



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

April 12, 2023

Anna Mickleberry
apost@wakehealth.edu

Exempt from Review

Record #: 4171
Date of Request: March 28, 2023
Facility Name: High Point Regional Health System
FID #: 943251
Business Name: High Point Regional Health System
Business #: Replace the existing Siemens Sensation CT with a new Siemens Somatom Force CT in the same location as existing equipment
County: Guilford

Dear Ms. Mickleberry:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency), determined that the above referenced proposal is exempt from certificate of need review in accordance with G.S. 131E-184(f). Therefore, you may proceed to offer, develop or establish the above referenced project without a certificate of need.

It should be noted that this determination is binding only for the facts represented by you. Consequently, if changes are made in the project or in the facts provided in your correspondence referenced above, a new determination as to whether a certificate of need is required would need to be made by the Agency. Changes in a project include but are not limited to: (1) increases in the capital cost; (2) acquisition of medical equipment not included in the original cost estimate; (3) modifications in the design of the project; (4) change in location; and (5) any increase in the number of square feet to be constructed.

If you have any questions concerning this matter, please feel free to contact this office.

Sincerely,

Terris S. Riley, J.D. , Project Analyst

Micheala Mitchell, Chief

cc: Acute and Home Care Licensure and Certification Section, DHR

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

March 27, 2023

Ms. Micheala Mitchell, Chief
Ms. Terris Riley, 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 High Point Regional Health (FID # 943251; Lic # H0052), Replacement CT Scanner

Dear Ms. Mitchell and Ms. Riley,

Pursuant to NC G.S. § 131E-184 (f), Exemptions From Review, I am writing to request confirmation that the project described below for High Point Medical Center (“HPMC”) is exempt from review.

HPMC plans to replace the existing Siemens Sensation CT with a new Siemens Somatom Force CT. The total capital cost of the project is \$2,872,775. The equipment qualifies as replacement equipment pursuant to the existing statutory and regulatory definitions. The existing CT 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 the \$2,108,000 threshold in the following ways:

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

Please reference **Attachment 1** for a campus map of HPMC. 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.

A certificate of need was not required at the time the equipment being replaced was initially purchased by HPMC.

(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.

HPMC 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 HPMC meets all of the exemption criteria in NC G.S. § 131E-184 (f).

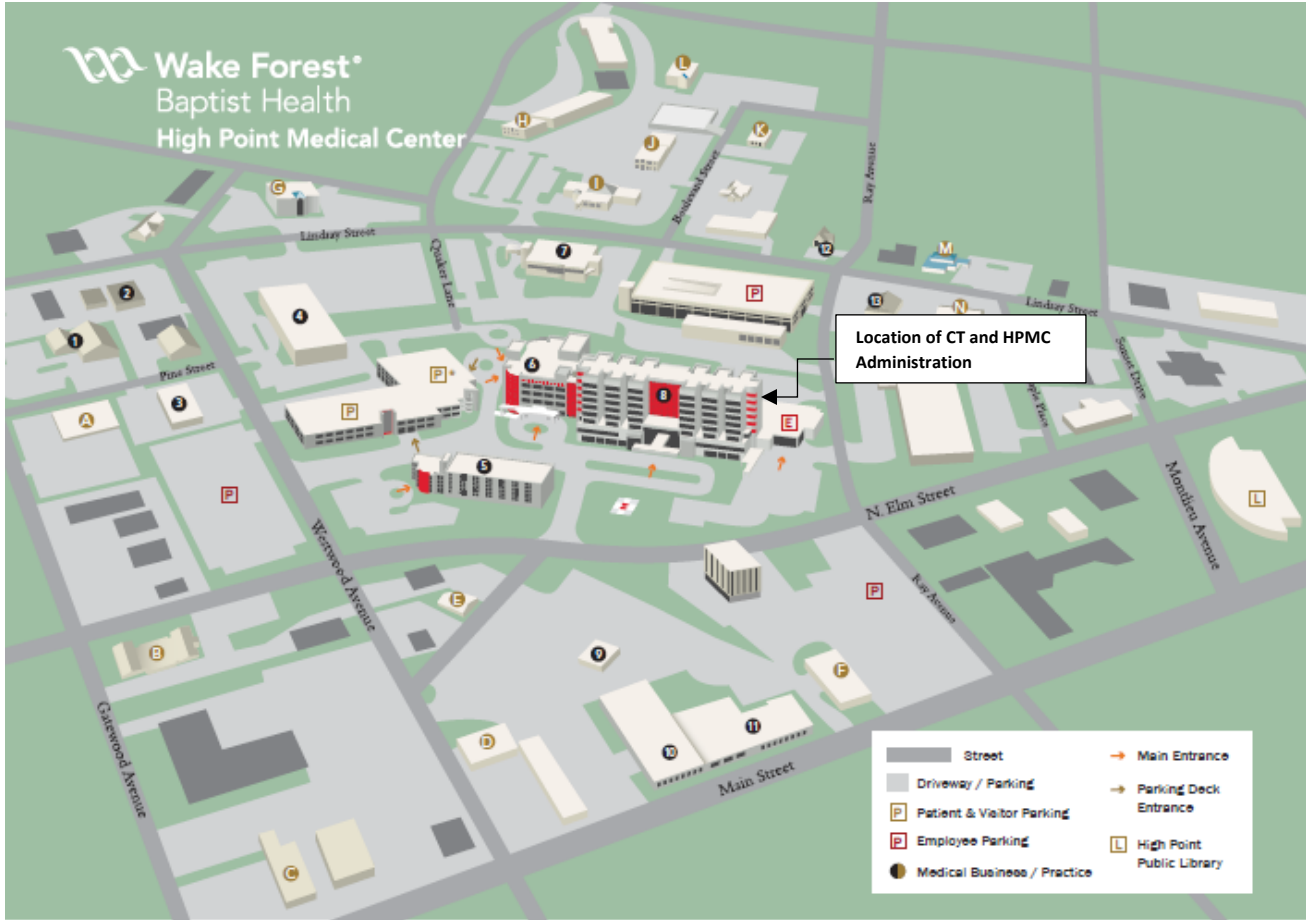
Please do not hesitate to contact Nicole Moore (nsmoore@wakehealth.edu) at 469-831-6587 if you require any additional information or answer any questions.

