

Ambulatory Surgery Center/Facility Certificate of Need Determination of Reviewability Packet

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Submission Instructions:

- One electronic copy of your application, including any applicable attachments – no paper copy is required.
- A check or money order for the review fee of \$1,925 payable to Department of Health.

Include copy of the signed cover sheet with the fee if you submit the application and fee separately. This allows us to connect your application to your fee. We also strongly encourage sending payment with a tracking number.

Mail or deliver the application and review fee to:

Mailing Address:

Department of Health
Certificate of Need Program
P O Box 47852
Olympia, Washington 98504-7852

Other Than By Mail:

Department of Health
Certificate of Need Program
111 Israel Road SE
Tumwater, Washington 98501

Contact Us:

Certificate of Need Program Office 360-236-2955 or FSLCON@doh.wa.gov.

Definitions

The Certificate of Need (CN) Program will use the information you provide to determine if your project meets the applicable review criteria. These criteria are included in state law and rules. Revised Code of Washington ([RCW 70.38](#)) and Washington Administrative Code ([WAC 246-310](#)).

"Primary purpose" is defined as the majority of income or patient visits for the site,* inclusive of all clinical services provided at the site, are derived from the specialty or multi-specialty surgical services. [Department of Health website, frequently asked questions](#), informed by the licensing rules definition for ambulatory surgical facility.

*The site subject to a determination of reviewability is limited to a specific, physical address where an entity under single ownership provides or will provide specialty or multispecialty surgical services. A site whose "primary purpose" is specialty or multispecialty surgical services is required to obtain a certificate of need.

"Ambulatory surgical facility" or **"ASF"** means any free-standing entity, including an ambulatory surgery center that operates primarily for the purpose of performing surgical procedures to treat patients not requiring hospitalization. This term does not include a facility in the offices of private physicians or dentists, whether for individual or group practice, if the privilege of using the facility is not extended to physicians or dentists outside the individual or group practice. [WAC 246-310-010\(5\)](#)

"Ambulatory surgical center" or **"ASC"** is also a term for a facility that provides ambulatory surgical procedures. The Centers for Medicare and Medicaid use this term for billing purposes. CN review is not required for an ambulatory surgical center unless it also fits the definition of an ambulatory surgical facility in [WAC 246-310-010\(5\)](#).

"Ambulatory surgical facility" or **"ASF"** as defined by licensing rules, and relied on by the CN Program for consistency, means any distinct entity that operates for the primary purpose of providing specialty or multispecialty outpatient surgical services in which patients are admitted to and discharged from the facility within twenty-four hours and do not require inpatient hospitalization, whether or not the facility is certified under Title XVIII of the federal Social Security Act. An ambulatory surgical facility includes one or more surgical suites that are adjacent to and within the same building as, but not in, the office of a practitioner in an individual or group practice, if the primary purpose of the one or more surgical suites is to provide specialty or multispecialty outpatient surgical services, irrespective of the types of anesthesia administered in the one or more surgical suites. An ambulatory surgical facility that is adjacent to and within the same building as the office of a practitioner in an individual or group practice may include a surgical suite that shares a reception area, restroom, waiting room, or wall with the office of the practitioner in an individual or group practice. [WAC 246-330-010\(5\)](#)

"Change of ownership" as defined by licensing rules, and relied on by the CN Program, is defined as (a) A sole proprietor who transfers all or part of the ambulatory surgical facility's ownership to another person or persons; (b) The addition, removal, or

substitution of a person as a general, managing, or controlling partner in an ambulatory surgical facility owned by a partnership where the tax identification number of that ownership changes; or (c) A corporation that transfers all or part of the corporate stock which represents the ambulatory surgical facility's ownership to another person where the tax identification number of that ownership changes. [WAC 246-330-010\(8\)](#)

“Person” means an individual, a trust or estate, a partnership, any public or private corporation (including associations, joint stock companies, and insurance companies), the state, or a political subdivision or instrumentality of the state, including a municipal corporation or a hospital district. [WAC 246-310-010\(42\)](#)

Instructions

General Instructions:

- Include a table of contents for sections and appendices/exhibits
- Number **all** pages consecutively
- **Do not** bind or 3-hole punch the application.
- Make the narrative information complete and to the point.
- If any sections are not large enough to contain your response, please attach additional pages as necessary. Ensure that any attached pages are clearly labeled with the applicable question or section.
- If any of the documents provided in the form are in draft format, a draft is acceptable only if it includes the following elements:
 - a. identifies all entities associated with the agreement,
 - b. outlines all roles and responsibilities of all entities,
 - c. identifies all costs associated with the agreement, and
 - d. includes all exhibits that are referenced in the agreement.
 - e. any agreements in draft form must include a document signed by both entities committing to execute the agreement as submitted following CN approval.

