pro 32 VCT Control CT scanner model 5115335-12, Serial # 1637YC8. 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.

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,

[Handwritten signature of Gregory F. Yakaboski]

Gregory F. Yakaboski
Project Analyst

[Handwritten signature of Gloria C. Hale]

Gloria C. Hale
Team Leader, Certificate of Need

cc: Acute and Home Care Licensure and Certification Section, DHSR
Radiation Protection Section, DHSR
Construction Section, 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: 809 Ruggles Drive, 2704 Mail Service Center, Raleigh, NC 27699-2704
https://info.ncdhhs.gov/dhsr/ • TEL: 919-855-3873



2460 Curtis Ellis Drive, Rocky Mount, NC 27804
252 962-8000 / www.nashu3nchealthcare.org

March 17, 2021

Via E-MAIL

Greg Yakaboski, Project Analyst, Certificate of Need
N.C. Department of Health Service Regulation
809 Ruggles Drive
Raleigh, NC 27603

RE: Nash UNC Health Care
Replacement of Existing CT Scanner
Seeking CON Exemption NCGS 131E-184(a)(7)
Rocky Mount, NC (FID 933368; Nash County)

Dear Mr. Yakaboski,

On April 14, 2020, I wrote the attached letter seeking a determination of exemption from Certificate of Need review for the replacement of a CT scanner at Nash Health Care Systems (d.b.a. "Nash UNC Health Care", "Nash UNC"). On April 20, 2020, I received the attached letter confirming exemption in accordance with N.C. Gen. Stat. §131E-184(a)(7), based on the fact 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.

As we have completed a Master Facilities Plan and neared implementation of the CT replacement, we have determined a need to change course with which CT scanner we will replace, based on patient flow patterns. In our prior letter and supporting documents, the existing CT scanner referenced was the GE Healthcare Lightspeed Pro 32 VCT Control model 5115335-12, Serial #: 1660YC0. We are now hoping to maintain that CT scanner, and instead replace the existing GE Healthcare Lightspeed Pro 32 VCT Control model 5115335-12, Serial #: 1637YC8. The purchased (new) CT scanner remains the same. The existing unit that we are replacing will be sold or disposed of when the new scanner is operational, and will not be used again in the State without first obtaining a certificate of need if one is required.

I have attached the supporting documents which now include the updated information for the CT scanner we are planning to replace.

Nash UNC hereby requests that the Agency provide a written response confirming that the change in which CT scanner we are replacing, as documented in the attached materials, does not require additional review. If the Agency needs additional information to assist in its consideration of this request, please apprise us as soon as possible. We thank you for your consideration of this request.

Sincerely,

Dorsey Tobias
Executive Director, Marketing, Communications & Strategy
Nash UNC Health Care

Enclosures

Model and Serial Number identifier on the back of the Lightspeed Pro 32 Control Monitor at NGH and will match State's ROA:



Console Picture on NGH Lightspeed Pro 32 verifying System ID that correlates with GE iCenter reports (system date and time shows system is operational)

The screenshot shows the GE Lightspeed Pro 32 console interface. At the top, there are five navigation buttons: Error Logs (yellow), Diagnostics (yellow), Image Quality (purple), Calibration (purple), and Configuration (purple). Below these buttons is a table titled "System Information" with three columns: Item, Information, and Status. The table lists various system parameters such as Facility, Suite Name, System Type, System ID, IP Address, Access Level, Software Installation Date, DASM Camera, DICOM Network Cameras, Installed Tube, Tube Install Date, Data Acquisition System, and Power Distribution Unit. Below the "System Information" table is another table titled "Current System Status" with three columns: Item, Information, and Status. This table shows the current system date and time, application software version, next patient exam number, and software update status.

System Information		
Item	Information	Status
Facility	Nash General Hospital	-
Suite Name	CT99	-
System Type	LightSpeed Pro 32	-
Unique System Number	0001010358	-
System ID	252443NGVCT	-
IP Address	10.0.71.228	Interface: eth2
Access Level	Non-proprietary	Valid
Software Installation Date	Wed 04/Jan/2017 08:06:30PM	-
DASM Camera	unknown	Not Installed
DICOM Network Cameras	1 Camera(s)	Installed
Installed Tube	Hercules	-
Tube Install Date	Fri Nov 20 14:17:35 2015	Total Patient Exams: 7476
Data Acquisition System	VDAS32	-
Power Distribution Unit	NGPDU	-

