STATE OF NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

MEDICAL CARE COMMISSION QUARTERLY MEETING

DIVISION OF HEALTH SERVICE REGULATION 801 BIGGS DRIVE, RALEIGH NC 27603 BROWN BUILDING CONFERENCE ROOM- 104

August 12, 2011

9:00 A.M.

AGENDA

- I. MEETING OPENS
- **II. CHAIRPERSON'S COMMENTS -** Mrs. Bode will comment on matters of importance to the Commission. *Question:* Does anyone have any conflict of interest with any agenda item before the Commission today?
- III. APPROVAL OF MINUTES from the May 13, 2011 meeting. (Exhibit A)
- IV. DIVISION DIRECTOR'S REPORT Mr. Pratt will report matters of interest to the Commission.

Other items to report on are listed below (see Exhibits B - B/4):

1. Quarterly Report on Bond Program (attached as Exhibit B)

The Executive Committee held telephone conference meetings on the following dates:

- May 5, 2011 To consider preliminary approval to a project for Iredell Memorial Hospital to provide funds, to be used together with other available funds, to effect a refunding/conversion of the \$39,465,000 North Carolina Medical Care Commission Variable Rate Demand Hospital Revenue Bonds, Series 2007, (2) To consider the sale of bonds which the proceeds will be loaned to Cleveland Healthcare System and (3) To consider a resolution for the execution and delivery of a direction to redeem the \$24,770,000 North Carolina Medical Care Commission FHA Insured Mortgage Revenue Bonds (Betsy Johnson Regional Hospital) Series 2003 Bonds and a Notice of Optional Redemption for Betsy Johnson Regional Hospital Bonds. (Exhibit B/1)
- **June 16, 2011 -** To approve the conversion of the Commission's Variable Rate Demand Hospital Revenue Bonds (Iredell Memorial Hospital) Series 2007 to an "Index Interest Rate" and to consider a resolution authorizing the issuance and sale of bonds, the proceeds of which will be loaned to University Health Systems of Eastern Carolina, Inc. and Pitt County Memorial Hospital, Incorporated. (**Exhibit B/2**)
- **July 14, 2011 -** To consider for approval a project for Mission Health System, Inc. to provide funds to be used together, with other available funds, to refund the outstanding balance of the \$114,650,000 North Carolina Medical Care Commission Hospital Revenue Bonds, Series 1998, (2) To consider a resolution granting preliminary approval to a project for Angel Medical Center, Inc. to provide funds, to be used together with other available funds, to effect a conversion/refunding of the \$18,500,000 North Carolina Medical Care Commission Health Care Facilities Revenue Bonds (Angel Medical Center Project) Series 2007 outstanding in the amount of \$14,485,000, (3) To consider approval to a project for Transylvania Community Hospital, Inc. to

provide funds, to be used together with other available funds, to refund the outstanding balances of \$4,855,000 North Carolina Medical Care Commission Hospital Revenue Bonds (Transylvania Community Hospital, Inc.) North Carolina Medical Care Commission Hospital Revenue Bonds Series 1997 outstanding in the amount of \$2,665,000 and the \$13,240,000 North Carolina Medical Care Commission Variable Rate Demand Hospital Revenue Bonds, Series 2009 outstanding in the amount of \$12,400,000 and (4) To consider a resolution approving a remarketing agreement with Wells Fargo Bank for Union Regional Hospital and (5) Approve resolutions for Moses Cone and (6) approve a resolution for Halifax Regional Medical Center. (Exhibit B/3)

July 28, 2011 - To consider preliminary approval for the conversion of Duke University Health System Series 2006 Bonds to a non- bank qualified bought mode and to approve an amendment to the 2006 Trust Agreement to permit purchase in lieu of redemption. (**Exhibit B/4**)

Presentations

Edward Jones Investment Banking

VI. Bond Projects

A. Duke University Health System, Inc., Durham - Christopher B. TaylorExhibit D

Resolution: The Commission grants preliminary approval to a project for Duke University Health System, Inc. (DUHS) for the establishment of a new tax-exempt operating leasing/financing program with a capacity of \$40 million for Duke University Health System. The program will have a beginning date of July 1, 2011 and continue through June 30, 2014. The Program is structured as a master lease agreement whereby a single set of documents establishes the terms and conditions. Individual schedules are executed under the master agreement addressing the terms applicable to the individual items to be leased/financed such as amortization schedules and the term of the lease. The leases/financings will be utilized for moveable equipment (including installation costs). The project is in accordance with an application, received as follows.

