



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

October 28, 2024

Melissa Shearer  
[melissa.shearer@conehealth.com](mailto:melissa.shearer@conehealth.com)

**Exempt from Review – Replacement Equipment**

**Record #:** 4630  
**Date of Request:** October 28, 2024  
**Facility Name:** Alamance Regional Medical Center  
**FID #:** 954565  
**Business Name:** Alamance Regional Medical Center, Inc.  
**Business #:** 49  
**Project Description:** Temporarily replace mobile MRI scanner  
**County:** Alamance

Dear Ms. Shearer:

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(a)(7). Therefore, you may proceed to acquire without a certificate of need the Siemens Avanto mobile MRI scanner, serial #4862, to temporarily replace the existing Siemens Espree mobile MRI scanner, serial #30833. 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,

Yolanda W. Jackson  
Project Analyst

Micheala Mitchell  
Chief

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 28, 2024

Ms. Micheala Mitchell, Chief  
Ms. Gloria Hale, Team Leader  
Ms. Yolanda Jackson, Project Analyst  
Healthcare Planning and Certificate of Need Section  
Division of Health Service Regulation, NC DHHS  
2704 Mail Service Center  
Raleigh, NC 27699-2704

Re: Exemption Request to temporarily replace the Mobile Magnetic Resonance Imaging (MRI) scanner operated by Alamance Regional Medical Center (License # H0272; FID # 954565; CON # G-7053-04)

Dear Ms. Mitchell, Ms. Hale, and Ms. Jackson:

Pursuant to NCGS § 131E-184 (a)(4) and (7), I am writing to you today to provide prior written notice that Alamance Regional Medical Center intends to temporarily replace its mobile MRI scanner, a Siemens Espree serial number 30833, with a mobile MRI scanner, a Siemens Avanto serial number 4862, provided by Rayus Radiology. The existing ARMC mobile MRI scanner requires time out of service for mechanical improvements and maintenance beginning on October 29, 2024 until approximately December 1, 2024. Upon completion of the temporary use, the mobile MRI owned by Rayus Radiology will be removed and not operated by Cone Health without appropriate certificate of need approvals or exemptions. The proposed project meets the requirements set forth in NCGS § 131E-184 (a)(4) to provide mechanical improvements and (7) to temporarily replace the equipment.

I look forward to receiving confirmation of the CON exemption of this project. Please feel free to reach out to me with any questions you have.

Sincerely,



Melissa K. Shearer  
Executive Director  
Strategy and Planning

cc: Chris DeAngelo, Executive Director, Systemwide Imaging Services, Cone Health

**From:** [Mitchell, Micheala L](#)  
**To:** [Stancil, Tiffany C](#)  
**Cc:** [Hale, Gloria](#); [Jackson, Yolanda W](#)  
**Subject:** FW: [External] Cone Health Exemption Request - Temporary Mobile MRI  
**Date:** Monday, October 28, 2024 11:34:54 AM  
**Attachments:** [image001.png](#)  
[Cone Health Exemption Request Temporary Mobile MRI.pdf](#)

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Tiffany,

Would you mind logging the attached exemption and assigning to Yolanda?

Micheala Mitchell, JD  
[NC Department of Health and Human Services](#)  
[Division of Health Service Regulation](#)  
Section Chief, Healthcare Planning and CON Section  
809 Ruggles Drive, Edgerton Building  
2704 Mail Service Center  
Raleigh, NC 27699-2704  
Office: 919 855 3879  
[Micheala.Mitchell@dhhs.nc.gov](mailto:Micheala.Mitchell@dhhs.nc.gov)

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**From:** Shearer, Melissa <Melissa.Shearer@conehealth.com>  
**Sent:** Monday, October 28, 2024 11:17 AM  
**To:** Mitchell, Micheala L <Micheala.Mitchell@dhhs.nc.gov>; Hale, Gloria <gloria.hale@dhhs.nc.gov>; Jackson, Yolanda W <yolanda.jackson@dhhs.nc.gov>  
**Cc:** Allen, Amanda <amanda.allen@conehealth.com>; Kubida, Kristy <Kristy.Kubida@conehealth.com>  
**Subject:** [External] Cone Health Exemption Request - Temporary Mobile MRI

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This message was sent securely by Cone Health.

Good morning Ms. Mitchell, Ms. Hale, and Ms. Jackson,

Please find attached an Exemption Request letter related to use of a temporary mobile MRI. Please let me know if you have any questions.

Thank you,

Melissa K. Shearer

Executive Director, Strategy and Planning  
Cell: 336.682.9742  
Email: [Melissa.shearer@conehealth.com](mailto:Melissa.shearer@conehealth.com)  
Website: [conehealth.com](http://conehealth.com)



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