



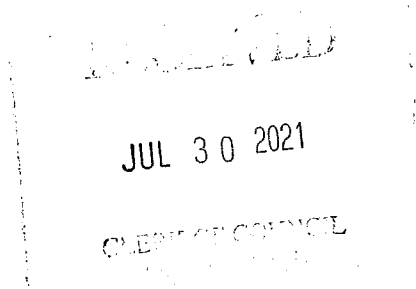
The CON document in its entirety  
consisting of 178 pages is on file in  
the Clerk of Council's Office

71 Vickery Street  
Roswell, Georgia 30075  
Telephone 770-394-8465  
Facsimile 770-394-5470  
www.thestrategyhouse.net

July 28, 2021

Via Federal Express

Ms. Sandra Davis  
Clerk of Council  
Government Center Tower  
100 10<sup>th</sup> Street, 6<sup>th</sup> Floor  
Columbus, Georgia 31901



RE: Transmittal of Copy of Certificate of Need (CON) Application

Dear Ms. Davis:

Enclosed please find a copy of the Certificate of Need Application submitted to the Georgia Department of Community Health by Columbus Ambulatory Healthcare Services, Inc. d/b/a Columbus Regional Medical Group for the replacement of a CT Scanner.

Revised Department regulations no longer require that you provide a receipt for this document. Please do not hesitate to contact me if you require further information.

Sincerely,

THE STRATEGY HOUSE, INC.

A handwritten signature in blue ink that reads "Kevin Kimbell".

Kevin. A. Kimbell  
Manager – Data Analytics

enclosure

## Section 2: Project Description

14. Indicate the type of facility that will be involved in the project.


FACILITY TYPE	
<input type="checkbox"/> Birthing Center	<input type="checkbox"/> Hospital
<input type="checkbox"/> Continuing Care Retirement Community (CCRC)	<input type="checkbox"/> Nursing or Intermediate Care Facility
<input type="checkbox"/> Freestanding Ambulatory Surgery Center	<input type="checkbox"/> Personal Care Home
<input type="checkbox"/> Home Health Agency	<input type="checkbox"/> Traumatic Brain Injury Facility
<input checked="" type="checkbox"/> Diagnostic, Treatment or Rehabilitation Center (DTRC) <input checked="" type="checkbox"/> Freestanding Single-Modality Imaging Center <input type="checkbox"/> Freestanding Multi-Modality Imaging Center <input type="checkbox"/> Mobile Imaging <input type="checkbox"/> Practice-Based Imaging <input type="checkbox"/> Other:	


15. Indicate the services that will be involved or affected by this project.

SERVICES		
<b>ACUTE</b>	<b>Hospital Inpatient</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Medical/Surgical</li> <li><input type="checkbox"/> Open Heart Surgery</li> <li><input type="checkbox"/> Pediatric</li> <li><input type="checkbox"/> Obstetrics</li> <li><input type="checkbox"/> ICU/CCU</li> <li><input type="checkbox"/> Newborn, ICU/INT</li> <li><input type="checkbox"/> Newborn/Nursery</li> <li><input type="checkbox"/> Rehabilitation</li> <li><input type="checkbox"/> Acute, Burn, Other Specialty</li> <li><input type="checkbox"/> Long Term Acute Care</li> <li><input type="checkbox"/> Inpatient, Other</li> <li><input type="checkbox"/> Psychiatric, Adult</li> <li><input type="checkbox"/> Substance Abuse, Adult</li> <li><input type="checkbox"/> Psychiatric, Child/Adolescent</li> <li><input type="checkbox"/> Substance Abuse, Child/Adolescent</li> <li><input type="checkbox"/> Psychiatric, Extended Care</li> <li><input type="checkbox"/> Destination Cancer Hospital</li> </ul>	<b>Diagnostic Services</b> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Computerized Tomography (CT) Scanner</li> <li><input type="checkbox"/> Magnetic Resonance Imaging (MRI)</li> <li><input type="checkbox"/> Positron Emission Tomography (PET)</li> <li><input type="checkbox"/> Diagnostic Center, Cancer/Specialty</li> </ul>
		<b>Other Outpatient Services</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ambulatory Surgery</li> <li><input type="checkbox"/> Birthing Center</li> </ul>
		<b>Clinical/Surgical</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Emergency Medical</li> <li><input type="checkbox"/> Emergency Medical, Trauma Center</li> <li><input type="checkbox"/> Adult Cardiac Catheterization</li> <li><input type="checkbox"/> Gamma Knife</li> <li><input type="checkbox"/> Lithotripsy</li> <li><input type="checkbox"/> Pediatric Cardiac Catheterization</li> <li><input type="checkbox"/> Megavoltage Radiation Therapy</li> </ul>
<b>LONG-TERM</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Skilled Nursing Care</li> <li><input type="checkbox"/> Intermediate Nursing Care</li> <li><input type="checkbox"/> Continuing Care Retirement Community (CCRC)</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Personal Care Home</li> <li><input type="checkbox"/> Traumatic Brain Injury (TBI)</li> <li><input type="checkbox"/> Home Health</li> </ul>
<b>OTHER</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Administrative Support</li> <li><input type="checkbox"/> Non-Patient Care, Other</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Grounds/Parking</li> <li><input type="checkbox"/> Medical Office Building</li> </ul>

