



# STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

BENJAMIN J. CAYETANO  
GOVERNOR OF HAWAII

MARILYN A. MATSUNAGA  
ADMINISTRATOR

1177 Alakea St. #402, Honolulu, HI 96813 Phone: 587-0788 Fax: 587-0783 www.shpda.org

September 20, 2002

## CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Jody Montell, Administrator  
Gastroenterology Associates Inc.  
134 Pu'uhonu Way  
Hilo, HI 96720

Dear Ms. Montell:

The State Health Planning and Development Agency has evaluated your Certificate of Need application #02-21A for a change in ownership (addition of shareholder) of The Endoscopy Center, 134 Pu'uhonu Way, Hilo, HI at a capital cost of \$125,492.

As provided under Section 11-186-99.1 of the Hawaii Administrative Rules (HAR), the Agency has determined that:

1. This proposal is eligible for administrative review as it meets the criterion in Section 11-186-99.1(b)(6), i.e.: "any proposal which is determined by the agency not to have a significant impact on the health care system."
2. The applicant has proven by a preponderance of evidence that its proposal meets the Cert. criteria in Section 11-186-15, HAR:
  - a. The applicant states that its facility meets the provisions of the Hawaii Health Performance Plan (H2P2) by providing appropriate care, accessible without discrimination at a lower cost than the current service available. The applicant states that this will remain the same after the proposed change in ownership.
  - b. The applicant states that its facility performs 300 procedures per month and is accessible to all patients without discrimination.
  - c. The applicant states that it is JCAHO accredited and has received continued licensure and Medicare certification.
  - d. The applicant states that there will be no cost to its patients as a result of the change in ownership.
  - e. The applicant states that it has transfer arrangements with the only hospital in the area and will continue to support the hospital by using it for patients who are not appropriate for outpatient procedures.

f. The applicant states that it does not require any additional resources for the proposal.

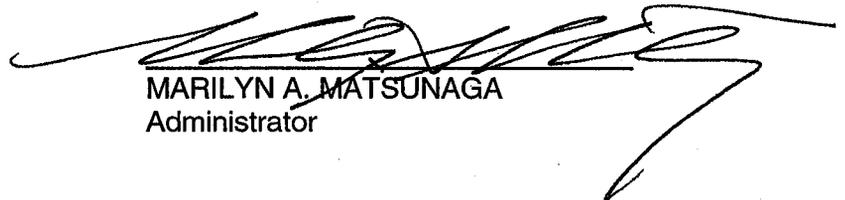
There is no compelling public interest which will be served by requiring the application to go through the standard review process.

Pursuant to Section 323D-43(b), Hawaii Revised Statutes (HRS), the Agency finds that:

1. There is a public need for this proposal.
2. The cost of the service will not be unreasonable in light of the benefits it will provide and its impact on health care costs.

Accordingly, the State Health Planning and Development Agency hereby APPROVES and ISSUES a Certificate of Need to Gastroenterology Associates Inc. for the proposal described in Cert. # 02-21A. The maximum capital expenditure allowed under this approval is \$125,492.

Please be advised that pursuant to Section 323D-47, HRS and Section 11-186-99.1(g) HAR, any person may, for good cause shown, request in writing a public hearing for reconsideration of the Agency's decision within ten working days from the date this decision. Accordingly, if no person makes such a timely request for reconsideration, this decision shall become final immediately after the deadline for making such a request has expired.



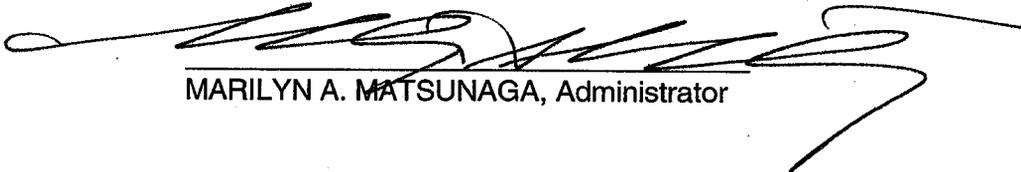
MARILYN A. MATSUNAGA  
Administrator

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the attached Administrative Review Decision was duly served upon the applicant by sending it by certified mail, return receipt requested, in the United States Postal Service addressed as follows on September 20, 2002.

Jody Montell, Administrator  
Gastroenterology Associates Inc.  
134 Pu'uohou Way  
Hilo, HI 96720

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AND DEVELOPMENT AGENCY

  
MARILYN A. MATSUNAGA, Administrator