

Determination of Reviewability

As of Week Ending 1/18/19
 Note: Projects remain on Report
 for 30 days after completion.

| Facility/Service Type | Project Description | Date Application Received | Deadline to Notify Applicant (5 business days After Receipt of Request) | Date Notification to Applicant Sent | Statutory Deadline to Complete (45 days from Receipt of Application) | Additional Info Requested (Y/N) | Date Additional Info Received | Date DR Completed & Mailed |
|---------------------------|--|---------------------------|---|-------------------------------------|--|---------------------------------|-------------------------------|----------------------------|
| ESRD | Bio-Medical Applications of Mississippi, Inc. d/b/a . Fresenius Kidney Care Mid-Delta Home Therapy Relocation of Home Training Program | 12/11/18 | 12/17/2018 | 12/14/2018 | 1/10/19 | N | N/A | 1/8/19 |
| ESRD | Bio-Medical Applications of Mississippi, Inc. d/b/a Fresenius Kidney Care Kosciusko Expansion of Stations at Existing ESRD Facility | 12/11/18 | 12/17/2018 | 12/14/2018 | 1/10/19 | N | N/A | 1/8/19 |
| MRI | Southern Bone & Joint Specialists, PA Replacemet of Magnetic Resonance Imaging (MRI) Equipment | 12/14/18 | 12/21/2018 | 12/18/18 | 1/28/19 | N | N/A | 1/10/19 |
| Ambulatory Surgery Center | Columbus Orthopaedic Outpatient Center, LLC Outpatient Center | 1/4/18 | 1/9/2018 | 1/8/18 | 2/23/19 (Saturday) 2/25/19 (Monday) | | | |

Legend

Columns in Red = Deadlines set by statute or policy

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Notice of Intent(NOI) to Apply for a CON

As of Week Ending 1/18/19
 Note: Projects remain on Report for
 30 days after completion

| Project Name and Description | Date Received | Earliest Date CON Application May Be Filed (15 days from date NOI Received) | Date NOI Expires (6 months from date NOI Received) |
|--|---------------|---|--|
| Fresenius Medical Care Dogwood, LLC d/b/a Fresenius Kidney Care Dogwood Establishment of Satellite ESRD Facility | 8/30/18 | 9/30/18 | 3/1/19 |
| 2nd Generation Healthcare, LLLC d/b/a The Grove Relocation and Additon of Nursing Home Beds | 9/26/18 | 10/11/18 | 3/26/19 |
| Bio-Medical Applictions of Mississippi, Inc. d/b/a Fresenius Medical Care Amendment to CON for Establishment of ESRD Facility in Tallahatchie County | 10/1/18 | 10/16/18 | 4/1/19 |
| Garden Park Medical Center Provision of Cardiac Catherization and Percutaneous Intervention (PCI) Services without On-site Open Heart Surgery; Provision of Peripheral Vascular Catheterization Services, and Acquisition of Equipment to Provide Cardiac Catherization, PCI and Peripheral Vascular Catjterization Services | 10/16/2018 | 10/31/18 | 4/16/19 |
| Community Place Amendment to CON Review Number: NH-CRF-0908-039; R-0786 Community Place Relocation | 11/16/18 | 12/2/18 | 5/16/19 |
| River Oaks Hospital, LLC d/b/a River Oaks Hospital Offering of Percutaneous Coronary Intervention Sevices | 11/19/2018 | 12/4/18 | 5/19/19 |