Current System Status		
Item	Information	Status
System Date	Fri, Mar 12, 2021	-
System Time	15:45:16 EST	-
Application Software	07MW18.4_SP4-1-3.V40_H_V32_G_GTM	running
Next Patient Exam	23771	-
SW Updates	Manual Installation Required	No

Gantry Labels



EQUIPMENT COMPARISON

	EXISTING EQUIPMENT	REPLACEMENT EQUIPMENT
Type (e.g., Cardiac Catheterization, Gamma Knife®, Heart-lung bypass machine, Linear Accelerator, Lithotripter, MRI, PET, Simulator, CT Scanner, Other Major Medical Equipment)	CT Scanner	CT Scanner
Manufacturer	GE Healthcare	GE Healthcare
Model number	Lightspeed Pro 32 VCT	Rev HDe6 ES
Other method of identifying the equipment (e.g., Room #, Serial Number, VIN #)	Control Model #: 5115335-12 Serial #: 1637YC8	Pending Receipt of Report of Assembly
Is the equipment mobile or fixed?	Fixed	Fixed
Date of acquisition	2006	2020
Was the existing equipment new or used when acquired? / Is the replacement equipment new or used?	New	New
Total projected capital cost of the project	Unavailable	\$23,493
Total cost of the equipment	Unavailable	\$736,670.98
Location of the equipment <Attach a separate sheet for mobile equipment if necessary>	Nash UNC Hospital	Nash UNC Hospital
Document that the existing equipment is currently in use	Attached	NA
Will the replacement equipment result in any increase in the average charge per procedure ?	NA	No
If so, provide the increase as a percent of the current average charge per procedure	NA	NA
Will the replacement equipment result in any increase in the average operating expense per procedure ?	NA	No
If so, provide the increase as a percent of the current average operating expense per procedure	NA	NA
Type of procedures performed on the existing equipment <Attach a separate sheet if necessary>	<ul style="list-style-type: none"> - Head, neck, chest, abd and pelvis CT imaging - Lung Cancer screening - CTA head, neck, chest, abd, pelvis and ileofemoral run offs - CT upper and lower extremities - CT Fluoro 	NA
Type of procedures the replacement equipment will perform <Attach a separate sheet if necessary>	NA	All exams except CT fluoro

Date of last revision: 5/17/19

JAN-13-2006 13:29

NASH HOSPITALS, INC.

Old Ee to NGH main
252 443 8880 P.04

FOR FDA USE ONLY	DEPARTMENT OF HEALTH AND HUMAN SERVICES	Form Approved: OMB No. 0910-0213 Expiration Date: December 31, 2001 See Reverse for OMB statement
	Public Health Service FOOD AND DRUG ADMINISTRATION	G155552

REPORT OF ASSEMBLY OF A DIAGNOSTIC X-RAY SYSTEM

1. EQUIPMENT LOCATION

a. NAME OF HOSPITAL, DOCTOR OR OFFICE WHERE INSTALLED
Nash Gen Hosp

b. STREET ADDRESS
2460 Curtis Ellis Dr

c. CITY
Rocky Mount

d. STATE
NC

e. ZIP CODE
27804

f. TELEPHONE NUMBER
252-443-8992

2. ASSEMBLER INFORMATION

a. COMPANY NAME
GE Med Systems

b. STREET ADDRESS
N25 W23255 Paul Rd FSCT W598

c. CITY
Pewaukee

d. STATE
WI

e. ZIP CODE
53072

f. TELEPHONE NUMBER
866.736.3447

3. GENERAL INFORMATION

a. THIS REPORT IS FOR THE ASSEMBLY OF CERTIFIED COMPONENTS WHICH ARE (Check appropriate box(es))

NEW ASSEMBLY-FULLY CERTIFIED SYSTEM

REASSEMBLY-FULLY CERTIFIED SYSTEM

REASSEMBLY-MIXED SYSTEM (Bother certified and non-certified components)

REPLACEMENT COMPONENTS IN AN EXISTING SYSTEM

AN ADDITION TO AN EXISTING SYSTEM

b. INTENDED USE(S) (Check appropriate box(es))

GENERAL PURPOSE RADIOGRAPHY

GENERAL PURPOSE FLUOROSCOPY

TOMOGRAPHY (Other than CT)

ANGIOGRAPHY

PODIATRY

UROLOGY

MAMMOGRAPHY

CHEST

CHIROPRACTIC

CT HEADSCANNER

CT WHOLE BODY SCANNER

HEAD-NECK (Medical)