16. Check the most appropriate category(ies) for this project. Check all that apply.

PROJECT CATEGORY	
<p><b>Construction</b></p> <input type="checkbox"/> New Facility <input type="checkbox"/> Expansion of Existing Facility <input type="checkbox"/> Renovation of Existing Facility <input type="checkbox"/> Replacement of Existing Facility	<p><b>Service Change</b></p> <input type="checkbox"/> New Service <input type="checkbox"/> Expansion of Service <input type="checkbox"/> Expansion or Acquisition of Service Area <input type="checkbox"/> Consolidation of Service <input type="checkbox"/> Relocation of Facility <input type="checkbox"/> Other
<p><b>Procurement of Medical Equipment</b></p> <input checked="" type="checkbox"/> Purchase <input type="checkbox"/> Lease <input type="checkbox"/> Donation (fair market value must be used)	

17. Please provide the following site information for the facility and services identified in this application. Check the appropriate box to indicate the current status of the site acquisition.  Attach the appropriate documents that provide for the Applicant's entitlement to the site at **APPENDIX D**.

 **NOTE:** If an unsigned lease is attached, include a letter documenting both parties' commitment to participate in the lease once the CON is approved, if applicable.

PROJECT SITE INFORMATION		
Street Address: 1538 13 <sup>th</sup> Avenue, Unit A		
City: Columbus	County: Muscogee	Zip: 31901
Number of Acres: N/A – leased office space		
<b>Status of Site Acquisition</b>		
<input type="checkbox"/> Purchased (attach deed)	<input checked="" type="checkbox"/> Leased (attach lease)	
<input type="checkbox"/> Under Option (attach option agreement)	<input type="checkbox"/> Under Contract (attach contract or bill of sale)	
<input type="checkbox"/> Other; please specify:		
<b>Zoning</b>		
Is the site appropriately zoned to permit its use for the purpose stated within the application?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
If NO → Describe what steps have been taken to obtain the correct zoning and the anticipated date of re-zoning:		
<b>Encumbrances</b>		
Are there any encumbrances that may interfere with the use of the site, such as mortgages, liens, assessments, easements, rights-of-way, building restrictions, or flood plains?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

18. Provide a detailed description of the proposed project including a listing of the departments (e.g. ED, ICU), services, (e.g. Home Health, Cardiac Cath), and equipment (e.g. MRI, PET, Cath) involved.

**NOTE:** If your description exceeds this blocked space, attach additional 8-½ by 11-inch pages, number the first sheet Page 9.1, the second Page 9.2 and so on. Do not alter the main page numbers of this application. Once printed, insert your additional pages 9.1, etc. behind this Page 9.

Columbus Ambulatory Healthcare Services, Inc. ("CAHS") d/b/a Columbus Regional Medical Group submits this CON application to authorize the replacement of a 2007 CT scanner at an existing location in a leased medical office building. The CT scanner was out-of-service from September 2019 to May 2020 due to part replacement issues. The CT scanner was last used from May 2020 to December 2020, but the high cost of a service agreement no longer makes the CT scanner usable. It is functionally obsolete. The two-slice Neusoft NueViz CT scanner will be replaced with a 16-slice GE Lightspeed/BriteSpeed CT scanner.

Prior to December 2020, the CT scanner was utilized by a physician practice<sup>1</sup> that affiliated with CAHS in April 2019. Anticipating the need for the CT replacement, CAHS submitted DET-EQT2020-085 in October 2020. The Department questioned that request, including whether the unique ownership structure met the definition of either a hospital or a group practice. As a result, The Medical Center, Inc. d/b/a Piedmont Columbus Regional Midtown submitted DET-EQT2021-005 in February 2021. The Department questioned that request also, including whether the office-based CT scanner was proposed "by or on behalf of a hospital" (a sister not-for-profit corporation). In this third attempt to address the Department's questions and interpretations of various statutory and regulating provisions, CAHS is submitting a CON application to authorize the use of the replacement CT scanner. Please note that throughout this lengthy process the obsolete two-slice 2007 CT scanner was removed.

The upgraded CT technology will provide faster diagnosis and treatment for a patient population that is largely geriatric.