Legend

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CON Applications

As of Week Ending 1/16/19
 Note: Projects remain on Report for 30 days after completion

| Facility/Service Type | Project Description | Date Application Received | Deadline for Notifying Applicant that Application is Deemed Complete/Add'l Info is Needed (15 days from receipt of application) | Date Deemed Complete/ Incomplete Notice Sent | Date of Public Notice of Application into Review | Additional Info Requested (Y/N) | Date Additional Info Received | Staff Analysis Due Date (45 days from date application filed) | Staff Analysis Publication Date | Application Recommended for Approval/ Disapproval | Hearing Request Deadline (10 days from Staff Analysis Publication Date) | Hearing Requested (Y/N) | Deadline for Add'l Info on Negative Staff Analysis (15 days from Staff Analysis Publication Date) | Add'l Info Received on Negative Staff Analysis | Date Final Order Notice Published | Deadline to Issue Final Order (90 days from date application received OR 45 days from Hearing Officer Recommendation) | Final Order Issue/ Effective Date | Chancery Court Appeal Filed (Y/N) | Application Withdrawn (Y/N) & Date |
|--------------------------|--|---------------------------|---|--|--|---------------------------------|-------------------------------|---|---------------------------------|---|---|-------------------------|---|--|-----------------------------------|---|-----------------------------------|-----------------------------------|------------------------------------|
| FS MRI Facility | CON Review Number: FS-NIS-0218-002 Oxford Pre-Op & Imaging Center, LLC d/b/a Oxford Pre op & Imaging Center Acquisition or Otherwise Control of Magnetic Resonance Imaging (MRI) and Offering of MRI Services Capital Expenditure: \$1,935,457.00 Location: Oxford, Lafayette County, Mississippi | 2/26/16 | N/A | 3/27/16 Deemed Complete | 4/1/16 | N | N/A | N/A | 5/16/16 | Approval | 6/6/16 | Y | N/A | N/A | 3/17/17 | 4/27/17 | 4/10/17 | Y | |
| Clinic | CON Review Number: C-NIS-0616-010 Wound Care Management, LLC d/b/a MedCentris Provision of Digital Subtraction Angiography (DSA) Services (Lims Salvage Program) Capital Expenditure: \$317,487.00 Location: Vicksburg, Warren County, Mississippi | 5/27/16 | 6/11/16 | 7/1/16 Deemed Complete | 7/1/16 | N | N/A | 7/31/16 | 8/15/16 | Approval | 8/25/16 | Y | 8/30/16 | N/A | 8/18/17 | 8/25/16 Revised 9/28/17 | 9/28/17 | Y | |
| Skilled Nursing Facility | CON Review Number: NH-RLS-0818-009 Belhaven Senior Care, LLC Relocation of Belhaven Senior Care to New Building in Madison County Capital Expenditure: \$12,593,624 Location: Jackson, Hinds County, Mississippi | 8/28/18 | 9/12/18 | 9/11/18 | 9/11/18 | N | N/A | 10/12/18 | 10/12/18 | Approval | 10/22/18 | Y | 10/27/18 | N/A | N/A Hearing Scheduled | 11/26/18 | N/A Hearing Scheduled | | |
| ESRD Facility | CON Review Number: ESRD-ES-1018-012 Bio-Medical Applications Mississippi, Inc. d/b/a Fresenius Medical Care Mid Mississippi Expansion of Stations at Existing ESRD Facility Capital Expenditure: \$30,244.06 Location: Jackson, Hinds County, Mississippi | 10/2/18 | 10/17/18 | 10/17/18 | 10/17/18 | Y | 10/17/18 | 11/16/18 | 11/16/18 | Approval | 11/26/18 | N | 12/1/18 (Saturday) 12/3/18 (Monday) | N/A | 11/26/18 | 12/31/18 | 12/28/18 | | |
| MRI | CON Review Number: HG-NIS-1018-013 Memorial Hospital at Gulfport Acquisition of Mobile MRI Unit & Offering of Mobile MRI Services Capital Expenditure: \$595,00.00 Location: Gulfport, Harrison County, Mississippi | 10/8/18 | 10/23/18 | 10/23/18 | 10/23/18 | Y | 11/19/18 | 11/22/18 | 11/20/18 | Approval | 12/2/18 (Sunday) 12/3/18 (Monday) | Y | 12/8/18 | N/A | | 1/6/19 | | | |
| Nursing Home | CON Review Number: NH-RLS-1318-014 2nd Generation Healthcare, LLC d/b/a The Grove Relocation and Addition of Nursing Home Beds Capital Expenditure: \$10,000.00 Location: Columbia, Marion County, Mississippi | 11/15/18 | 11/31/18 | Incomplete: (Request for Additional Information sent 11/20/18) Deadline for info is Dec. 5th | 12/5/18 | Y | 12/5/18 | 12/30/18 (Sunday) 12/31/18 - 1/1/19 (Holiday) 1/2/19 | 1/2/19 | Approved | 1/14/19 | | 1/21/19 | | | 2/13/19 | | | |
| Hospital | CON Review Number: HG-NIS-1218-015 River Oaks Hospital, LLC d/b/a Merit Health River Oaks Offering of Percutaneous Coronary Intervention (PCI) Services in a Hospital without On-Site Cardiac Surgery Capital Expenditure: \$89,751.00 Location: Flowood, Rankin County, Mississippi | 12/14/18 | 12/29/18 | 12/27/18 Incomplete Letter Sent: Deadline for additional info is 1/11/19 | 1/14/19 | Y | 1/11/19 | 1/30/19 | | | 2/7/19 | | 2/12/19 | | | 3/14/19 | | | |
| Nursing Home | CON Review Number: NH-A-0119-001 Community Place Amendment to CON Review Number: NH-CRF-0908-039: H-0786 Community Place Relocation Capital Expenditure: \$9,870,000.00 Location: Jackson, Hinds County, Mississippi | 1/2/19 | 1/17/19 | 1/15/19 | 1/15/19 | N | N/A | 2/16/19 (Saturday) 2/18/19 (Monday) | | | 2/28/19 | | 3/5/19 | | | 4/2/19 | | | |

