



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

VIA EMAIL ONLY

January 5, 2023

Anna Mickleberry
apost@wakehealth.edu

Exempt from Review – Replacement Equipment

Record #: 4099
Date of Request: October 31, 2022
Facility Name: North Carolina Baptist Hospital
FID #: 943495
Business Name: North Carolina Baptist Hospital
Business #: 1819
Project Description: Replace existing fixed MRI scanner
County: Forsyth

Dear Ms. Mickleberry:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency), determined that the above referenced project is exempt from certificate of need review in accordance with G.S. 131E-184(f). Therefore, you may proceed to acquire without a certificate of need the Siemens Prisma MR5 fixed MRI scanner to replace the GE Light Speed MR5 fixed MRI scanner. This determination is based on your representations that the existing unit will be sold or otherwise disposed of and will not be used again in the State without first obtaining a certificate of need if one is required.

It should be noted that the Agency's position is based solely on the facts represented by you and that any change in facts as represented would require further consideration by this office and a separate determination. If you have any questions concerning this matter, please feel free to contact this office.

Sincerely,

Gregory F. Yakaboski
Project Analyst

Micheala Mitchell
Chief

cc: Acute and Home Care Licensure and Certification Section, DHSR
Construction Section, DHSR

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION
HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION

LOCATION: 809 Ruggles Drive, Edgerton Building, Raleigh, NC 27603
MAILING ADDRESS: 809 Ruggles Drive, 2704 Mail Service Center, Raleigh, NC 27699-2704
<https://info.ncdhhs.gov/dhsr/> • TEL: 919-855-3873

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

October 27th, 2022

Ms. Micheala Mitchell, Chief
Mr. Greg Yakaboski, Project Analyst
Healthcare Planning and Certificate of Need Section
Division of Health Service Regulation
809 Ruggles Drive
Raleigh, NC 27603

Re: Request for Confirmation of Exemption for North Carolina Baptist Hospital (FID # 943495; Lic # H0011), Replacement MRI

Dear Ms. Mitchell and Mr. Yakaboski,

Pursuant to NC G.S. § 131E-184 (f), Exemptions Review, I am writing to request confirmation that the project described below for North Carolina Baptist Hospital (“NCBH”) is exempt from review.

NCBH plans to replace the existing MRI with a new Siemens Prisma MRI. The total capital cost of the equipment is \$3,005,000. The equipment qualifies as replacement equipment pursuant to the existing statutory and regulatory definitions. The existing MRI has reached the end of its useful life. Both the existing equipment and the replacement equipment provide procedures that are functionally similar. The existing equipment will be removed from service upon its replacement. This project meets the requirements set forth in N.C. Gen. Stat. 131E-184(f) for “replacement equipment” that exceeds two million (\$2,000,000) threshold in the following ways:

(1) The equipment being replaced is on the main campus.

Please reference **Attachment 1** for a campus map of NCBH. The equipment being replaced is located within the main hospital building. The new equipment will be placed in the same location as the existing equipment.

(2) The Department has previously issued a certificate of need for the equipment being replaced. This subdivision does not apply if a certificate of need was not required at the time the equipment being replaced was initially purchased by the licensed health service facility.

The department previously issued a certificate of need for an MRI at NCBH under CON Project ID G-3685-89.

(3) The licensed health service facility proposing to purchase the replacement equipment shall provide prior written notice to the Department, along with supporting documentation to demonstrate it meets the exemption criteria of this subsection.

NCBH respectfully requests that the facts stated above, as well as the information included in the Attachments, serve as prior written notification to the Department that the

replacement of the above-mentioned equipment at NCBH meets all of the exemption criteria in NC G.S. § 131E-184 (f).

