

COMMONWEALTH of VIRGINIA

Colin M. Greene, MD, MPH Acting State Health Commissioner Department of Health P O BOX 2448 RICHMOND, VA 23218

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

February 7, 2022

Mr. Paul Dreyer 8110 Gatehouse Road, Suite 500 West Falls Church, Virginia 22042

RE: COPN No. VA-04777

Inova Health Care Services d/b/a Inova Fairfax Hospital, Fairfax, Virginia Add one CT scanner at the Inova Fairfax Hospital campus

Dear Mr. Dreyer:

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 Care Services to add one CT scanner at the Inova Fairfax 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 consistent with the applicable criteria and standards of the State Medical Facilities Plan and the Eight Required Considerations of the Code of Virginia.
- 2. The project would address the overutilization of the existing CT scanner at Inova Fairfax Hospital.
- 3. There is a calculated deficit of CT scanners in the planning district.
- 4. No alternatives to the project exist that would meet the needs of the people in the area to be served in a less costly, more efficient, or more effective manner.
- 5. The Board of the Health Systems Agency of Northern Virginia voted unanimously to recommend that the application be approved.
- 6. The capital costs are reasonable and consistent with the projects of this type.

Mr. Paul Dreyer Inova Health Care Services February 7, 2022 Page 2

This certificate is valid for the period February 7, 2022 through February 6, 2023. The total authorized capital cost of the project is \$1,412,403.

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,

Colin M. Greene, MD, MPH Acting State Health Commissioner

Enclosure

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 Gloria Addo-Ayensu, MD, MPH, District Director, Fairfax Health District Dean Montgomery, Executive Director, Health Systems Agency of Northern Virginia



COMMONWEALTH OF VIRGINIA

MEDICAL CARE FACILITIES CERTIFICATE OF PUBLIC NEED DEPARTMENT OF HEALTH

THIS CERTIFIES THAT Inova Health Care Services is authorized to initiate the proposal as described below.

NAME OF FACILITY: Inova Fairfax Hospital

LOCATION: 3300 Gallows Road, Falls Church, Virginia, 22042

OWNERSHIP AND CONTROL: Inova Health Care Services

SCOPE OF PROJECT: Add one CT scanner at the Inova Fairfax Hospital campus. Capital costs associated with this project total \$1,412,403. The project is expected to be completed by October 1, 2022. This certificate is issued with the condition that



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

Certificate Number: VA-04777

Date of Issuance: February 7, 2022

Expiration Date: February 6, 2023

Colin M. Greene, MD, MPH, Acting State Health Commissioner

Medicare and Medicaid Services for reimbursement under Title XVIII of the Social Security Act, 42 U.S.C. § 1395 et seq. letter dated January 4, 2016 (the "Inova System-Wide Condition"); provided, however, that charity care provided under the Inova Heath System pursuant to COPN No. VA-04381 (issued April 2. 2013), as amended by the State Health Commissioner by Inova System-Wide condition shall be valued under the provider reimbursement methodology utilized by the Centers for This project shall be subject to the 4.1% system-wide charity care condition applicable to Inova Health Care Services d/b/a

resolve the expected discrepancy commitment thereunder, it may petition the Commissioner for a modification to the Inova System-Wide condition to Social Security Act, 42 U.S.C. § 1395 et seq. or any revised percentage to materially alter the value of its charity care methodology utilized by the Centers for Medicare and Medicaid Services for reimbursement under Title XVIII of the extent Inova Health System expects its Inova System-Wide condition as valued under the provider reimbursement for reimbursement under Title XVIII of the Social Security Act, 42 U.S.C. § 1395 et seq. is available from Virginia Health data valued under the provider reimbursement methodology utilized by the Centers for Medicare and Medicaid Services Information. In addition to any right to petition the Commissioner contained in the Inova System-Wide condition, to the Inova Health System will accept a revised percentage based on the regional average after such time regional charity care