



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
PO Box 47852•Olympia, Washington 98504-7852

June 23, 2017

CERTIFIED MAIL # 7014 2120 0002 7631 1625

Sarah Brown, Vice President
Confluence Health
820 North Chelan Street
Wenatchee, Washington 98801

RE: Certificate of Need Application #17-20

Dear Ms. Brown:

Enclosed is Certificate of Need #1603 issued to Confluence Health approving the establishment of an ambulatory surgery center in Moses Lake, within Grant 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:

Department of Health
Adjudicative Service Unit
Mail Stop 47879
Olympia, WA 98504-7879

Physical Address

Department of Health
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,



Steve Bowman, PhD, MHA
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 #1603 is issued to:

Legal Name of Applicant: Confluence Health
Address of Applicant: 820 North Chelan Street
Wenatchee, Washington 98801
Type of Service: Ambulatory Surgery Center
Facility Name: Moses Lake Clinic
Facility Address: 840 East Hill Avenue
Moses Lake, Washington 98837

**ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON THE DEPARTMENT'S
RECORD AND EVALUATION DATED JUNE 12, 2017 (CN App #17-20)**

Project Description

This certificate approves the establishment of a two operating room ambulatory surgery center located in Moses Lake, within Grant County. Services provided are endoscopic and pain management services that can be appropriately performed in an outpatient setting.

Service Area
Grant County

Conditions
Conditions Identified on Page Two

Approved Capital Expenditure
There is no capital expenditure associated with this project.

This Certificate authorizes commencement of the project from June 23, 2017 to June 23, 2019 unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.

Date Certificate Issued: June 23, 2017

A handwritten signature in black ink, appearing to read "S. Bowman", written over a horizontal line.

Steve Bowman, PhD, MHA
Director, Office of Community Health Systems

This Certificate is not transferable

Certificate of Need #1603

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Conditions

1. Approval of the project description as stated above. Confluence Health 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. The types of procedures provided at Moses Lake ASC are limited to the endoscopic and pain management procedures described in the application.
3. Moses Lake ASC will provide charity care in compliance with its charity care policies reviewed and approved by the Department of Health, or any subsequent policies reviewed and approved by the Department of Health. Moses Lake ASC will use reasonable efforts to provide charity care in the amount identified in the application. This amount is 2.20% gross revenue and 4.47% of adjusted revenue. Moses Lake ASC will maintain records of charity care applications received and the dollar amount of charity care discounts granted. The department requires these records to be available upon request.
4. Moses Lake ASC will provide annual reports to the Certificate of Need Program showing the number of patients, charity care dollar amounts, and percentages for both gross and adjusted revenue. The reports shall be provided in a document prescribed by the Certificate of Need Program. The charity care reporting will continue through year three of operation of the Certificate of Need approved surgery center or year 2020 whichever is longer.
5. Confluence Health will submit annual budgets (required under WAC 246-454-030) that include budgeted charity care amounts for Moses Lake ASC that is at least comparable to the amount identified in the application or exceeding the average amount of charity care provided by the four hospitals in Grant County that would be affected by this project, whichever is greater.