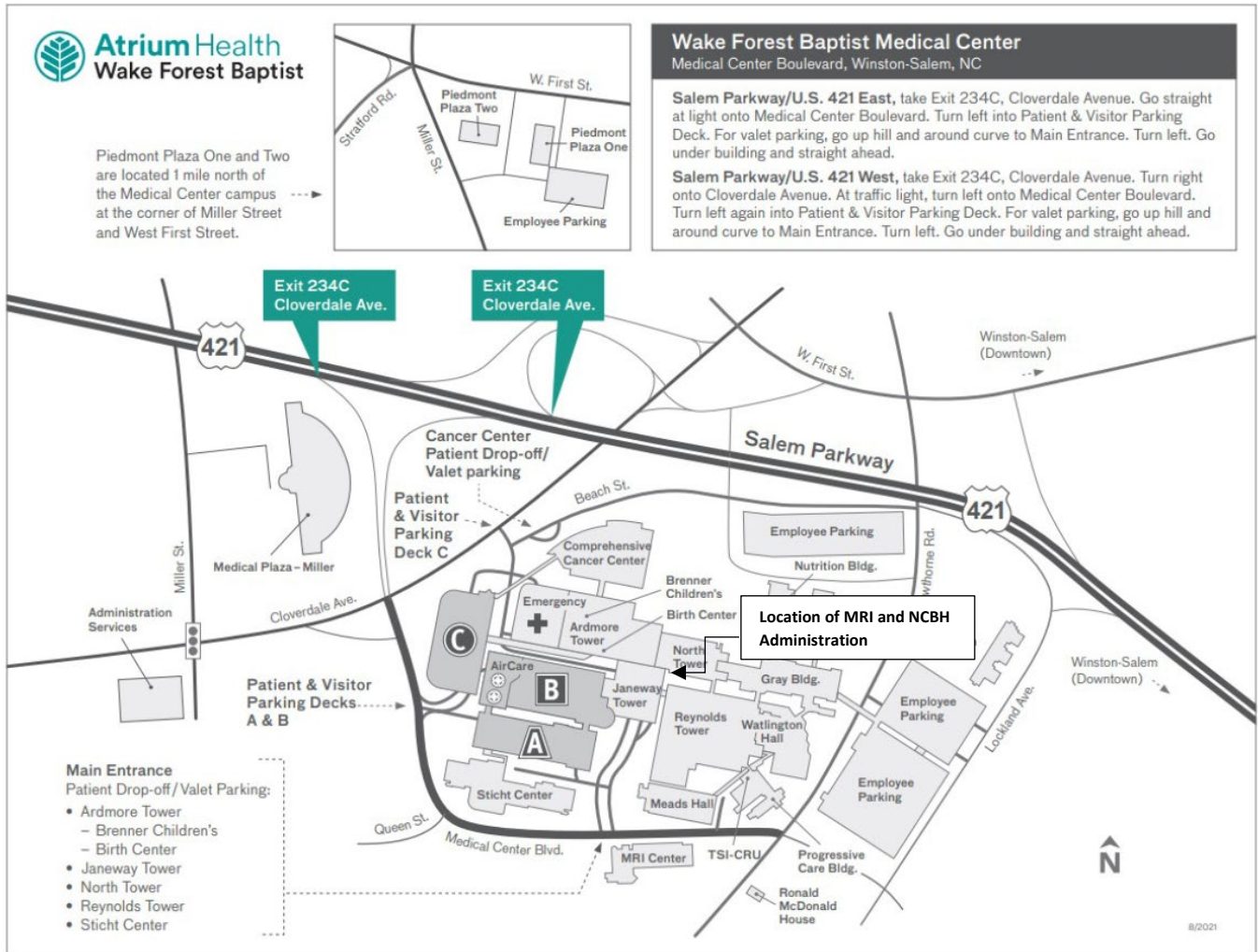
Please let me know if you have any questions or if additional information is needed.

Sincerely,

Anna Post Mickleberry

Anna Mickleberry
AVP, Strategy, Regulatory Planning, and Business Development
Telephone Number 336-608-7460
Email address apost@wakehealth.edu

Attachment 1



EQUIPMENT COMPARISON

	EXISTING EQUIPMENT	REPLACEMENT EQUIPMENT
Type (e.g., Cardiac Catheterization, Gamma Knife®, Heart-lung bypass machine, Linear Accelerator, Lithotripter, MRI, PET, Simulator, CT Scanner, Other Major Medical Equipment)	MRI	MRI
Manufacturer	GE	Siemens
Model number	Light speed	Prisma
Other method of identifying the equipment (e.g., Room #, Serial Number, VIN #)	MR5	MR5
Is the equipment mobile or fixed?	Fixed	Fixed
Date of acquisition	2001	2023
Was the existing equipment new or used when acquired? / Is the replacement equipment new or used?	New	New
Total projected capital cost of the project <Attach a signed Projected Capital Cost form>	NA	TBD
Total cost of the equipment	NA	\$3,005,000
Location of the equipment <Attach a separate sheet for mobile equipment if necessary>	MRI Building Bay 5	MRI Building Bay 5
Document that the existing equipment is currently in use	Currently in use	NA
Will the replacement equipment result in any increase in the average charge per procedure ?	NA	No
If so, provide the increase as a percent of the current average charge per procedure	NA	NA
Will the replacement equipment result in any increase in the average operating expense per procedure ?	NA	No
If so, provide the increase as a percent of the current average operating expense per procedure	NA	NA
Type of procedures performed on the existing equipment <Attach a separate sheet if necessary>	Whole Body MRI	NA
Type of procedures the replacement equipment will perform <Attach a separate sheet if necessary>	NA	Whole Body MRI

Date of last revision: 5/17/19