



DOR
25-01

Received by the
Certificate of Need Program on
August 22, 2024

Certificate of Need
Determination of Reviewability Application

A handwritten signature in black ink, appearing to read "Gary Fillmore", written over a horizontal line.

Gary Fillmore, MD

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Certificate of Need Determination of Reviewability
Form: DOH 260-014
Additional Information

Question 7

Eye Consultants, P.S. is a professional service corporation providing clinical eye care in Spokane, WA. The corporation is solely owned by Gary Fillmore, MD and Jennifer Fillmore (spouse).

In addition to Gary Fillmore, MD, Eye Consultants, P.S. employs one additional ophthalmologist/surgeon, Christian Draper, MD, who does not have an ownership stake in the corporation.

The owners will be leasing space in a building now under construction in Spokane Valley, WA, which will house a new clinic location and an ambulatory surgery center (ASC). The ASC will have two operating rooms, and will be used solely by ophthalmologists employed at Eye Consultants, P.S. to provide ophthalmologic surgical care on an outpatient basis. The ASC will be adjacent to the ophthalmology clinic, but will share only a wall and an entry vestibule.

Question 8

The figures provided on the table for question 8 reflect changes in the number of ophthalmologists active in the practice.

During the most recent full year reported (2023) Christian Draper, MD was brought on as an associate ophthalmologist. He did not begin employment until 9/1/2023, and did not begin operating until October of 2023.

To project clinical revenue for 2025, data was pulled for January through July of 2024, a period where Dr. Draper has been fully active both in clinical visits and surgery. The monthly average of revenue for this period was then used to project clinical revenue for 2025.

Eye Consultants, P.S. does not currently offer surgical services. Dr. Fillmore and Dr. Draper currently provide surgical care at Providence Holy Family Hospital in Spokane, WA.

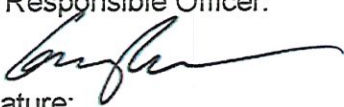
To project surgical patient visits for 2025, the current projection for surgical cases for 2024 was used as an estimate. Revenue from surgical services at the new ASC was projected using 2024 ASC fee schedules from Noridian Medicare.

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 Eye Consultants, P.S. | |
| Clinical Practice UBI #: 602-825-032 | Federal Tax ID (FEIN) # 26-2402067 |
| Surgery Center UBI #: | |
| Mailing Address 9911 N Nevada St. Suite B Spokane, WA 99218 | Surgery Center Address New Construction Corner of Sprague Ave and Progress Rd Spokane Valley, WA 99037 |
| Website Address: www.eyeconsultantsnw.com | |
| Phone number (10-digit): Cell: (509) 995-9483 (preferred) Work: (509) 484-5710 | Email Address: dr.fillmore@eyeconsultantsnw.com |
| Name and Title of Responsible Officer (Print): Gary Fillmore, MD Owner | Signature of Responsible Officer:  Date of Signature: 8 August, 2024 |
| Identify the purpose of your request: | |
| <input checked="" type="checkbox"/> New Facility | <input type="checkbox"/> Facility Expansion – Operating Room Increase |
| <input type="checkbox"/> Change of Ownership | <input 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: **N/A**

| | |
|--|---------------------------------------|
| 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: **N/A**

| | |
|---------------------------------------|--|
| 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. _____

*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: | 0 |
| Number of new operating and procedure rooms: | 2 |
| Total: | 2 |

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 checked="" type="checkbox"/> Ophthalmology | <input type="checkbox"/> Pain Management | <input type="checkbox"/> Urology |
| <input type="checkbox"/> Other (describe) | | |
| <input type="checkbox"/> This is a new facility, no surgical procedures are currently performed | | |

Check all new surgical procedures proposed to be 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 checked="" type="checkbox"/> Ophthalmology | <input type="checkbox"/> Pain Management | <input type="checkbox"/> Urology |
| <input type="checkbox"/> Other (describe) | | |

Primary Purpose of the Facility

- 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.
- 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>2023</u> | Projected first full year of operation after the proposed changes Year: <u>2025</u> |
|-------------------------------------|---|--|
| Total revenue for clinical services | \$3,408,964 | \$4,860,000 |
| Total revenue for surgical services | 0 | \$2,206,000 |
| Total revenue | \$3,408,964 | \$7,066,000 |

| This site's patient visits | Most recent full year of operation Year: <u>2023</u> | Projected first full year of operation after the proposed changes Year: <u>2025</u> |
|-------------------------------|---|--|
| Total clinical patient visits | 11,644 | 15,000 |
| Total surgical patient visits | 0 | 1,600 |
| Total patient visits | 11,644 | 16,600 |