## Health Planning and Certificate of Need

DEPART HEALT

**WEEKLY REPORT** 

No: **16-28** 

Date: July 8, 2016 Phone: 601-576-7874

Mississippi State Department of Health

The Division of Health Planning and Resource Development reports the following activities relative to Certificate of Need for the week ending July 8, 2016.

| NOI TO CHANGE OWNERSHIP/TRANSFER OF HHA COUNTY   | WITHDRAWN    | DATE RECEIVED                        |
|--|--------------|--------------------------------------|
| None   |              |                                      |
| DETERMINATIONS<br>OF REVIEWABILITY   | WITHDRAWN    | DATE RECEIVED                        |
| None   |              |                                      |
| NOTICE OF INTENT TO APPLY FOR CON  |              | DATE RECEIVED                        |
| None   |              |                                      |
| APPLICATIONS RECEIVED / WITHDRAWN  | WITHDRAWN    | DATE RECEIVED                        |
| None   |              |                                      |
| REQUESTS FOR EXTENSION/RENEWAL OF AN EXPIRED CON   | DECISION     | DATE RECEIVED/<br>EXPIRATION<br>DATE |
| None   |              |                                      |
| ADDITIONAL MATERIAL ON NEGATIVE STAFF ANALYSIS   |              | DATE RECEIVED                        |
| None   |              |                                      |
| CON APPLICATIONS DEEMED COMPLETE   |              | DATE COMPLETE                        |
| None   |              |                                      |
| FINAL ORDERS ISSUED  | DECISION     | EFFECTIVE DATE                       |
| None   |              |                                      |
| SIX-MONTH EXTENSION REQUESTS   | DECISION     | EXPIRATION<br>DATE                   |
| None   |              |                                      |
| HEARINGS DURING THE COURSE OF REVIEW   | REQUESTED    | DATE SCHEDULED                       |
| CON Review Number: FS-NIS-0216-002 Oxford Pre-op & Imaging Center, LLC d/b/a Oxford Pre-op & Imaging Center Acquisition or Otherwise Control of a Magnetic Resonance Imaging (MRI) And Offering of MRI Services Capital Expenditure: \$1,935,457 Location: Oxford, Lafayette County, Mississippi |              |                                      |
| Requestor(s): Baptist Memorial Hospital-North Mississippi, Inc. d/b/a Baptist Memorial Hospital-North Mississippi  | June 3, 2016 | To Be Scheduled                      |
| BMH North Mississippi Imaging Services, LLC d/b/a Oxford Diagnostic Center   |              |                                      |

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| CON Review: HG-RLS-1210-039                       |                     |                                |
|---|---------------------|--------------------------------|
| Patients' Choice Medical Center, Raleigh          |                     |                                |
| Lease/Relocation of 10 Chemical Dependency Beds & |                     |                                |
| Offering of Adult Chemical Dependency Services    |                     |                                |
| Capital Expenditure: \$58,400                     |                     |                                |
| Cupital Emperiorate: \$50,100                     |                     |                                |
| Requestor: Alliance Health Center, Meridian       | March 16, 2011      | To Be Scheduled                |
| Requestor. Amance freath center, werteran         | Widien 10, 2011     | To be selleduled               |
|   |                     |                                |
| OTHER HEADINGS BURING THE COURSE OF               | DEOLIEGEED          | DATE COHEDINED                 |
| OTHER HEARINGS DURING THE COURSE OF               | REQUESTED           | DATE SCHEDULED                 |
| OTHER HEARINGS DURING THE COURSE OF REVIEW        | REQUESTED           | DATE SCHEDULED                 |
|   | REQUESTED           | DATE SCHEDULED                 |
| REVIEW  | REQUESTED           | DATE SCHEDULED                 |
| REVIEW  | REQUESTED REQUESTED | DATE SCHEDULED  DATE SCHEDULED |
| REVIEW<br>None                                    |                     |                                |
| REVIEW None REQUEST FOR HEARING ON DENIAL OF      |                     |                                |