



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
*Olympia, Washington 98504*

March 10, 2016

CERTIFIED MAIL # 7009 0960 0000 5565 0642

Frank Gilbert, Executive Director  
Proliance Highlands Surgery Center  
510 8<sup>th</sup> Ave NE, Ste 100  
Issaquah, Washington 98029

RE: CN App 16-04

Dear Mr. Gilbert:

Enclosed is Certificate of Need #1567 issued to Proliance Surgeons Inc., P.S. dba Proliance Highlands Surgery Center to establish a 4-operating room multispecialty ambulatory surgery center in Issaquah within East King County. The certificate is not approval for any other local, federal, or state statutes, rules, or regulations. Such a project may also need Department of Health approval for a construction plan and facility licensing or certification, as well as other federal or local jurisdiction permits.

The Certificate of Need is valid for two years. The project must begin during this time. If there is substantial and continuing progress, we may extend the certificate for one six month period. For an extension, you must submit an extension request at least 120 days before the expiration. You cannot begin a project after the expiration date.

This decision may be appealed. The appeal options are listed below.

Appeal Option 1:

Any person with standing may request a public hearing to reconsider this decision. The request must state the specific reasons for reconsideration in accordance with Washington Administrative Code 246-310-560.

A reconsideration request must be received within 28 calendar days from the date of the decision at one of the following addresses:

Mailing Address:  
Department of Health  
Certificate of Need Program  
Mail Stop 47852  
Olympia, WA 98504-7852

Physical Address:  
Department of Health  
Certificate of Need Program  
111 Israel Road SE  
Tumwater, WA 98501

Appeal Option 2:

Any person with standing may request an adjudicative proceeding to contest this decision within 28 calendar days from the date of this letter. The notice of appeal must be filed according to the provisions of Revised Code of Washington 34.05 and Washington Administrative Code 246-310-610. A request for an adjudicative proceeding must be received within the 28 days at one of the following addresses:

Mailing Address:  
Adjudicative Service Unit  
Mail Stop 47879  
Olympia, WA 98504-7879

Physical Address  
Adjudicative Service Unit  
111 Israel Road SE  
Tumwater, WA 98501

We monitor projects until completed or the expiration date, whichever occurs last. We do this with quarterly progress reports. At least 30 days before the report's due date, you will receive a form to complete and return.

If you have any questions, please contact Janis Sigman, Manager of the Certificate of Need Program at (360) 236-2955.

Sincerely,



Steven M. Saxe, FACHE  
Director, Office of Community Health Systems

Enclosure



This Certificate is granted under the authority of RCW 70.38. Issuance of this Certificate does not constitute approval under any other local, federal or state statute, implementing rules and regulations. Examples where additional approval may be necessary include, but are not limited to, construction plan approval through the Construction Review Unit of the Department of Health, facility licensing/certification through the Department of Social and Health Services or Department of Health, and other federal or local jurisdiction permits.

**Certificate of Need #1567 is issued to:**

**Legal Name of Applicant:** Proliance Surgeons Inc., P.S. dba Proliance Highlands Surgery Center  
**Address of Applicant:** 510 8<sup>th</sup> Avenue Northeast, Suite 100  
Issaquah, Washington 98029  
**Type of Service:** Ambulatory Surgery Center  
**Facility Name:** Proliance Highlands Surgery Center  
**Facility Address:** 510 8<sup>th</sup> Avenue Northeast, Suite 100  
Issaquah, Washington 98029

**ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON THE DEPARTMENT'S RECORD  
AND EVALUATION DATED FEBRUARY 25, 2016, (CN App #16-04)**

**PROJECT DESCRIPTION:**

This certificate approves the establishment of a four-operating room ambulatory surgery center in Issaquah, within East King County. The surgery center will serve patients ages 6 months and older who require orthopedic, ENT, endocrine, digestive, plastic, urologic, and general surgical procedures that can be served appropriately in an outpatient setting.

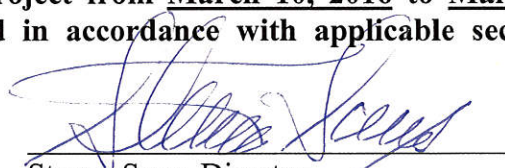
**Service Area**  
East King County

**Conditions:**  
See attached

**Approved Capital Expenditure**  
The approved capital expenditure associated with this project is \$898,467

This Certificate authorizes commencement of the project from March 10, 2016 to March 10, 2018, unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.

**Date Certificate Issued:** March 10, 2016

  
Steven Saxe, Director  
Community Health Systems

**This Certificate is not transferable.**

## **Certificate of Need #1567**

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#### **Conditions**

1. Proliance Surgeons, Inc., P.S. dba Proliance Highlands Surgery Center agrees with the project description as stated above. Proliance Surgeons, Inc., P.S. dba Proliance Highlands Surgery Center further agrees that any change to the project as described in the project description is a new project that requires a new Certificate of Need.
2. Before commencement of the project, Proliance Surgeons, Inc., P.S. dba Proliance Highlands Surgery Center must provide to the department for review and approval a final copy of the Admission Policy for Proliance Highlands Surgery Center. The policy must include the required non-discrimination language, and must identify the admitting process and appropriate candidates for outpatient surgery.
3. The approved Admission Policy must be posted on the surgery center web page in the same location that the surgery center's other patient forms are located.
4. Before commencement of the project, Proliance Surgeons, Inc., P.S. dba Proliance Highlands Surgery Center must provide to the department for review and approval a final copy of the Charity Care Policy for Proliance Highlands Surgery Center. This policy must be facility-specific and shall include the procedure for notifying patients of charity care. It must also include the process one must use to obtain charity care.
5. The approved Charity Care Policy must be posted on the surgery center web page in the same location that the surgery center's other patient forms are located.
6. Proliance Surgeons Inc., P.S. dba Proliance Highlands Surgery Center must maintain Medicare and Medicaid certification.
7. Proliance Surgeons Inc., P.S. dba Proliance Highlands Surgery Center will provide charity care in compliance with the charity care policies reviewed and approved by the Department of Health. Proliance Highlands Surgery Center will use reasonable efforts to provide charity care in an amount comparable to or exceeding the average amount of charity care provided by the four hospitals in East King County. Currently, this amount is 1.23% of gross revenue and 2.23% of adjusted revenue. Proliance Highlands Surgery Center will maintain records documenting the amount of charity care it provides and demonstrating compliance with its charity care policies.
8. Proliance Surgeons, Inc., P.S. dba Proliance Highlands Surgery Center will ensure that charity care information related to the ASC is accessible to patients by referencing it on the Patient Financial Responsibility information that is available via the web, in person, or any other means.