Table 7B: Open Heart Surgery Services Need Determination DRAFT 6/3/2015

(Proposed for Certificate of Need Review Commencing in 2016)

It is determined that the service area listed in the table below needs additional open-heart surgery services as specified.

| Service Area | Open Heart Surgery | Certificate of Need | Certificate of Need |
|---|--------------------|---------------------|---------------------|
| | Services Need | Application Due | Beginning Review |
| | Determination* | Date** | Date |
| It is determined that there is no need for additional open heart surgery services anywhere in the state and no reviews are scheduled. | | | |

- * Need determination shown in this document may be increased or decreased during the year pursuant to Policy GEN-2 (see Chapter 4).
- ** Application due dates are absolute deadlines. The filing deadline is 5:30 p.m. on the application due date. The filing deadline is absolute (see Chapter 3).