



COMMONWEALTH of VIRGINIA

Department of Health
PO BOX 2448
RICHMOND, VA 23218

M. Norman Oliver, MD, MA
State Health Commissioner

TTY 7-1-1 OR
1-800-828-1120

December 16, 2019

Mr. Neil Rolfes
AVP, Strategic Planning & System Development
Inova Health System
8110 Gatehouse Road, Suite 400 West
Falls Church, Virginia 22042

RE: COPN VA-04688
Loudon Hospital Center, Loudon County, Virginia
Add a Second Cardiac Catheterization Laboratory on the Inova Loudon Hospital Campus

Dear Mr. Rolfes:

In accordance with Chapter 4, Article 1.1 of Title 32.1 of the Code of Virginia of 1950 (the Code), as amended, I reviewed the application and all supporting documents submitted by Inova Health System to add a second cardiac catheterization laboratory on the Inova Loudon Hospital campus.

As required by Section 32.1-102.3B of the Code, I have considered all factors that must be taken into account in a determination of public need, and I have concluded that **conditional approval** of the request is warranted based on the following findings:

1. The project is generally consistent with the applicable criteria and standards of the State Medical Facilities Plan and the Eight Required Conditions of the Code of Virginia.
2. There are no capital costs for the proposed project and the proposed project is financially feasible in the immediate and the long-term.
3. The applicant has demonstrated an institutional need to add one cardiac catheterization laboratory.
4. The project is more favorable than the status quo.
5. DCOPN has not received any letters of opposition to the proposed project and no opposition was expressed at the public hearing.

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6. The Health Systems Agency of Northern Virginia recommends approval of the proposed project.

This certificate is valid for the period December 16, 2019 through December 15, 2020.
There are no capital costs for the proposed project.

Please file two copies of the application for a certificate extension with the Department and one copy with the regional health planning agency no later than 30 days before the expiration date of the certificate. Part VIII of the Virginia Medical Care Facilities Certificate of Public Need Rules and Regulations identifies the filing requirements and review procedure for certificate extension requests.

Sincerely,

A handwritten signature in blue ink that reads "M. Norman Oliver MD". The signature is written in a cursive style with a distinct "MD" at the end.

M. Norman Oliver, MD, MA
State Health Commissioner

Enclosures

cc: Allyson Tysinger, Senior Assistant Attorney General, Commonwealth of Virginia
Erik Bodin, Director, Division of Certificate of Public Need
Deborah K. Waite, Operations Manager, Virginia Health Information
David Goodfriend, MD, MPH, District Director, Loudoun Health District

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH
MEDICAL CARE FACILITIES CERTIFICATE OF PUBLIC NEED

THIS CERTIFIES THAT Loudoun Hospital Center d/b/a Inova Loudoun Hospital is authorized to initiate the proposal as described below.

NAME OF FACILITY: Inova Loudoun Hospital

LOCATION: 44045 Riverside Parkway, Leesburg, Virginia 20716

OWNERSHIP AND CONTROL: Loudoun Hospital Center d/b/a Inova Loudoun Hospital

SCOPE OF PROJECT: Add a second cardiac catheterization laboratory on the Inova Loudoun Hospital campus. There are no capital costs associated with the proposed project. The project is expected to be completed immediately upon approval. This certificate is issued with the condition that appears on its reverse.



Pursuant to Chapter 4, Article 1.1 of Title 32.1, Sections 32.1-102.1 through 32.1-102.12 of the Code of Virginia (1950), as amended and the policies and procedures promulgated thereunder, this Medical Care Facilities Certificate of Public Need is issued contingent upon substantial and continuing progress towards implementation of the proposal within twelve (12) months from the date of issuance. A progress report shall be submitted to the State Health Commissioner within twelve (12) months from the date of issuance along with adequate assurance of completion within a reasonable time period. The Commissioner reserves the right not to renew this Certificate in the event the applicant fails to fulfill these conditions. This Certificate is non-transferable and is limited to the location, ownership, control and scope of the project shown herein.

Certificate Number: VA-04688

Date of Issuance: December 16, 2019

Expiration Date: December 15, 2020


M. Norman Oliver, MD, MA, State Health Commissioner

This project shall be subject to the 4.1% system-wide charity care condition applicable to Inova Health Care Services d/b/a Inova Health System pursuant to COPN No. VA-04381 (issued April 2, 2013), as amended by the State Health Commissioner by letter dated January 4, 2016 (the "Inova System-Wide Condition"); provided, however, that charity care provided under the Inova System-Wide condition shall be valued under the provider reimbursement methodology utilized by the Centers for Medicare and Medicaid Services for reimbursement under Title XVIII of the Social Security Act, 42 U.S.C. § 1395 et seq. Inova Health System will accept a revised percentage based on the regional average after such time regional charity care data valued under the provider reimbursement methodology utilized by the Centers for Medicare and Medicaid Services for reimbursement under Title XVIII of the Social Security Act, 42 U.S.C. § 1395 et seq. is available from Virginia Health Information. In addition to any right to petition the Commissioner contained in the Inova System-Wide condition, to the extent Inova Health System expects its Inova System-Wide condition as valued under the provider reimbursement methodology utilized by the Centers for Medicare and Medicaid Services for reimbursement under Title XVIII of the Social Security Act, 42 U.S.C. § 1395 et seq. or any revised percentage to materially alter the value of its charity care commitment thereunder, it may petition the Commissioner for a modification to the Inova System-Wide condition to resolve the expected discrepancy.