DENTAL-INTRAORAL

DENTAL-CEPHALOMETRIC

DENTAL PANARAMIC

RADIATION THERAPY SIMULATOR

C-ARM FLUOROSCOPIC

DIGITAL

BONE MINERAL ANALYSIS

OTHER (Specify in comments)

c. THE X-RAY SYSTEM IS (Check one)

STATIONARY

MOBILE

d. THE MASTER CONTROL IS IN ROOM
ERCT NG Main CT

e. DATE OF ASSEMBLY
1/5/2006

4. COMPONENT INFORMATION (If additional space is needed for this section use another form, replacing the preprinted number with this Form Number, and complete Items 1, 4, and 5 only)

a. THE MASTER CONTROL IS

A NEW INSTALLATION

EXISTING (Certified)

EXISTING (Non-certified)

b. CONTROL MANUFACTURER
General Electric

c. CONTROL SERIAL NUMBER
1637YC8

d. CONTROL MODEL NUMBER
5115335-12

e. DATE MANUFACTURED
August 2005

f. SYSTEM MODEL NAME (CT Systems Only)
Vct

Complete the following information for the certified components listed below which you installed. For beam limiting devices, tables and CT gantries enter the manufacturer and Model number in the indicated spaces. For other certified components, enter in the appropriate blocks how many of each you installed in this system.

d. SELECTED COMPONENTS				h. OTHER CERTIFIED COMPONENTS (Enter number of each installed in appropriate blocks.)	
BEAM LIMITING DEVICE	MANUFACTURER General Electric	MODEL NUMBER 5130001	DATE MANUFACTURED September 2005	<input type="checkbox"/> X-RAY CONTROL	<input type="checkbox"/> CRADLE
	MANUFACTURER	MODEL NUMBER	DATE MANUFACTURED	<input type="checkbox"/> HIGH VOLTAGE GENERATOR	<input type="checkbox"/> FILM CHANGER
TABLES	MANUFACTURER General Electric	MODEL NUMBER 5122080	DATE MANUFACTURED August 2005	<input type="checkbox"/> VERTICAL CASSETTE HOLDER	<input type="checkbox"/> IMAGE INTENSIFIER
	MANUFACTURER	MODEL NUMBER	DATE MANUFACTURED	<input type="checkbox"/> TUBE HOUSING ASSEMBLY	<input type="checkbox"/> SPOT FILM DEVICE
OTHER	MANUFACTURER General Electric	MODEL NUMBER 5126093	DATE MANUFACTURED August 2005	<input type="checkbox"/> DENTAL TUBE HEAD	<input type="checkbox"/> OTHER (Specify)

5. ASSEMBLER CERTIFICATION

I affirm that all certified components assembled or installed by me, for which this report is being made, were adjusted and tested by me according to the instructions provided by the manufacture(s), were of the type required by the manufacture(s), were of the type required by the diagnostic x-ray performance standard (21 CFR Part 1020), were not modified to adversely affect performance, and were installed in accordance with provisions of 21 CFR Part 1020. I also affirm that all instruction manuals and other information required by 21 CFR Part 1020 for this assembly have been furnished to the purchaser and, that within 15 days from the date of assembly, each copy of this report will of be distributed as indicated at the bottom of each copy.

a. PRINTED NAME
Justin Rhodehouse MS60656

b. SIGNATURE
Justin Rhodehouse

c. DATE
1/8/2006

6. COMMENTS

System ID 252443NGVCT Vct

manuf.
10329524M2
DCI 2005
Serial
LightSpeed Am32
Model: 5126093
NO SCANNER

FOR FDA USE ONLY	DEPARTMENT OF HEALTH AND HUMAN SERVICES Public Health Service FOOD AND DRUG ADMINISTRATION	Form Approved: OMB No. 0910-0025. Expiration Date: May 31, 2010
Digital Signature on File at FDA	REPORT OF ASSEMBLY OF A DIAGNOSTIC X-RAY SYSTEM	H0160126

1. EQUIPMENT LOCATION

HOSPITAL, DOCTOR OR OFFICE WHERE INSTALLED

Nash General Hospital
2460 CURTIS ELLIS DR
Rocky Mount, NC 27804, US
Telephone:(252) 962-8991

2. ASSEMBLER INFORMATION

COMPANY INFORMATION

GE Healthcare
9900 Innovation Dr Mail Code 2176
Wauwatosa, WI 53226, US
Telephone:(866) 736-3447