Do not skip any questions. If you believe a question is not applicable to your project, provide rationale as to why it is not applicable.

Certificate of Need
Determination of Reviewability
Ambulatory Surgical Facility and Ambulatory Surgery Center
(Do not use this form for any other type of ASC/F project)

Certificate of Need submissions must include a fee in accordance with Washington Administrative Code [\(WAC\) 246-310-990](#).

The Department of Health (department) will use this form to determine whether my ambulatory surgical center or facility requires a Certificate of Need under state law and rules. Criteria and consideration used to make the required determinations are Revised Code of Washington [\(RCW\) 70.38](#) and Washington Administrative Code [\(WAC\) 246-310](#). I certify that the statements in the submissions are correct to the best of my knowledge and belief. I understand that any misrepresentation, misleading statements, evasion, or suppression of material fact in this application may be used to take actions identified in [WAC 246-310-500](#).

My signature authorizes the department to verify any responses provided. The department will use such information as appropriate to further program purposes. The department may disclose this information when requested by a third party to the extent allowed by law.

Owner/Operator Name of the surgical facility as it appears on the UBI/Master Business License Jason David Wright							
Clinical Practice UBI #: 603.480.769 Surgery Center UBI #: 603.480.769	Federal Tax ID (FEIN) # 47-3224127						
Mailing Address 5908 Bedford Street. Ste. C Pasco, WA 99301	Surgery Center Address 5908 Bedford Street. Ste. C Pasco, WA 99301						
Website Address: www.cosmeticsurgerytrickies.com							
Phone number (10-digit): 509.792.1404	Email Address: DrWright@wrightsurgicalarts.com						
Name and Title of Responsible Officer (Print): Jason David Wright Owner, Surgeon	Signature of Responsible Officer:  Date of Signature: 3/23/22						
Identify the purpose of your request: <table border="0"><tr><td><input type="checkbox"/> New Facility</td><td><input type="checkbox"/> Facility Expansion – Operating Room Increase</td></tr><tr><td><input type="checkbox"/> Change of Ownership</td><td><input checked="" type="checkbox"/> Facility Expansion – Service Increase</td></tr><tr><td><input type="checkbox"/> Facility Relocation</td><td><input type="checkbox"/> Other (please provide a letter describing)</td></tr></table>		<input type="checkbox"/> New Facility	<input type="checkbox"/> Facility Expansion – Operating Room Increase	<input type="checkbox"/> Change of Ownership	<input checked="" type="checkbox"/> Facility Expansion – Service Increase	<input type="checkbox"/> Facility Relocation	<input type="checkbox"/> Other (please provide a letter describing)
<input type="checkbox"/> New Facility	<input type="checkbox"/> Facility Expansion – Operating Room Increase						
<input type="checkbox"/> Change of Ownership	<input checked="" type="checkbox"/> Facility Expansion – Service Increase						
<input type="checkbox"/> Facility Relocation	<input type="checkbox"/> Other (please provide a letter describing)						

Existing Facility Status

Complete for all applications concerning existing facilities

1. The CN Program previously determined the facility was not subject to CN Review (if yes, attach DOR letter)

☒ Yes ☐ No

2. If this request is for a change in ownership provide the following information:

Current facility's name	
Current facility's address	
Current facility's license number	ASF.FS.
Current facility's Certificate of Need status	<input type="checkbox"/> Exempt DOR# _____
	<input type="checkbox"/> Approved CN# _____
Anticipated change of ownership month and year	

3. If this request is for the relocation of an existing facility, provide the following information:

Current facility's address	
Anticipated relocation month and year	

Facility Information

4. Although you are not required to apply for an ASF license before a CN determination is issued, have you or do you intend to, apply for a license?*

☐ Yes, intend to apply ☐ No
☒ Yes, here is the facility's license #ASF.FS. 612-872-36

*Your answer to this question will allow the CN program to effectively coordinate the licensure process with other DOH offices.

- 5.

Number of existing operating and procedure rooms:	<u>1</u>
Number of new operating and procedure rooms:	
Total:	<u>1</u>

For Certificate of Need purposes operating and procedure rooms are one in the same.

Clinical and Surgical Services

6. Check all surgical procedures currently performed in the facility.

<input type="checkbox"/> Ear, Nose, & Throat	<input type="checkbox"/> Gynecology	<input type="checkbox"/> Oral Surgery
<input type="checkbox"/> Plastic Surgery	<input type="checkbox"/> Gastroenterology	<input type="checkbox"/> Maxillo facial
<input type="checkbox"/> Orthopedics	<input type="checkbox"/> Podiatry	<input type="checkbox"/> General Surgery
<input type="checkbox"/> Ophthalmology	<input type="checkbox"/> Pain Management	<input type="checkbox"/> Urology
<input checked="" type="checkbox"/> Other (describe)		
<input type="checkbox"/> This is a new facility, no surgical procedures are currently performed		

Clinical and Surgical Services

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6.

