

March 28, 2013

Susan Legel, Chief Operations Officer Northwest OB-GYN West 105 – 8th Avenue, #6020 Spokane, Washington 99204

Dear Ms. Legel:

The department has completed the review of your exemption request regarding the proposed construction of an ambulatory surgery center in Spokane, within Spokane County. Below is the information considered and the facts relied upon by the Certificate of Need Program in reaching its conclusion regarding your project.

INFORMATION CONSIDERED

- Ambulatory Surgery Center (ASC) exemption application submitted March 7, 2013
- Revised Code of Washington (RCW) 70.38
- Washington Administrative Code (WAC) 246-310
- Secretary of State information obtained from its website
- Department of Revenue information obtained from its website
- Department of Health external provider look-up
- Department of Health Integrated Licensing and Regulatory System (ILRS)
- Previous Certificate of Need ASC determination dated November 2, 1998

FACTS CONSIDERED

- The proposed ASC will be located at West $105 8^{th}$ Avenue, #6020 in Spokane [99204].
- Only Northwest OB-GYN, PS physicians will have access to the ASC. The exemption application identifies nine physicians associated with the group practice. Of those, eight will use the ASC. Below is the specific credentialing information for each of the nine physicians.

Name	Credential Status	Practice Status	Access to ASC
Shawn B. Barrong	Active	Owner	Yes
Peter Earl Fern	Active	Employee	Yes
Sarah Linn Hammil	Active	Employee	Yes
Jeffrey L. Hilton	Active	Owner	Yes
Glen A. Hiss	Active	Employee	No
Kathryn M. Miles	Active	Owner	Yes
Stephen Pakkianathan	Active	Employee	Yes
Linda M. Partoll	Active	Owner	Yes
Daniel J. Zwiesler	Active	Owner	Yes

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- The procedures proposed include those typically associated with OB and GYN, such as ablations, urethral dilations, and IUD insertions or removals.
- The ASC will not be a separate legal structure from the Northwest OB-GYN, PS practice.
- No management agreement is proposed

CONCLUSION

Based on the totality of information considered, the department concludes the proposed ASC would be exempt from Certificate of Need review.

This exemption is not transferable and the conclusions reached concerning this proposed ASC are based on the facts about this facility and it should not be assumed the department would reach the same conclusion in future exemption requests for other future ASCs. If changes are made in the operation or ownership of this proposed ASC, the ASC may no longer be eligible for this exemption. In that case, prior Certificate of Need review and approval or new exemption would be required. Examples of such changes include the following. This list is not intended to be all inclusive.

- The scope of services is expanded to include services subject to Certificate of Need review under the provisions of WAC 246-310-020.
- The provision of any procedure as identified under WAC 246-310-705(4).
- The ASC is operated under a management agreement.
- The ASC is organized as a separate legal entity from the practice.
- The ASC is moved to a different site than identified in the exemption application.
- Use of the ASC is extended to any physician who is not a member or employed by Northwest OB-GYN, PS.
- The ASC ceases operations or relinquishes its Medicare certification and then chooses to resume services as an ASC.
- The ASC or the practice is purchased or leased.
- ASC patients are routinely transferred from the ASC for observation care at one of the area's hospitals.

APPEAL OPTIONS

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

Appeal Option 1:

You or any interested or affected person 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:

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

Other Than By Mail
Department of Health
Certificate of Need Program
111 Israel Road SE
Tumwater, WA 98501

Appeal Option 2:

You or any affected 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:
Department of Health
Adjudicative Service Unit
Mail Stop 47879
Olympia, WA 98504-7879

Other Than By Mail
Department of Health
Adjudicative Service Unit
111 Israel Road SE
Tumwater, WA 98501

Please call me at (360) 236-2956 if you have any questions regarding this determination.

Sincerely,

Karen Nidermayer, Analyst Certificate of Need Program

Office of Certification and Technical Support

cc: Department of Health, Investigations and Inspections Office Department of Health, Construction Review Services