3. GENERAL INFORMATION

THIS REPORT IS FOR ASSEMBLY OF CERTIFIED COMPONENTS WHICH ARE

<input type="checkbox"/> New Assembly-Fully Certified System	<input type="checkbox"/> Reassembly-Mixed System (Both certified and non-certified components)
<input type="checkbox"/> Reassembly-Fully Certified System	<input checked="" type="checkbox"/> Replacement Components in an Existing System
	<input type="checkbox"/> An Addition to an Existing System

INTENDED USE(S)

<input type="checkbox"/> General Purpose Radiology	<input type="checkbox"/> Urology	<input checked="" type="checkbox"/> CT Whole Body Scanner	<input type="checkbox"/> Radiation Therapy Simulator
<input type="checkbox"/> General Purpose Fluoroscopy	<input type="checkbox"/> Mammography	<input type="checkbox"/> Head-Neck (medical)	<input type="checkbox"/> C-arm Fluoroscopic
<input type="checkbox"/> Tomography (other than CT)	<input type="checkbox"/> Chest	<input type="checkbox"/> Dental-Intraoral	<input checked="" type="checkbox"/> Digital
<input type="checkbox"/> Angiography	<input type="checkbox"/> Chiropractic	<input type="checkbox"/> Dental-Cephalometric	<input type="checkbox"/> Bone Mineral Analysis
<input type="checkbox"/> Podiatry	<input type="checkbox"/> CT Headscanner	<input type="checkbox"/> Dental Panoramic	<input type="checkbox"/> Dental-CT
<input type="checkbox"/> Other			

THE X-RAY SYSTEM IS <input checked="" type="checkbox"/> Stationary <input type="checkbox"/> Mobile	THE MASTER CONTROL IS IN ROOM Main CT	DATE OF ASSEMBLY 01/06/2020
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4. COMPONENT INFORMATION

THE MASTER CONTROL IS <input type="checkbox"/> A New Installation <input checked="" type="checkbox"/> Existing (Certified) <input type="checkbox"/> Existing (Non-certified)	CONTROL MANUFACTURER GE	CONTROL SERIAL NUMBER 1637YC8	DATE MANUFACTURED 10/2005
	CONTROL MODEL NUMBER 5115335-12	SYSTEM MODEL NAME (CT Systems Only) CT Lightspeed VCT	

SELECTED COMPONENTS				OTHER CERTIFIED COMPONENTS (Number of each installed)	
BEAM LIMITING DEVICE	MANUFACTURER	MODEL NUMBER	DATE MFR'ED		
				<input type="checkbox"/> 0	<input type="checkbox"/> X-Ray Control
				<input type="checkbox"/> 0	<input type="checkbox"/> Cradle
				<input type="checkbox"/> 1	<input type="checkbox"/> High Voltage Generator
				<input type="checkbox"/> 0	<input type="checkbox"/> Film Changer
				<input type="checkbox"/> 0	<input type="checkbox"/> Vertical Cassette Holder
				<input type="checkbox"/> 0	<input type="checkbox"/> Image Intensifier
				<input type="checkbox"/> 0	<input type="checkbox"/> Tube Housing Assembly
				<input type="checkbox"/> 0	<input type="checkbox"/> Spot Film Device
				<input type="checkbox"/> 0	<input type="checkbox"/> Dental Tube Head
				<input type="checkbox"/> 0	<input type="checkbox"/> Fluoroscopic Imaging Assembly
				<input type="checkbox"/> 0	<input type="checkbox"/> Cephalometric Device
				<input type="checkbox"/> 0	<input type="checkbox"/> Image Receptor
				<input type="checkbox"/> 0	<input type="checkbox"/> Image Receptor Support Device
				<input type="checkbox"/> 0	<input type="checkbox"/> Fluoroscopic Air Kerma Display Device
				<input type="checkbox"/> 0	<input type="checkbox"/> Other
TABLES	MANUFACTURER	MODEL NUMBER	DATE MFR'ED		
CT GANTRY	MANUFACTURER	MODEL NUMBER	DATE MFR'ED		

5. ASSEMBLER CERTIFICATION

I affirm that all certified components assembled or installed by me, for which this report is being made, were adjusted and tested by me according to the instructions provided by the manufacture(s), were of the type required by the manufacture(s), were of the type required by the diagnostic x-ray performance standard (21 CFR Part 1020), were not modified to adversely affect performance, and were installed in accordance with the provisions of 21 CFR Part 1020. I also affirm that all instruction manuals and other information required by 21 CFR Part 1020 for this assembly have been furnished to the purchaser and, within 15 days from the date of assembly, each copy of this report will be distributed as indicated at the bottom of each copy.

