



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

VIA EMAIL ONLY

August 29, 2024

Marisa Barone
mbarone@wakehealth.edu

No Review

Record #: 4556
Date of Request: August 23, 2024
Facility Name: Clemmons Medical Park Ambulatory Surgery Center
FID #: 101058
Business Name: Wake Forest Ambulatory Ventures, LLC
Business #: 1977
Project Description: Change in indirect ownership
County: Forsyth

Dear Ms. Barone:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) received your correspondence regarding the project described above. Based on the CON law in effect on the date of this response to your request, the project as described is not governed by, and therefore, does not currently require a certificate of need. If the CON law is subsequently amended such that the above referenced proposal would require a certificate of need, this determination does not authorize you to proceed to develop the above referenced proposal when the new law becomes effective.

This determination is binding only for the facts represented in your correspondence. If changes are made in the project or in the facts provided in the correspondence referenced above, a new determination as to whether a certificate of need is required would need to be made by this office.

Please do not hesitate to contact this office if you have any questions.

Sincerely,

Handwritten signature of Yolanda W. Jackson

Yolanda Jackson
Project Analyst

Handwritten signature of Micheala Mitchell

Micheala Mitchell
Chief

cc: Acute and Home Care Licensure and Certification 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

August 23, 2024

Ms. Yolanda Jackson  
NC Division of Health Service Regulation  
Healthcare Planning and Certificare of Need Section  
809 Ruggles Drive  
Raleigh, NC 27603

**Re: Notification of Change in Ownership, Wake Forest Ambulatory Ventures, LLC (CON  
Project ID# G-8608-10, FID# 101058)**

Dear Ms. Jackson

This letter is being written on behalf of Wake Forest University Health Sciences (“WFUHS”) to provide notification to the Certificate of Need (“CON”) Section of a transaction involving WFUHS, Wake Forest Ambulatory Ventures, LLC (“WFAV”) and SCA - Wake Forest LLC (“SCA”). WFAV holds the CON for Clemmons Medical Park Ambulatory Surgery Center (“CMPASC”, FID# 101058), a multispecialty ambulatory surgery center with three operating rooms.

The transaction between WFUHS, WFAV and SCA involves a transfer of 20% membership interest of WFAV to WFUHS. At the close of the transaction, WFUHS will be the sole member of WFAV.

It is our understanding that the transaction between, WFUHS, WFAV and SCA does not require CON review. Per NC G.S. § 131E-178(b) “No person shall make an acquisition by donation, lease, transfer, or comparable arrangement without first obtaining a certificate of need from the Department, if the acquisition would have been a new institutional health service if it had been made by purchase”. The term “new institutional health service” is defined in NC G.S. § 131E-176(16)(l) to include “the purchase, lease, or acquisition of any health service facility, or portion thereof, or a controlling interest in the health service facility or portion thereof, if the health service facility was developed under a certificate of need issued pursuant to G.S. 131E-180”.

The transaction between WFUHS, WFAV and SCA involves the transfer of 20% membership interest of the parent company of the legal entity which owns and operates CMPASC. The transaction will result in a change in the indirect ownership of CMPASC, but the direct ownership will not change. Therefore, the transaction does not result in the purchase, lease, or acquisition of CMPASC, nor will it result in the purchase, lease, or acquisition of a controlling interest of CMPASC.



Although it is our understanding that the transaction will not constitute an “acquisition” for purposes of NC CON law, it should be noted that the acquisition of an existing health service facility is, in any event, exempt from CON review pursuant to G.S. § 131E-184(a)(8), provided that prior written notice is provided to the Department. In the event that the Department determines that the transaction will constitute an acquisition of an existing health service facility, please allow this letter to serve as the notice required under G.S. § 131E-184(a) and a request for confirmation that the transaction is exempt from CON review.

We respectfully request a determination from your office regarding whether the transaction is subject to CON review under NC law or will otherwise require action with the Department. Thank you for your consideration of this request. If you have any questions, or if you require any additional information, please do not hesitate to contact me.

Sincerely,

A handwritten signature in dark red ink, appearing to read "Marisa Barone". The signature is fluid and cursive.

Marisa Barone  
Associate Vice President  
Core Market Growth and Business Development  
Atrium Health Wake Forest Baptist

**From:** [Jackson, Yolanda W](#)  
**To:** [Stancil, Tiffany C](#)  
**Subject:** FW: [External] No Review - Ownership Change Clemmons ASC (FID 101058)  
**Date:** Friday, August 23, 2024 4:44:04 PM  
**Attachments:** [Clemmons ASC \(FID 101058\) Change in Ownership 08.2024.pdf](#)

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Tiffany, see attached no review request.

**Yolanda Jackson, JD**  
Project Analyst, CON  
Healthcare Planning and Certificate of Need Section  
Division of Health Service Regulation  
[North Carolina Department of Health and Human Services](#)

*(I am in the office Mondays and Tuesdays. I am working remotely on the other days, therefore email is typically the best way to reach me.)*

Main Number: 919-855-3873  
[yolanda.jackson@dhhs.nc.gov](mailto:yolanda.jackson@dhhs.nc.gov)

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**From:** Marisa A. Barone <mbarone@wakehealth.edu>  
**Sent:** Friday, August 23, 2024 4:38 PM  
**To:** Jackson, Yolanda W <yolanda.jackson@dhhs.nc.gov>  
**Subject:** [External] No Review - Ownership Change Clemmons ASC (FID 101058)

**CAUTION:** External email. Do not click links or open attachments unless verified. Report suspicious emails with the Report Message button located on your Outlook menu bar on the Home tab.

Hi Yolanda-

Hope you are well and getting ready for a great weekend. Please see attached letter regarding a change in indirect ownership of Clemmons Medical Park ASC (FID 101058).

Thank you!  
Marisa

**Marisa Barone**  
Associate Vice President  
Core Market Growth & Business Development  
Office: 336.713.0697 | Cell: 386.316.4255

## Atrium Health

*Wake Forest Baptist Health is now  
Atrium Health Wake Forest Baptist*

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