ESTIMATED SOURCES OF FUNDS

Tax of leases	\$40,000,000
Equity Contribution	70,000
Total	\$40,070,000
ESTIMATE	D USES OF FUNDS
Moveable equipment	\$40,000,000
Corporation counsel	25,000
Bond counsel	15,000
Lessor counsel	10,000
Miscellaneous	<u>20,000</u>
Total	\$40,070,000

Tentative approval is given with the understanding that the governing board of Duke University Health System, Inc. accepts the following conditions:

- 1. The project will continue to be developed pursuant to the applicable Medical Care Commission guidelines.
- 2. Any required certificate of need must be in effect at the time of the draw on the leases.
- 3. Financial feasibility must be determined prior to the execution of the leases.
- 4. The project must, in all respects, meet requirements of §G.S. 131A (Health Care Facilities Finance Act).
- 5. The Executive Committee of the Commission is delegated the authority to approve the issuance of leases for this project and may approve the issuance of such greater amount of leases as shall be necessary to finance the project; provided, however, that the amount set forth above shall not be increased by more than ten percent (10%).
- 6. The leases shall be put in place in such a manner and upon such terms and conditions as will, in the sole judgment of the Executive Committee of the Commission, result in the lowest cost to the facility and its patients.
- 7. The borrower will provide the Commission annually a copy of the Advocacy Needs Data Initiative (ANDI) form it files with the North Carolina Hospital Association (NCHA) in accordance with a resolution passed by the Commission on February 9, 2007 adopting the NCHA Community Benefits reporting format and methodology for hospitals reporting to the Commission.
- 8. All health care facilities and services directly or indirectly owned or controlled by the health care organization, including physician practices, shall be available to Medicare and Medicaid patients with no limitations imposed as a result of the source of reimbursement.
- 9. If public approval of the bonds is required for the purpose of Section 147(f) of the Internal Revenue Code of 1986, as amended ("Section 147(f)"), this tentative approval shall constitute the recommendation of the Commission that the Governor of the State of North Carolina (the "Governor") approve the issuance of such leases, subject to the satisfaction of the requirements of Section 147(f) concerning the holding of a public hearing prior to the submission of such recommendation to the Governor.

Based on information furnished by applicant, the project is -

1.	Financially feasible	✓ Yes	No	N/A
2.	Construction and related costs are reasonable	Yes	No	√ N/A

B. Cornelia Nixon Davis, Inc. Wilmington - Christopher Taylor & Steven Lewis - Exhibit D

Resolution: The Commission grants preliminary approval to a project for Cornelia Nixon Davis, Inc. that transforms the facility into ten (10) Person Centered Care Units that will provide separate independent households with decentralized services and de-institutionalized aesthetics. This shall consist of renovating the

entire existing 1-story Health Care Center and expanding it to include two new stand-alone buildings constructed to provide 24 private rooms all self-contained at the front of the complex. Enhanced gardens and new covered walks will be added. The project shall also include site work for a Health Care Center loop road and utilities accommodations for the expansion. In addition, proceeds of the issue will be used to refund the outstanding balances of (1) The \$7,500,000 North Carolina Medical Care Commission Adjustable Rate Demand Health Care Facilities Revenue Bonds (Cornelia Nixon Davis Nursing Home, Inc. Project) Series 1998, (2) the \$7,000,000 North Carolina Medical Care Commission Variable Rate Demand Health Care Facilities Revenue Bonds (Cornelia Nixon Davis Nursing Home, Inc.) Series 2003 and (3) the \$5,705,000 North Carolina Medical Care Commission Adjustable Rate Demand Health Care Facility Revenue Bonds (Cornelia Nixon Davis, Inc. Project) Series 2009. The Issue will be structured as a non-bank qualified bond and the bonds will be purchased by Wells Fargo. All in accordance with a preliminary application, plans and specifications and participation as follows:

ESTIMATED SOURCES OF FUNDS

\$25,295,000

Principal amount of bonds to be issued	\$25,295,000
Cash and negotiable securities from reserves	<u>11,868,544</u>
Total	\$37,163,544
ESTIMATED USES OF FUNDS	
Amount to refund Series 1998, Series 2003 and Series 2009 Bonds	\$15,295,000
Site costs	
Site utility development and accessibility costs	500,000
Construction contracts	16,400,000
Construction contingency	164,000
Architect/engineer fees and reimbursables	722,000
Moveable equipment	2,000,000
Surveys, tests, insurance	123,000
Project Management and Change Consultant	550,000
Equipment Consultant	10,000
Food Service Design Consultant	20,000
Bond interest during construction	1,062,000
Bank fee	145,000
Accountants fees	15,000
Legal fees for corporation counsel	20,000
Bond counsel	40,000
Trustee fees	1,500
Printing costs	7,500
DHSR project review fee	26,044
Local Government Commission reimbursables	8,750
Bank counsel fee	30,000
Miscellaneous	23,750
Total	\$37,163,544

Principal amount of bonds to be issued

Tentative approval is given with the understanding that the governing board of Cornelia Nixon Davis, Inc. accepts the following conditions:

1. The project will continue to be developed pursuant to the applicable Medical Care Commission guidelines.

- 2. Any required certificate of need must be in effect at the time of the issuance of the bonds or notes.
- 3. Financial feasibility must be determined prior to the issuance of bonds.
- 4. The project must, in all respects, meet requirements of §G.S. 131A (Health Care Facilities Finance Act).
- 5. The Executive Committee of the Commission is delegated the authority to approve the issuance of bonds for this project and may approve the issuance of such greater principal amount of the loan as shall be necessary to finance the project; provided, however, that the amount set forth above shall not be increased by more than ten percent (10%).
- 6. The bonds or notes shall be sold in such a manner and upon such terms and conditions as will, in the sole judgment of the Executive Committee of the Commission, result in the lowest cost to the facility and its patients.
- 7. If public approval of the bonds is required for the purpose of Section 147(f) of the Internal Revenue Code of 1986, as amended ("Section 147(f)"), this tentative approval shall constitute the recommendation of the Commission that the Governor of the State of North Carolina (the "Governor") approve the issuance of such bonds, subject to the satisfaction of the requirements of Section 147(f) concerning the holding of a public hearing prior to the submission of such recommendation to the Governor.
- 8. The borrower will comply with the Commission's Resolution: <u>Community Benefits/Charity Care Agreement and Program Description for CCRC's</u> as adopted on November 9, 2007.

Based on information furnished by applicant, the project is -

1.	Financially feasible		Yes	No	N/A
2.	Construction and related				
	costs are reasonable	\checkmark	Yes	No	N/A

VII. Refunding of Commission Bond Issues

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WHEREAS, the bond market is in a period of generally fluctuating interest rates, and

WHEREAS, in the event of decline of rates during the next quarter, refunding of certain projects could result in significant savings in interest expense thereby reducing the cost of health care to patients, and

WHEREAS, the Commission will not meet again until November 18, 2011

THEREFORE, BE IT RESOLVED; that the Commission authorizes its Executive Committee to approve projects involving only the refunding of existing Commission debt between this date and November 18, 2011.

VIII. MEMBER REPORT

IX. ADJOURNMENT - A motion to adjourn is requested.