



THE STATE
of **ALASKA**
GOVERNOR BILL WALKER

Department of
Health and Social Services

CERTIFICATE OF NEED PROGRAM

3601 C Street, Suite 978
Anchorage, Alaska 99503
Main: 907.334.2464
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October 5, 2018

Ms. Dana Grant, Administrator
Alpine Surgery Center
3801 Lake Otis Parkway, Suite 100
Anchorage, Alaska 99508

RE: Request for Determination - Alpine Surgery Center Expansion

Dear Ms. Grant,

The Certificate of Need Program is in receipt of your recent Request for Determination ("RFD") whether a certificate of need ("CON") is necessary for your proposed ambulatory surgery center project. Your surgery center facility, Alpine Surgery Center, is located in Anchorage, Alaska and currently has five (5) operating rooms and one (1) procedure room. Alpine Surgery Center proposes to convert its sole existing procedure room into an operating room, resulting in the facility having six (6) operating rooms and no procedure rooms.

As part of your request you submitted an excel spreadsheet which listed the equipment Alpine Surgery Center plans to purchase for the sixth operating room. Per 7 AAC 07.031 (b) (2)-(3), the RFD must contain "a *certified estimate of the total cost of each proposed component* of the activity listed in 7 AAC, as applicable, for the entire activity; and an *estimated starting date and completion date* for the proposed activity."

Please submit certified quotes or estimates for the equipment you propose to purchase for the 6th operating room. Please note that if there is any construction or other re-modeling costs associated with the conversion of the procedure room to an operating room, those costs will also need to be included in the overall project cost and supported with certified cost estimates. Additionally, please provide a project start date and end date.

Please submit the following information to the department within thirty (30) days from the date of this letter.

Sincerely,

Alexandria Hicks

Alexandria Hicks, Program Coordinator
Certificate of Need Program