



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

October 18, 2018

CERTIFIED MAIL # 7014 2120 0002 7589 9131

Denise Dubuque, Vice President Patient Care Services  
Virginia Mason Medical Center  
1100 Ninth Avenue  
MS: GB-ADM  
Seattle, WA 98101

Dear Ms. Denise Dubuque:

RE: CN Application #18-10

Enclosed is Certificate of Need #1746 issued to Virginia Mason Medical Center to construct a five operating room ambulatory surgery center in Bellevue within east King 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

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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

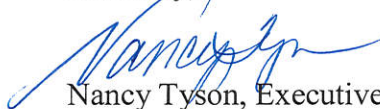
Physical Address

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,



Nancy Tyson, Executive Director  
Health Facilities and Certificate of Need  
Community Health Systems

Enclosure

## **Certificate of Need #1746**

### **Page Two**

#### **Conditions**

1. Virginia Mason Medical Center agrees with the project description as stated above. Virginia Mason Medical Center 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. Virginia Mason Bellevue will maintain Medicare and Medicaid certification, regardless of ownership.
3. Virginia Mason Bellevue will maintain licensure as an ambulatory surgical facility under WAC 246-330, regardless of ownership.
4. Virginia Mason Medical Center will provide charity care in compliance with the charity care policy reviewed and approved by the Department of Health. Virginia Mason Bellevue will use reasonable efforts to provide charity care at 0.93% for gross revenue and 1.59% for adjusted revenue as identified in the application or the regional average, whichever is greater. Virginia Mason Bellevue will maintain records of the charity care amount provided by documenting the amount of charity care it provides and demonstrating compliance with Virginia Mason Medical Center charity care policy.
5. Prior to providing ambulatory surgery services at Virginia Mason Bellevue, Virginia Mason Medical Center shall provide to the Certificate of Need Program a copy of the finalized medical director job description. The finalized medical director job description must be consistent with the draft agreement provided in the application.
6. Prior to commencement of the project, Virginia Mason shall provide to the Certificate of Need Program a copy of the executed lease agreement. The executed lease agreement must be consistent with the draft agreement provided in the application.





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 #1746 is issued to:**

**Applicant's Legal Name:** Virginia Mason Medical Center  
**Applicant's Address:** 1100 Ninth Avenue , Seattle, Washington 98101  
**Facility Type** Acute Care Hospital  
**Project Type** Ambulatory Surgical Facility  
**Facility Name:** Virginia Mason Bellevue Ambulatory Surgery Center  
**Facility Address:** 200 116<sup>th</sup> Avenue NE, Bellevue, Washington 98004

**ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON THE DEPARTMENT'S RECORD AND EVALUATION DATED OCTOBER 9, 2018 (CN APP # 18-10 )**

**Project Description**

This certificate approves the construction of a five operating room ambulatory surgery center in Bellevue, within East King County. The surgery center will serve patients ages 15 and older who are appropriate candidates for outpatient surgery. Services provided will include general surgery, gynecology, hand surgery, neurosurgery, orthopedics, plastic surgery, otolaryngology, interventional pain procedures, podiatry, urology vascular surgery, endoscopy and other gastrointestinal and urologic procedures. A breakdown of the operating rooms is shown below:

Type of Operating Room	Number
General operating	3
Procedure	2
Total	5

**Service Area**

East King County

**Conditions**

The conditions are identified on page 2 of this certificate

**Approved Capital Expenditure**

The capital expenditure associated with this project is \$19,401,000.

**This Certificate authorizes commencement of the project from October 18, 2018 to October 18, 2020 unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.**

**Date Certificate Issued: October 18, 2018**

  
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Nancy Tyson, Executive Director  
Health Facilities and Certificate of Need  
Washington State Department of Health

**This Certificate is not transferable**