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



High Point Medical Center 8
 The Emergency Center **E**
 Esther R. Culp Women's Center
 Piedmont Joint Replacement Center
 High Point Medical Center Hospital Medicine

Hayworth Cancer Center 5
 Radiation Oncology
 PET/CT Imaging
 WFBH Hematology & Oncology - High Point
 Cancer Resource Center
 Inpatient Rehab Center
 Inpatient Behavioral Health

Congdon Heart and Vascular Center 6
 The Fitness Center
 Medical Staff Relations
 Women's Imaging Suite
 WFBH Heart and Vascular - High Point **P**^{*}
 WFBH Finewest OB/GYN - Westwood **P**^{*}

The Surgery Center 7

Public Relations & Marketing Contact Center 12

Human Resources 9

Pathology 13

The Rehab Center 11
 Speech Therapy
 Wound Center

Millis Health Education Center 10
 High Point Regional Health Foundation

404 Westwood Building 4
 Central Carolina Dermatology
 High Point Pediatrics
 High Point Nephrology
 WFBH Internal Medicine - Westwood
 WFBH Infectious Disease - High Point
 WFBH Neurosurgery - High Point
 WFBH Surgical Specialists - Westwood
 WFBH Gynecology - Westwood

319 Westwood Building 3
 WFBH Transitional Care

300 Gatewood Building 1
 WFBH Diabetes Health - High Point
 WFBH Endocrinology - Emerywood
 WFBH Bariatric & Weight Management - Gatewood

Billing Office 2
 Patient Accounts

Physician Practices or nearby Businesses

- A** WFBH Urology - Gatewood
- B** WFBH OB/GYN - Elm
- C** BMI Nephrology
- D** Allergy and Asthma Center
- E** Karen Lanier, DDS
- F** Community Clinic of High Point
- G** Bethany Medical Center
- H** WFBH Gastroenterology - High Point
WFBH Ear Nose & Throat - Quaker Lane
- I** WFBH Orthopedics & Sports Medicine - High Point
- J** WFBH Neuroscience
WFBH Pediatrics - Quaker Lane
- K** WFBH Behavioral Health - Emerywood
- L** WFBH Pain Center - Quaker Lane
- M** Oral & Maxillofacial Surgeons: Drs. DeSalvo & Russell
- N** WFBH Internal Medicine - Emerywood

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)	CT scanner	CT scanner
Manufacturer	Siemens	Siemens
Model number	Sensation 64	Somatom Force
Other method of identifying the equipment (e.g., Room #, Serial Number, VIN #)	55122	NA
Is the equipment mobile or fixed?	Fixed	Fixed
Date of acquisition	6/2007	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	\$2,872,775
Total cost of the equipment	\$993,000	\$2,081,495
Location of the equipment <Attach a separate sheet for mobile equipment if necessary>	2 nd floor Imaging-High Point Medical Ctr	2 nd floor Imaging-High Point Medical Ctr
Document that the existing equipment is currently in use	Yes	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	
If so, provide the increase as a percent of the current average operating expense per procedure	NA	
Type of procedures performed on the existing equipment <Attach a separate sheet if necessary>	Routine CT, CTA and Invasive procedures	NA

Type of procedures the replacement equipment will perform <Attach a separate sheet if necessary>

NA

Routine CT, CTA,
CCTA and Invasive
procedures

Date of last revision: 5/17/19

From: [Nicole Moore](#)
To: [Stancil, Tiffany C](#); [Waller, Martha K](#)
Subject: [External] Exemption for Replacement CT Scanner - HPMC
Date: Tuesday, March 28, 2023 9:54:35 AM
Attachments: [2023 0327 HPMC CT Replacement Exemption.pdf](#)

CAUTION: External email. Do not click links or open attachments unless you verify. Send all suspicious email as an attachment to [Report Spam](#).

Good Morning,

On behalf of High Point Regional Health (FID # 943251; Lic # H0052), I am writing to request for confirmation of exemption for replacement CT scanner. Please find the attached request. Please reach out if you have any questions. Thank you!

Warm regards,
Nicole

Nicole Moore, MBA

Director, Regional Strategy and Planning
Growth, Strategy & Business Development – Atrium Health Wake Forest Baptist
Medical Center Boulevard | Winston-Salem | NC | 27157
Office: 336-716-6968 | Cell: 469-831-6587

Atrium Health

***Wake Forest Baptist Health is now
Atrium Health Wake Forest Baptist***

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