The surgical procedures currently performed in this facility are the following:

- Abdominoplasty
- Breast Augmentation
- Breast Reduction
- Brachioplasty
- Labiaplasty
- Liposuction
- Upper Blepharoplasty
- Lower Blepharoplasty
- BodyTite
- FaceTite
- Brazilian Butt Lift

Check all new surgical procedures proposed to be performed in the facility

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Ear, Nose, & Throat | <input checked="" type="checkbox"/> Gynecology | <input checked="" type="checkbox"/> Oral Surgery |
| <input checked="" type="checkbox"/> Plastic Surgery | <input type="checkbox"/> Gastroenterology | <input checked="" type="checkbox"/> Maxillo facial |
| <input type="checkbox"/> Orthopedics | <input type="checkbox"/> Podiatry | <input type="checkbox"/> General Surgery |
| <input type="checkbox"/> Ophthalmology | <input checked="" type="checkbox"/> Pain Management | <input type="checkbox"/> Urology |
| <input type="checkbox"/> Other (describe) | | |

Primary Purpose of the Facility

7. The Certificate of Need Program must understand how a facility operates in order to determine the facility's primary purpose. Typically, governance documents can aid the department in this understanding. These could be in the form of operating agreements, shareholder agreements, or corporate governing documents. Provide any documentation that could aid in this understanding.

8. A facility that receives more than 50% of their income or 50% of their visits from surgeries is subject to CN requirements. In order to determine if your project is subject to CN review, please provide the current (existing facility) and proposed (new facility) percentages of income and visits for clinical and surgical services. Include all assumptions used to determine the percentages provided.

This site's revenue	Most recent full year of operation Year: <u>2021</u>	Projected first full year of operation after the proposed changes Year: <u>2022</u>
Total revenue for clinical services	1,254,249.41	2,000,000.00
Total revenue for surgical services	2,536,195.00	3,300,000.00
Total revenue	3,791,044.41	5,300,000.00

This site's patient visits	Most recent full year of operation Year: <u>2021</u>	Projected first full year of operation after the proposed changes Year: <u>2022</u>
Total clinical patient visits	9,060	10,000
Total surgical patient visits	311	500
Total patient visits	9,571	15,000

Primary Purpose of the Facility

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7. The primary function of Wright Surgical Arts LLC. is to operate as a functional Cosmetic Surgery Center that performs standard, safe plastic surgery procedures. Due to the growth within the service area of Tri-Cities, Washington, we are seeking a review of eligibility for a Certificate of Need. The area of service is under serviced with independent surgical facilities and we are seeking to expanded our facility to allow opportunity for the surrounding demographics the access to another facility for independent surgeries; thus allowing another option for safe surgical procedures for other certified Medical Professionals.

Wright Surgical Arts LLC. received a letter of "Determination of Reviewability" in 2016 (see attached letter) stating that Wright Surgical Arts "would be exempt from Certificate of Need review." We are submitting an updated "Determination of Reviewability" with current financial and patient visit information to be in compliance with the requirements for a Certificate of Need. Wright Surgical Arts has grown in patient visits and revenue since 2016. We are currently in the pending process in the submission of becoming an Ambulatory Surgical Facility.

Certificate of Need
Letter of Intention
Wright Surgical Arts LLC.

The letter of intent shall include the following information:

(a) A description of the services proposed;

The services proposed would be surgical services. The goal would be to offer availability for a range surgical specialists that could help the Tri-Cities area, especially Pasco, WA. The proposed surgical services would include: Plastic Surgery, Oral surgery, Maxillo surgery, Gynecology, ENT, Pain management.

(b) The estimated cost of the proposed project;

The estimated cost would be approximately \$350,000.

(c) An identification of the service area.

The service area would be in Pasco, WA. Geographical area of Tri-cities, Washington State. Location is Eastern Washington.