PRINTED NAME Jeffrey Jackson	SIGNATURE Chad Vande Hei <small>Digitally Signed On: 05/05/2017, 10:22:12 AM</small>	DATE 01/07/2020
---------------------------------	---	--------------------

6. COMMENTS

GE Service Registration #:60-S000011 ; Max KVP:140 ; Max mA:800 ; System Id:252443NGVCT

From: [Yakaboski, Greg](#)
To: [Waller, Martha K](#)
Subject: FW: [External] RE: 3262 Nash Nash General Hospital 933368 Exemption
Date: Monday, March 22, 2021 4:13:39 PM
Attachments: [image001.png](#)
[3262 Nash Nash General Hospital 933368 Exemption Request.pdf](#)
[CT Replacement \(2\) - Replacement Equipment Comparison Form2021.docx](#)
[CT replacement \(2\) - Model SN System ID.docx](#)
[CT replacement \(2\) - Report of Assembly .pdf](#)
[Nash UNC - Replacement CT Letter - change of CT being replaced.docx](#)
[Nash UNC - Replacement CT Letter.docx](#)

Martha.... This is an exemption request that I received on Wednesday.

Sincerely,

Gregory F. Yakaboski

Gregory F. Yakaboski
Project Analyst
[Division of Health Service Regulation](#), Certificate of Need
[NC Department of Health and Human Services](#)

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[Know the 3 Ws. Wear. Wait. Wash.](#)

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Office: 919-855-3873

Greg.Yakaboski@dhhs.nc.gov

809 Ruggles Drive, Edgerton Building
2704 Mail Service Center
Raleigh, NC 27699-2704

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From: Tobias, Dorsey <Dorsey.Tobias@unchealth.unc.edu>
Sent: Wednesday, March 17, 2021 2:35 PM
To: Yakaboski, Greg <greg.yakaboski@dhhs.nc.gov>
Subject: [External] RE: 3262 Nash Nash General Hospital 933368 Exemption

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

Greg – Per our discussion earlier this week, below is the letter outlining our request. All supporting materials are attached. I sent you the RoboKiller app on Monday – did you receive that? Hope it works out for you!

Thank you for your help.
Dorsey

Dear Mr. Yakaboski,

On April 14, 2020, I wrote the attached letter seeking a determination of exemption from Certificate of Need review for the replacement of a CT scanner at Nash Health Care Systems (d.b.a. “Nash UNC Health Care”, “Nash UNC”). On April 20, 2020, I received the attached letter confirming exemption in accordance with N.C. Gen. Stat. §131E-184(a)(7), based on the fact 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.

As we have completed a Master Facilities Plan and neared implementation of the CT replacement, we have determined a need to change course with which CT scanner we will replace, based on patient flow patterns. In our prior letter and supporting documents, the existing CT scanner referenced was the GE Healthcare Lightspeed Pro 32 VCT Control model 5115335-12, Serial #: 1660YC0. We are now hoping to maintain that CT scanner, and instead replace the existing GE Healthcare Lightspeed Pro 32 VCT Control model 5115335-12, Serial #: 1637YC8. The purchased (new) CT scanner remains the same. The existing unit that we are replacing will be sold or disposed of when the new scanner is operational, and will not be used again in the State without first obtaining a certificate of need if one is required.

I have attached the supporting documents which now include the updated information for the CT scanner we are planning to replace.

Nash UNC hereby requests that the Agency provide a written response confirming that the change in which CT scanner we are replacing, as documented in the attached materials, does not require additional review. If the Agency needs additional information to assist in its consideration of this request, please apprise us as soon as possible. We thank you for your consideration of this request.