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CON Applications

As of Week Ending 1/28/19
 Note: Projects remain in Report for
 30 days after completion

| Facility/Service Type | Project Description | Date Application Received | Deadline for Notifying Applicant that Application is Deemed Complete/Add'l info is Needed (15 days from receipt of application) | Date Deemed Complete/ Incomplete Notice Sent | Date of Public Notice of Application into Review | Additional info Requested (Y/N) | Date Additional info Received | Staff Analysis Due Date (45 days from date application filed) | Staff Analysis Publication Date | Application Recommended for Approval/ Disapproval | Hearing Request Deadline (10 days from Staff Analysis Publication Date) | Hearing Requested (Y/N) | Deadline for Add'l info on Negative Staff Analysis (15 days from Staff Analysis Publication Date) | Add'l info Received on Negative Staff Analysis | Date Final Order Notice Published | Deadline to Issue Final Order (90 days from date application received OR 45 days from Hearing Officer Recommendation) | Final Order Issued/ Effective Date | Chancery Court Appeal Filed (Y/N) | Application Withdrawn (Y/N) & Date | |
|-----------------------|---|---------------------------|---|--|--|---------------------------------|-------------------------------|---|---------------------------------|---|---|-------------------------|---|--|-----------------------------------|---|------------------------------------|-----------------------------------|------------------------------------|--|
| ASC | CON Review Number: ASC-CO-0119-002 Columbus Orthopaedic Outpatient Center, LLC Amendment/Costoverrun to CON Review Number: ASC-NIS-0816-019; R-0940 Conversion of an Existing Single-Specialty Ambulatory Surgery Center to a Multi-Specialty ASC Original Capital Expenditure: \$855,961.77 Additional Capital Expenditure: \$370,497.00 Location: Columbus, Lowndes County, Mississippi | 1/4/19 | 1/19/19 (Saturday) 1/21/19 (Monday) | 1/28/19 | 1/28/19 | N | N/A | 2/16/19 | | | 2/28/19 | | 3/5/19 | | | 4/2/19 | | | | |
| Hospital | CON Review Number: HG-NIS-0119-003 Garden Park Medical Center Provision of Cardiac Catheterization and Percutaneous Intervention (PCI) Services without On-site Open Heart Surgery; Provision of Peripheral Vascular Catheterization Services, and Acquisition of Equipment to Provide Cardiac Catheterization, PCI and Peripheral Vascular Catheterization Services Capital Expenditure: \$2,231,927 Location: Gulfport, Harrison, Mississippi | 1/11/19 | 1/26/19 (Saturday) 1/28/19 (Monday) | | | | | 2/25/19 | | | 2/4/19 | | 2/9/19 (Saturday) 2/11/19 (Monday) | | | 4/11/19 | | | | |
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Hearings