Planned insurance providers:

Premiera/ blue cross

Regence

Kaiser (select plans)

Aetna

First choice

Asuris

Cigna

Providence

United Healthcare

Certificate of Need Program Revised Code of Washington (RCW) and Washington Administrative Code (WAC)

Certificate of Need Program laws [RCW 70.38](#)

Certificate of Need Program rules [WAC 246-310](#)

References	Title/Topic
246-310-010	Certificate of Need Program —Definitions
246-310-270	Certificate of Need Program —Ambulatory Surgery
Interpretive Statement CN 01-18	Certificate of Need Program – Interpretation of WAC 246-310-010(5), Definition of Ambulatory Surgical Facility

Licensing Resources:

[Ambulatory Surgical Facilities Laws, RCW 70.230](#)

[Ambulatory Surgical Facilities Rules, WAC 246-330](#)

[Ambulatory Surgical Facilities Program Web Page](#)

Construction Review Services Resources:

[Construction Review Services Program Web Page](#)

Phone: (360) 236-2944

Email: CRS@doh.wa.gov



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Certificate of Need Program
111 Israel Road Southeast – MS 4-7852
Olympia, Washington 98504

June 10, 2016

Jason Wright, DO
Wright Surgical Arts, LLC
5908 Bedford Street, #B
Pasco, Washington 99301

RE: Determination of Reviewability [DOR] 16-28

Dear Dr. Wright:

The Department of Health has completed its review of your exemption request regarding the establishment of an ambulatory surgery center in Pasco, within Franklin County. Below is the information considered and the facts relied upon by the Department of Health's Certificate of Need Program in reaching its conclusion regarding your project.

INFORMATION CONSIDERED

- Ambulatory Surgery Center (ASC) exemption application received April 20, 2016
- Supplemental information received May 31, 2016
- Supplemental information received during a phone call with practice coordinator, Alisha Greenaway on June 9, 2016
- Revised Code of Washington (RCW) 70.38
- Washington Administrative Code (WAC) 246-310
- Washington Secretary of State and Department of Revenue information obtained from the respective websites
- Department of Health external provider look-up
- Department of Health Integrated Licensing and Regulatory System (ILRS)
- Certificate of Need historical files

FACTS CONSIDERED

- On February 24, 2015, Wright Surgical Arts, LLC was established as a limited liability corporation with the Washington Secretary of State's office. The corporation is governed by one member: Jason Wright. [source: Secretary of State website]
- Wright Surgical Arts, LLC has been registered with the Washington State Department of Revenue since April 1, 2015. [source: Department of Revenue website]

- Wright Surgical Arts, LLC has one practice site located 5908 Bedford Street, suite B in Pasco [99301], within Franklin County. The surgery center is located at the same address in suite D.
- The ASC will be operated under the practice corporation of Wright Surgical Arts, LLC.
- Only the sole owning physician, Jason Wright, will use the ASC. Future owners or employees may have access to the ASC.¹ A table with specific physician credentialing information and practice association is below.

Name	Credential Status	Practice Status	Percent of Time
Jason David Wright	Active	Member	100%

- The procedures proposed include those typically associated with cosmetic surgery, such as breast augmentation/reduction; liposuction; and facelifts. A listing of common procedures is included in the exemption application.
- The ASC will not be operated as a separate legal entity from the Wright Surgical Arts, LLC practice.
- No management agreement is proposed.

CONCLUSION

Based on the totality of information considered, the department concludes the proposed ASC would be exempt from Certificate of Need review. This exemption is not transferable and the conclusions reached concerning this proposed ASC are based on the facts about this facility and it should not be assumed the department would reach the same conclusion in future exemption requests for other future ASCs.

If changes are made in the operation or ownership of this proposed ASC, the ASC may no longer be eligible for this exemption. In that case, prior Certificate of Need review and approval or new exemption would be required. Examples of such changes include the following. This list is not intended to be all inclusive.

- The scope of services is expanded to include services subject to Certificate of Need review under the provisions of WAC 246-310-020.
- The provision of any procedure as identified under WAC 246-310-705(4).
- The ASC is operated under a management agreement.
- The ASC is organized as a separate legal entity from the practice.
- The ASC is moved to a different site than identified in the exemption application.
- Use of the ASC is extended to any physician who is not a member/owner or employed by Wright Surgical Arts, LLC.
- Use of the ASC is extended to any physician that is an independent contractor.
- The ASC obtains a new or separate Medicare certification from the clinical practice.

¹ Employed physicians must be employed by the Wright Surgical Arts, LLC practice a minimum of 75% and perform their full range of services through Wright Surgical Arts, LLC practice.

Jason Wright, DO
Wright Surgical Arts, LLC
DOR 16-28
June 10, 2016
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- The ASC ceases operations or relinquishes its Medicare certification and then chooses to resume services as an ASC.
- The ASC or the practice is purchased or leased.
- ASC patients are routinely transferred from the ASC for observation care at one of the area's hospitals.

APPEAL OPTION

This decision may be appealed. You or 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 addresses listed on the following page.

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

If you have any questions or would like to arrange for a meeting to discuss this decision, please call me at (360) 236-2955.

Sincerely,



Janis Sigman, Manager
Certificate of Need Program
Community Health Systems