Sincerely,

Dorsey Tobias
Executive Director, Marketing, Communications & Strategy
Nash UNC Health Care

Dorsey Tobias | Executive Director
Marketing, Communications & Strategy
Nash UNC Health Care
2460 Curtis Ellis Drive, Rocky Mount, NC 27804
O: 252.962.8900 | M: 252.904.2524
dorsey.tobias@unchealth.unc.edu



From: Waller, Martha K <martha.waller@dhhs.nc.gov>
Sent: Monday, April 20, 2020 2:20 PM
To: Tobias, Dorsey <Dorsey.Tobias@unchealth.unc.edu>
Subject: FW: 3262 Nash Nash General Hospital 933368 Exemption

Ext Mail: open links/attachments w/caution

Martha Waller

Administrative Specialist 1
Division of Health Service Regulation, Certificate of Need Section North Carolina Department of
Health and Human Services

Main: 919-855-3873
Office: 919-855-3885
martha.waller@dhhs.nc.gov

809 Ruggles Drive, Edgerton Building
2704 Mail Service Center
Raleigh, NC 27699-2704

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From: Waller, Martha K
Sent: Monday, April 20, 2020 2:18 PM

To: 'dorsey.tobias@unchelath.unc.edu' <dorsey.tobias@unchelath.unc.edu>; Cox, Lee <lee.cox@dhhs.nc.gov>; Nichols, Paula <paula.nichols@dhhs.nc.gov>
Cc: Yakaboski, Greg <greg.yakaboski@dhhs.nc.gov>
Subject: 3262 Nash Nash General Hospital 933368 Exemption

FYI...

Martha Waller

Administrative Specialist 1

Division of Health Service Regulation, Certificate of Need Section North Carolina Department of Health and Human Services

Main: 919-855-3873

Office: 919-855-3885

martha.waller@dhhs.nc.gov

809 Ruggles Drive, Edgerton Building
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2460 Curtis Ellis Drive, Rocky Mount, NC 27804
252 962-8000 / www.nashu3nhealthcare.org

April 14, 2020

Via E-MAIL

Greg Yakaboski, Project Analyst, Certificate of Need
N.C. Department of Health Service Regulation
809 Ruggles Drive
Raleigh, NC 27603

RE: Nash UNC Health Care
Replacement of Existing CT Scanner
Seeking CON Exemption NCGS 131E-184(a)(7)
Rocky Mount, NC (FID 933368; Nash County)

Dear Mr. Yakaboski,

Nash Health Care Systems (d.b.a. "Nash UNC Health Care", "Nash UNC") seeks to replace an existing CT scanner with a new Rev HDe6 ES CT scanner from GE Healthcare, and locate it at Nash UNC's Emergency Department located at 2460 Curtis Ellis Drive, Rocky Mount, NC 27804, which is part of Nash UNC's main campus. The existing scanner will be sold or disposed of when the new scanner is operational.

The purpose of this letter is to provide the Agency with notice and to request a determination that the purchase of the replacement CT scanner is exempt from Certificate of Need ("CON") review because it is consistent with the replacement equipment definition outlined in N.C. Gen. Stat. 131E-176(22a) which states that the replacement equipment is comparable to the equipment being replaced if it has the same technology as the equipment currently in use, although it may possess expanded capabilities due to technological improvements. Additionally, the project costs less than two million dollars and is purchased for the sole purpose of replacing comparable medical equipment currently in use which will be sold or otherwise disposed of when replaced.

Pursuant to 10A N.C.A.C.14C.0303 the proposed CT scanner meets the replacement equipment definition because:

1. It is comparable to the equipment currently in use. It has the same technology as the equipment currently in use, although it does possess expanded capabilities due to technological improvements.
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.
3. The acquisition of the proposed CT scanner will 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.
4. The existing equipment was not purchased second-hand nor was the existing equipment leased.
5. The replacement equipment is not capable of performing procedures that will result in the provision of a new health service or type of procedure that has not been provided with the existing equipment.

The costs related to the replacement totals \$760,163.98. Included in the total is: \$736,670.98, the new equipment cost, per Attachment A – Vendor Equipment Quote; \$23,493, the cost of minor renovations

needed to accommodate the installation of the new CT scanner, per Attachment B – Estimated Quote of Minor Renovations. This does not take into account the re-sale value of the existing CT scanner, which was being sourced prior to the COVID-19 outbreak, but has been deprioritized for now.

In support of our request, please find attached:

- Attachment A – Vendor Equipment Quote
- Attachment B – Estimated Quote of Minor Renovations
- Attachment C – Equipment Comparison Chart

Nash UNC hereby requests that the Agency provide a written response confirming that the purchase of a replacement CT Scanner for the hospital space described herein does not require CON review. If the Agency needs additional information to assist in its consideration of this request, please apprise us as soon as possible. We thank you for your consideration of this request.

Sincerely,

Dorsey Tobias
Executive Director, Marketing, Communications & Strategy
Nash UNC Health Care

Enclosures

Nash General Hospital, Nash Day Hospital, Coastal Plain Hospital, and Bryant T. Aldridge Rehabilitation Center