- Local freestanding CT facilities and hospitals are scheduled one to two weeks out. In contrast, the practice can see patients the same day if needed. CAHS intends for STAT CTs to be done on site and same day, which was the practice before the 2007 CT scanner was removed. The physicians can review images within minutes of the exam, for critical results. This helps fast track patients needing surgeries.
- The target patient population is largely geriatric. Access from the parking lot to the office is only steps away for patients who have difficulty ambulating. This keeps both the more vulnerable geriatric and oncologic patient populations in house, which reduces the risks of infectious diseases.
- The CT setting is also consumer friendly for patients. Insurance precertifications are obtained on site by a registered CT technologist who is knowledgeable in radiologic procedures. This better assures that CPT codes and ICD-10 codes match with the appropriate CT procedures, thus reducing claims denials and resubmissions.

Total costs for this project are less than \$150,000. Project costs will be funded through the cash reserves of CAHS' parent, Piedmont Healthcare, Inc.

The proposed project is reviewable under the General Review Considerations, 111-2-2-.09, and is consistent with all applicable criteria.

<sup>1</sup> The 2007 CT scanner was acquired prior to SB 433 (2008) for less than \$500,000 by a physician for use by the physician's patients. Thus, no CON or DET was obtained for the original unit.

### Section 3: General Review Considerations

All Certificate of Need applications are evaluated to determine their compliance with the general review considerations contained in Rule 111-2-2-.09. Please document how the proposed project conforms with the following general review considerations.

#### Rule 111-2-2-.09(1)(a): Consistency with State Health Plan

*The proposed new institutional health services are reasonably consistent with the relevant general goals and objectives of the State Health Plan.*

19. Explain how the project is consistent with the State Health Plan or why it does not apply. Also explain how the application is consistent with the Applicant's own long range plans.

**NOTE:** *If your explanation exceeds this blocked space, attach additional 8-½ by 11-inch pages, number the first sheet Page 10.1, the second Page 10.2 and so on. Do not alter the main page numbers of this application. Once printed, insert your additional pages 10.1, etc. behind this Page 10.*

The State Health Plan does not have specific goals and objectives applicable to CT imaging services. The Applicant's proposal is, however, consistent with the State's overall goal to improve the availability of, and access to, high quality, cost-effective healthcare services and to ensure that these services are provided to all patients regardless of ability to pay.

Availability and Accessibility. Diagnostic imaging services in general, and CT services in particular, are among the most widely utilized tools in health care today. The CAHS physician practice is located in Columbus (Muscogee County), Georgia. It is less than a mile from Piedmont Columbus Regional Hospital and is part of the Piedmont integrated healthcare system. The replacement CT scanner will continue to serve the four-county service area comprised of Muscogee, Harris, Lee (Alabama) and Russell (Alabama) counties. These counties have a population of 446,067 in 2021 and are projected to grow to 454,695 in 2026. With growth projected primarily among the senior population, demand for CT services will continue to increase.

Quality Services. Two-slice CT technology from 2007 can no longer be supported with parts or service agreements. The scanner at CAHS is functionally obsolete. More importantly, image quality will be greatly enhanced with the proposed 16-slice GE Lightspeed/BriteSpeed CT scanner. Like the original two-slice CT scanner, the 16-slice CT scanner will be accredited to assure quality.

Cost-Effectiveness. At a total cost of less than \$150,000, the proposed CT replacement provides a most cost-effective upgrade in technology and imaging quality for the CAHS physician practice and their patients. The project will be funded through the cash reserves of CAHS' parent, Piedmont Healthcare, Inc.


Financial Accessibility. CAHS will continue to make this CT service available to all clinically appropriate patients, without discrimination. CAHS and the physician practice participate in the Medicare and Medicaid programs, and also serves indigent/charity patients.


**Rule 111-2-2-.09(1)(b): Need**

*The population residing in the area served, or to be served, by the new institutional health service has a need for such services.*

20. Please explain the need for your particular project or service. For services for which a need methodology exists in the State Health Plan, please use the said methodology. In submitting information to explain the need for your project, please also use the following guidelines:

- For any population projections, the official projections of the Office of Planning and Budget should be utilized;
- Include maps that clearly define both the primary and secondary service areas and identify all other providers of the proposed service that lie within the primary and secondary service area on such maps;
- Describe the relationship of the site to public transportation routes, if any, and to any highway or major road developments in the area. Describe the accessibility of the proposed site to patients/clients, visitors, and employees; and
- For services that already have documented utilization rates, include such historical utilization data, and projections for future utilization.

 **NOTE:** *If your explanation exceeds this blocked space, attach additional 8-½ by 11-inch pages, number the first sheet Page 11.1, the second Page 11.2 and so on. Do not alter the main page numbers of this application. Once printed, insert your additional pages 11.1, etc. behind this Page 11.*

 Attach any documentation, such as magazine articles, research papers, or any other document that cannot be reproduced or created in MS Word format and that supports the need for your project into **APPENDIX E**. All documents such as tables, charts, and maps that support your need analysis and that are able to be inserted or created in MS Word format should be inserted following this page according to instructions in the note above.

Continued on Page 11.1.