



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

June 10, 2022

Kristie Sudderth, ASC Manager
Columbia Surgical Specialists
e-mail: ksudderth@spokaneent.com

RE: Certificate of Need Application #21-65 – Certificate of Need #1934

Dear Ms. Sudderth:

Enclosed is Certificate of Need (CN) #1934 issued to Columbia Surgical Specialists, PS approving the establishment of an ambulator surgery center in Spokane, within Spokane County.

The certificate is not an 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-

Kristie Sudderth, Columbia Surgical Specialists
Certificate of Need Application #21-65
June 10, 2022
Page 2 of 2

610. A request for an adjudicative proceeding must be received within the 28 days at one of the following addresses:

<u>Mailing Address:</u>	<u>Physical Address</u>
Department of Health	Department of Health
Adjudicative Service Unit	Adjudicative Service Unit
Mail Stop 47879	111 Israel Road SE
Olympia, WA 98504-7879	Tumwater, WA 98501

We monitor projects until completed or the expiration date, whichever occurs first. 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 the Certificate of Need Program at (360) 236-2955.

Sincerely,



Eric Hernandez, Program Manager
Certificate of Need
Office of Community Health Systems

Enclosure

cc: Frank Fox, PhD, Consultant



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 #1934 is issued to:

Applicant's Legal Name: Columbia Surgical Specialists, PS
Applicant's Current Address: 217 West Cataldo Avenue, Spokane Washington 99201
Facility Type Ambulatory Surgical Facility
Project Type Ambulatory Surgical Facility
Facility Name: Columbia Surgery Center
Facility Address: 217 West Cataldo Avenue, Spokane Washington 99201

ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON THE DEPARTMENT'S RECORD AND EVALUATION DATED JUNE 2, 2022 (CN APP # 21-65).

Project Description

This certificate approves the establishment of a new surgery center in Spokane within Spokane County. The surgery center will have a total of four operating rooms (ORs). The outpatient surgical services will be provided to patients ages four months and older that can be appropriately and safely treated in an outpatient setting. Services include gastroenterology, gynecology, maxillofacial, ophthalmology, oral surgery, orthopedics, pain management, pediatric dentistry, podiatry, and urology to the existing ENT, colon and rectal surgery, general surgery, and plastic surgery.

Service Area
Spokane County

Conditions


1. Columbia Surgical Specialists, PS agrees with the project description as stated above. Columbia Surgical Specialists, PS further agrees that any change to the project as described in the project description above is a new project that requires a new Certificate of Need.
2. Columbia Surgical Specialists, PS will obtain and maintain both Medicare and Medicaid certification at the surgery center.
3. Columbia Surgical Specialists, PS will obtain and maintain a Washington State license.
4. Columbia Surgical Specialists, PS will provide charity care at the surgery center in compliance with its charity care policy reviewed for this project. Columbia Surgical Specialists, PS will use reasonable efforts to provide charity care in the amount consistent with the three-year average of charity care provided by the four hospitals operating in Spokane County within the Eastern Region. The three-year average for years 2018 – 2020 is 1.13% of gross revenues and 3.23% of adjusted revenues.
5. Columbia Surgical Specialists, PS will maintain records of charity care applications received and the dollar amount of charity care discounts granted for the new surgery center. The records must be available upon request.
6. Prior to providing services at the new surgery center, Columbia Surgical Specialists, PS will submit an executed Patient Transfer Policy to the Certificate of Need Program for review and approval. The executed policy will be substantially consistent with the draft policy provided in the application.

Approved Capital Expenditure

There is no capital expenditure associated with this project.

This Certificate authorizes commencement of the project from June 10, 2022 to June 10, 2024 unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.

Date Certificate Issued: June 10, 2022


Eric Hernandez, Program Manager
Community Health Systems

This Certificate is not transferable.