As of Week Ending 1/18/19
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| Type of Hearing | Project Description | Hearing Request Deadline | Hearing Request Date | Hearing Requestor | Date Notice of Hearing Request Sent to Parties | Deadline to Schedule Hearing (60 days from Receipt of Request, Unless Both Parties Request Walver) | Agreement to Waive Time Period for Review (Y/N) | Hearing Date and Location | CON Legal Notice Publication Deadline | CON Legal Notice Publication Date | Hearing Withdrawn (Y/N) & Date | Date Briefs Filed | Date Hearing Closed | Hearing Officer Decision Deadline (45 days from Date Hearing Closed) | Hearing Officer Recommendation and Date | Chancery Court Appeal Filed (Y/N) & Date | Court of Appeals/S. Ct. Appeal (Y/N) & Date |
|-------------------------------------|--|--------------------------|----------------------|--|--|--|---|---|---------------------------------------|-----------------------------------|--------------------------------|-------------------|---------------------|--|---|--|---|
| Hearing During the Course of Review | 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 Magnetic Resonance Imaging (MRI) and Offering of MRI Services Capital Expenditure: \$1,935,457.00 Location: Oxford, Lafayette County, Mississippi | 6/6/16 | 6/3/16 | Requestor(s): Baptist Memorial Hospital-North Mississippi, Inc. d/b/a Baptist Memorial Hospital-North Mississippi BMH North Mississippi Imaging Services, LLC d/b/a Oxford Diagnostic Center | | 8/2/16 | Y | 10/24/16 through 10/26/16 Licensure | 10/14/16 | 9/9/16 | N | 1/27/17 | 1/27/17 | 3/13/17 | Recommended Approval 3/13/17 | Y 4/26/17 Opinion Upholding MSDH Decision 8/8/17 | Y 9/8/17 |
| Hearing During the Course of Review | CON Review Number: C-NIS-0616-010 Wound Care Management, LLC d/b/a MedCentris Provision of Digital Subtraction Angiography (DSA) Services (Limb Salvage Program) Capital Expenditure: \$317,487.00 Location: Vicksburg, Warren County, Mississippi | 8/25/16 | 8/24/16 | Vicksburg Healthcare, LLC d/b/a Merit Health River Region | 8/30/16 | 10/23/16 | Y | 3/6/17 through 3/9/17 Licensure 4/11/17 through 4/12/17 Underwood | 2/24/17 | 2/15/17 | N | 6/30/17 | 6/30/17 | 8/14/17 | Recommended Approval 8/14/17 | Y 10/11/17 Opinion Upholding MSDH Decision 7/5/18 | Y 7/23/18 |
| Hearing During the Course of Review | CON Review Number: NH-RLS-0818-009 Belhaven Senior Care, LLC Relocation of Belhaven Senior Care to New Building in Madison County Capital Expenditure: \$12,593,624 Location: Jackson, Hinds County, Mississippi | 10/22/18 | 10/16/18 | The Nichols Center Madison, MS Gilchrist Donnell PLLC Brant J. Ryan | 10/22/18 | 12/15/2018 (Saturday) 12/17/18 (Monday) | Y | 1/15/19 through 1/17/19 Location: Osbourne Auditorium 1/17/19 Withdrawn 1/11/19 | | | | | | | | | |
| Hearing During the Course of Review | CON Review Number: HG-NIS-1018-013 Memorial Hospital at Gulfport Acquisition of Mobile MRI Unit & Offering of Mobile MRI Services Capital Expenditure: \$595,000.00 Location: Gulfport, Harrison County, Mississippi | 12/3/18 | 11/29/18 | Singing River Health System Gilchrist Donnell PLLC Brant J. Ryan | 12/12/18 | 1/28/19 | | 3/13/2019 thru 3/15/19 Location: Osbourne Auditorium | | | | | | | | | |

