STUDEBAKER | NAULT

EMILY R. STUDEBAKER, ESQ.
11900 N.E. 1st Street, Suite 300
Bellevue, WA 98005
estudebaker@studebakernault.com

RECEIVED
By CERTIFICATE OF NEED PROGRAM at 1:46 pm, Oct 15, 2020

October 14, 2020

DOR21-10

VIA U.S. MAIL

Eric Hernandez, Program Manager
Department of Health
Certificate of Need Program
111 Israel Road S.E.
Tumwater, WA 98501

Also sent via email: eric.hernandez@doh.wa.gov

Re: N.W. Eye Surgeons, P.C.

Dear Mr. Hernandez:

On behalf of N.W. Eye Surgeons, P.C. ("N.W. Eye Surgeons, P.C."), please find enclosed an "Ambulatory Surgery Center/Facility Certificate of Need Determination of Reviewability Packet" regarding its new surgery center to be located in Seattle, Washington. N.W. Eye Surgeons is mailing a check for the review fee in the amount of $1,925 directly and payable to the Department of Health. We will provide the tracking number for the check when it becomes available.

N.W. Eye Surgeons is a group practice. Use of its new surgery center will be limited to employees and owners of the group practice. Currently, those physicians include the following: Werner Cadera, M.D.; Bruce D. Cameron, M.D.; Paul B. Griggs, M.D.; Audrey R. Talley Rostov, M.D.; Emily A. Bucher, O.D.; Joshua M. Clermont, O.D.; Landon J. Jones, O.D.; Stacey M. Keppol, O.D.; Richard C. Lee, O.D.; and Kerri C. Svanda, O.D.

Please advise us at your earliest convenience whether this application is deemed complete. If the Department of Health requires additional information for this application, please promptly advise. Thank you in advance for your consideration. We look forward to working with you on this matter.

Regards,

STUDEBAKER NAULT, PLLC

Emily R. Studebaker

Enclosures

cc: N.W. Eye Surgeons, P.C.

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

Contents:

Submission Instructions:
Provide either a paper or electronic version of the form.

To be accepted, the form must include:
- A completed and signed Certificate of Need form, including the face sheet
- A check or money order for the review fee of **$1,925** payable to **Department of Health.**
- Mail or deliver the form 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

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.

Washington State Department of Health

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 N.W. Eye Surgeons, PC	
Clinical Practice UBI #: 601699481 Surgery Center UBI #: 601699481	Federal Tax ID (FEIN) # 91-1719913
Mailing Address 10330 MERIDIAN AVE N STE 371 SEATTLE, WA 98133	Surgery Center Address 332 NE Northgate Way Seattle, WA 98125
Website Address: www.nweyes.com	
Phone number (10-digit): 206-528-0014	Email Address: lbaldwin@nweyes.com
Name and Title of Responsible Officer (Print): Lance Baldwin VP of Operations	Signature of Responsible Officer: Date of Signature: 14 October 2020

Identify the purpose of your request:

☒	New Facility	☐	Facility Expansion – Operating Room Increase
☐	Change of Ownership	☐	Facility Expansion – Service Increase
☐	Facility Relocation	☐	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

Surgical Facility Owner/Operator Information

2. Provide a copy of any applicable governance documents, including operating agreements, shareholder agreements or corporate governing documents.

Facility Information

3. 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 ☐ No

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

4.

Number of existing operating and procedure rooms:	
Number of new operating and procedure rooms:	3
Total:	3

Clinical and Surgical Services

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

☐ Ear, Nose, & Throat ☐ Gynecology ☐ Oral Surgery
☐ Plastic Surgery ☐ Gastroenterology ☐ Maxillo facial
☐ Orthopedics ☐ Podiatry ☐ General Surgery
☐ Ophthalmology ☐ Pain Management ☐ Urology
☐ Other (describe)
☐ This is a new facility, no surgical procedures are currently performed

Check all new surgical procedures proposed to performed in the facility

☐ Ear, Nose, & Throat ☐ Gynecology ☐ Oral Surgery
☐ Plastic Surgery ☐ Gastroenterology ☐ Maxillo facial
☐ Orthopedics ☐ Podiatry ☐ General Surgery
☒ Ophthalmology ☐ Pain Management ☐ Urology
☐ Other (describe)

6. 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) or proposed (new facility) percentages of income and visits for clinical and surgical services. Include all assumptions used to determine the percentages provided.

