



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

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

July 11, 2019

Levi Deters, M.D., FACS, Owner
Spokane Urology, P.S.
1401 Trent Avenue, Suite 200
Spokane, WA 99202

Sent via US mail and email: levi.a.deters@gmail.com

RE: Determination of Reviewability #19-17

Dear Dr. Deters:

The Department of Health has completed its review of Spokane Urology, P.S.'s Determination of Reviewability, Ambulatory Surgery Center/Facility (ASF) request. You represented in your determination of reviewability request that:

- The clinical practice and the surgery center have the same UBI number (600 600 112), and are under single ownership.
- The purpose of the exemption request was clearly identified, for a new facility.
- The Bylaws of Spokane Urology, P.S. (submitted with the initial request) are the only governance documents, with no amendments, which reflect ownership of the clinical practice and ASF consistent with the exemption request.
- There will be two operating rooms in the ASF.
- Urology is the only type of surgical procedure to be performed in the ASF.
- The primary purpose of the facility will be for clinical purposes. Screening responses received on June 28, 2019, submitted by Todd Kinsel, Practice Administrator of Spokane Urology, P.S. stated that of the 30,000 patients treated annually, only about 2,402 surgeries would be done at the ASF. Which is a minority of the patient visits and of the revenue generated by the ASF portion of the facility.

CONCLUSION

Based on the totality of information presented in the application and resulting research, the department concludes Spokane Urology, P.S. does not require a Certificate of Need. This decision is not transferable.

CHANGES THAT MAY EFFECT THIS DECISION

If changes are made in the facility's operation or ownership, Spokane Urology, P.S. may no longer qualify for this decision. In that event, Certificate of Need review and approval or new determination of reviewability request would be required.

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 below.

Mailing Address:

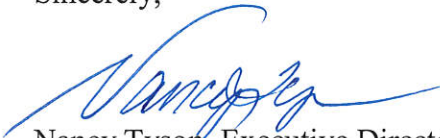
Department of Health
Adjudicative Service Unit
Mail Stop 47879
Olympia, WA 98504-7879

Physical Address

Department of Health
Adjudicative Service Unit
111 Israel Road SE
Tumwater, WA 98501

If you have any questions, please call me at (360) 236-2955.

Sincerely,



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

cc: Emily R. Studebaker, estudebaker@studebakernault.com
Todd Kinsel, toddk@spokaneurology.com