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Six Month Extensions/Progress Reports (SME/Prog. Rep.)

As of Week Ending 1/18/19
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30 days after completion

| Facility/Service Type | Project Description | Date Received | Additional Info Requested | Additional Info Received | Date Completed | Granted/Denied/Project Closed |
|-----------------------|--|---------------|---------------------------|--------------------------|----------------|-------------------------------|
| Hospital | CON Review Number: HG-R-0415-007 CON Number: R-0895 PHC-Cleveland, Inc. d/b/a Bolivar Medical Center Cosmetic Upgrades and Renovations for Bolivar Medical Center Authorized Capital Expenditure: \$4,381,308.00 Capital Expenditure Made to Date: \$4,381,308.00 | 8/1/16 | Y | 4/6/17 | | |
| Hospital | CON Review Number: HG-CB-0909-023 CON Number: R-0817 Methodist Healthcare -Olive Branch Hospital Construction of a 100-Bed Acute Care Hospital, MRI, Therapeutic Cardiac Catherization, Open Heart Surgery Equipment and Services and Obstetrics Authorized Capital Expenditure Made to Date: \$97,135,596.00 | 11/15/17 | | | | |
| Hospital | CON Review Number: HG-RC-0316-003 CON Number: R-0909 Baptist Memorial Hospital- DeSoto, Inc. Emergency Deoartnebt Addition Authorized Capital Expenditure: \$19,204,530.00 Capital Expenditure Made to Date: \$16,199,972 | 11/30/18 | N | N/A | 12/14/18 | Granted |
| Hospital | CON Review Number: HG-CB 0909-023 CON Number: R-0817 Methodist Healthcare-Olive Branch Hosp. Construction of a 100 Bed Acute Care Hosp., MRI, Therapeutic Cardiac Cath., Open-Heart Surg. Equip & Srvs, and Obstetrics Authorized Capital Expenditure: \$137,080,000.00 Capital Expenditure Made to Date: \$97,817,554.00 | 11/30/18 | N | N/A | 12/13/18 | Granted |

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Six Month Extensions/Progress Reports (SME/Prog. Rep.)

As of Week Ending 1/18/19
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| Facility/Service Type | Project Description | Date Received | Additional Info Requested | Additional Info Received | Date Completed | Granted/Denied/Project Closed |
|-------------------------|---|---------------|---------------------------|--------------------------|----------------|-------------------------------|
| Medical Office Building | CON Review Number: MOB-C-0316-005 CON Number: R-0911 Methodist Le Bonheur Healthcare Construction of Medical Office Building Authorized Capital Expenditure: \$ 6,568,860.00 Capital Expenditure Made to Date: \$49,942 | 11/30/18 | N | N/A | 12/13/18 | Granted |

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Change of Ownership (CHOW) Applications

As of Week Ending 1/18/19
 Note: Projects remain on Report for
 30 days after completion

| Facility/Service Type | Project Description | Date Received | Deadline to Complete (30 days from Receipt of Application) | Date Notice Sent to DOM | Date Letter Received from DOM | Additional Info Requested | N/A | Application Approved/Rejected/Returned/Withdrawn |
|-----------------------|---------------------|---------------|--|-------------------------|-------------------------------|---------------------------|-----|--|
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