	Most recent full year of operation at current surgical site	Projected first full year of operation after the change in location
Total revenue for clinical services provided at this site.		12,258,623
Total revenue for this site.		17,486,183
Total clinical patient visits for this site.		31,824
Total surgical visits at this site.		4,264
Total patient visits at this site.		36,088

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

WAC Reference	Title/Topic
246-310-010	Certificate of Need Program —Definitions
246-310-270	Certificate of Need Program —Ambulatory Surgery

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

ADDENDUM

Office of the Secretary of State
Corporations & Charities Division

Filed
Secretary of State
State of Washington
Date Filed: 02/14/2020
Effective Date: 02/14/2020
UBI #: 601 699 481

Annual Report

BUSINESS INFORMATION

Business Name:
N.W. EYE SURGEONS, P.C.

UBI Number:
601 699 481

Business Type:
WA PROFESSIONAL SERVICE CORPORATION

Business Status:
ACTIVE

Principal Office Street Address:
10330 MERIDIAN AVE N STE 370, SEATTLE, WA, 98133-9463, UNITED STATES

Principal Office Mailing Address:
10330 MERIDIAN AVE N STE 370, SEATTLE, WA, 98133-9463, UNITED STATES

Expiration Date:
03/31/2021

Jurisdiction:
UNITED STATES, WASHINGTON

Formation/Registration Date:
03/22/1996

Period of Duration:
PERPETUAL

Inactive Date:

Nature of Business:
HEALTH CARE, SOCIAL ASSISTANCE & SERVICE ORGANIZATION, ANY LAWFUL PURPOSE

REGISTERED AGENT RCW 23.95.410

Registered Agent Name	Street Address	Mailing Address
EVAN MARQUES	1201 PACIFIC AVE STE 1200, TACOMA, WA, 98402-4395, UNITED STATES	1201 PACIFIC AVE STE 1200, TACOMA, WA, 98402-4395, UNITED STATES

PRINCIPAL OFFICE

Phone:

Email:
SMICHAEL@NWEYES.COM

Street Address:
10330 MERIDIAN AVE N STE 370, SEATTLE, WA, 98133-9463, USA

Mailing Address:
10330 MERIDIAN AVE N STE 370, SEATTLE, WA, 98133-9463, USA

GOVERNORS

Title	Type	Entity Name	First Name	Last Name
GOVERNOR	INDIVIDUAL		AUDREY	TALLEY-ROSTOV
GOVERNOR	INDIVIDUAL		BRUCE	CAMERON
GOVERNOR	INDIVIDUAL		WERNER	CADERA
GOVERNOR	INDIVIDUAL		KRISTI	BAILEY
GOVERNOR	INDIVIDUAL		AARON	KUZIN
GOVERNOR	INDIVIDUAL		BRETT	BENCE

NATURE OF BUSINESS

- HEALTH CARE, SOCIAL ASSISTANCE & SERVICE ORGANIZATION
- ANY LAWFUL PURPOSE

EFFECTIVE DATE

Effective Date:
02/14/2020

CONTROLLING INTEREST

1. Does your entity own real property such as land or buildings (including leasehold interests) in Washington?
NO
2. As of January 1, 2019, has there been a transfer of stock, other financial interest change, or an option agreement exercised that resulted in a transfer of at least 16? percent interest in the entity?
NO
a. If “yes”, has the transfer of stock, other financial interest change, or an option agreement exercised resulted in a transfer of controlling interest (50 percent or greater)?
NO
3. As of January 1, 2019, has an option agreement been executed allowing for the future purchase or acquisition of the entity?
NO

You must report a Controlling Interest Transfer Return **IF**: you answered "yes" to questions 1 **AND** 2a.

Failure to report a Controlling Interest Transfer is subject to penalty provisions of RCW 82.45.220.

For more information on **Controlling Interest**, visit www.dor.wa.gov/REET.

RETURN ADDRESS FOR THIS FILING

Attention:
Email:
Address:

UPLOAD ADDITIONAL DOCUMENTS

Do you have additional documents to upload? **No**

EMAIL OPT-IN

☐ By checking this box, I hereby opt into receiving all notifications from the Secretary of State for this entity via email only. I acknowledge that I will no longer receive paper notifications.

AUTHORIZED PERSON

☑ I am an authorized person.

Person Type:
INDIVIDUAL

First Name:
EVAN

Last Name:
MARQUES

Title:
LAWYER

☑ This document is hereby executed under penalty of law and is to the best of my knowledge, true and correct.