



THE STATE  
of **ALASKA**  
GOVERNOR SEAN PARNELL

**Department of Health and  
Social Services**

CERTIFICATE OF NEED PROGRAM

3601 C Street, Suite 978  
Anchorage, Alaska 99503  
Main: 907.334.2464  
Fax: 907.334.2220

October 30, 2014

Sofia Yainova, Business Planner  
Providence Health and Services Alaska  
Regional Business Development  
3760 Piper Street, Suite 3042  
Anchorage, AK 99508

Ms. Yainova,

This letter is in response to your request for determination dated 10/27/2014.

The request for determination involves proposed expansion of services available within PAMC's Radiation Oncology Department. Through a contract with CyberKnife Center, LLC, PAMC plans to provide the CyberKnife stereotactic radiosurgery service to existing radiation therapy services currently available to PAMC patients. The CyberKnife treatment will provide stereotactic external beam radiation treatment of cancers and noncancerous tumors, and be performed on an outpatient basis. PAMC will purchase access to this service from the Alaska CyberKnife Center, LLC by virtue of a contract, paying fair market value for the services provided. In turn, PAMC will bill its patients/payors for the treatments provided. This additional service will be located in medical office space leased by Alaska CyberKnife Center, LLC, located at Providence Health Park in Anchorage, Alaska.

The start date of the proposed activity is dependent on the acquisition and installation of the CyberKnife machine by Alaska CyberKnife Center, LLC, which is scheduled for the end of 2014. Completion date is estimated to be on or about February 1, 2015, concurrent with the plan of Alaska CyberKnife Center, LLC to begin operations.

Your estimated project costs are expected to total \$65 thousand dollars. These costs include legal and consultations fees and administrative expenses relating to the contracting of services. Based on a review of your stated intent, I have determined that a Certificate of Need is not required.

Provision of contracted, additional radiotherapy services does not require construction of a health care facility under AS 18.07.131 (1); alteration of the bed capacity of a health care facility under AS 18.07.131(2); or addition of a category of health services provided by a health facility under AS 18.07.131(3).

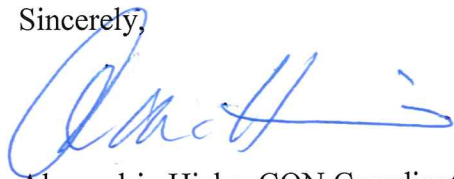
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Ms. Sofia Yainova  
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Should plans for the provision of services change, please notify the department as Certificate of Need application and review could be necessary.

If you are dissatisfied with this decision, you may request reconsideration under 7 AAC 07.033 within 30 days after the date of the published notice of the determination by the department.

Please do not hesitate to contact if you have any questions regarding this matter. You may reach me at 907-754-3428 or [Alexandria.hicks@alaska.gov](mailto:Alexandria.hicks@alaska.gov).

Sincerely,

A handwritten signature in blue ink, appearing to read "Alexandria Hicks", with a stylized flourish at the end.

Alexandria Hicks, CON Coordinator