COMMONWEALTH OF VIRGINIA

APPLICATION FOR A

MEDICAL CARE FACILITIES CERTIFICATE OF PUBLIC NEED

(CHAPTER 4, ARTICLE 1:1 OF TITLE 32.1,

SECTIONS 32.1 – 102.1 THROUGH 32.1 – 102.12 OF

THE CODE OF VIRGINIA OF 1950, AS AMENDED)

COPN REQUEST NO VA-8906

NOVA HEART & RHYTHM CENTER, LLC

INTRODUCE CARDIAC CATHETERIZATION IN AN EXISTING MEDICAL CARE FACILITY WITH 1 LAB

JULY 30, 2026

NOVA
HEART & RHYTHM CENTER

SECTION I FACILITY ORGANIZATION AND IDENTIFICATION

A. NOVA Heart & Rhythm Center
Official Name of Facility

1990 Old Bridge Road
Address

Woodbridge	VA	22192
City	State	Zip

804-492-6822
Telephone

B. NOVA Heart & Rhythm Center, LLC
Legal Name of Applicant

1990 Old Bridge Road
Address

Woodbridge	VA	22192
City	State	Zip

A. Chief Administrative Officer

Dr. Mitesh Amin
Name

7275 Glen Forest Dr., Suite 202
Address

Richmond	VA	23226
City	State	Zip

804-400-1322
Telephone

B. Person(s) to whom questions regarding application should be directed:

Dr. Mitesh Amin
Name

7275 Glen Forest Dr., Suite 202
Address

Richmond	VA	23226

City State Zip

804-400-1322
Telephone Facsimile

E. Type of Control and Ownership (Complete appropriate section for both owner and operator.)
Will the facility be operated by the owner? Yes X No

Owner of the Facility (Check one)	Proprietary	Operator of Facility (Check one)
(1)	(1) Individual	(1)
(2)	(2) Partnership-attach copy of Partnership Agreement and receipt showing that agreement has been recorded	(2)
(3)	(3) Corporate-attach copy of Articles of Incorporation and Certificate of Incorporation	(3)
(4) X	(4) Other Identify	(4) X

Limited Liability Company

See Attachment I.E for the Articles of Organization.

Non-Profit

(5)	(5) Corporation-attach copy of Articles of Incorporation and Certificate of Incorporation	(5)
(6)	(6) Other Identify	(6)

Governmental

(7)	(6) State	(7)
(8)	(8) County	(8)
(9)	(9) City	(9)
(10)	(10) City/County	(10)

(11) _____	(11) Hospital Authority or Commission	(11) _____
(12) _____	(12) Other_____Identify	(12) _____

F. Ownership of the Site (Check one and attach copy of document)
(1) _____ Fee simple title held by the applicant
(2) _____ Option to purchase held by the applicant
(3) ____X____leasehold interest for not less than ____10____ years
(4) _____Renewable lease, renewable every _____ years
(5) _____ Other _____Identify

See Attachment I.F for a copy of the lease.

G. Attach a list of names and addresses of all owners or persons having a financial interest of five percent (5%) or more in the medical care facility.

NOVA Heart & Rhythm Center, LLC is wholly owned by James River Cardiology, LLC ("JRC"), which is ultimately owned by Cavalier MSO, LLC d/b/a AlignedCardio.

(a) In the case of proprietary corporation also attach:

(1) A list of the names and addresses of the board of directors of the corporation.

(2) A list of the officers of the corporation.

(3) The name and address of the registered agent for the corporation.

(b) In the case of a non-profit corporation also attach:

(1) A list of the names and addresses of the board of directors of the corporation
(2) A list of the officers of the corporation
(3) The name and address of the registered agent for the corporation

(c) In the case of a partnership also attach:

(1) A list of the names and addresses of all partners.
(2) The name and address of the general or managing partner.

(d) In the case of other types of ownership, also attach such documents as will clearly identify the owner.

See Attachment I.E for the Articles of Organization

H. List all subsidiaries wholly or partially owned by the applicant.

NOVA Heart & Rhythm Center, LLC has no subsidiaries.

I. List all organizations of which the applicant is wholly or partially owned subsidiary.

NOVA Heart & Rhythm Center, LLC is ultimately a wholly-owned subsidiary of Cavalier MSO, LLC (doing business as "AlignedCardio").

J. If the operator is other than the owner, attach a list of the names(s) and addresses of the operator(s) of the medical care facility project. In the case of a corporate operator, specify the name and address of the Registered Agent. In the case of the partnership operator, specify the name and address of the general or managing partner.

Not applicable. The owner is the operator.

K. If the operator is other than the owner, attach an executed copy of the contract or agreement between the owner and the operator of the medical care facility.

Not applicable. The owner is the operator.

SECTION II ARCHITECTURE AND DESIGN

A. Location of the Proposed Project

1. Size of site: **1.6** acres

2. Located in Prince William County / Planning District 8
City / County / Planning District

3. Address or directions 1990 Old Bridge Road
Woodbridge, VA 22192

4. Has site been zoned for type of use proposed:

X Yes (attach copy of zoning or use permit)

See Attachment II.A.4

_____ No

If no, explain status _____

_____

B. Type of project for which Certificate of Public Need is requested. (Check one)

(1) _____ New construction

(2) **X** Remodeling/modernization of an existing facility

(3) _____ No construction or remodeling/modernization

(4) _____ Other _____ (Identify)

C. Design of the facility

(1) Does the facility have a long range plan? If yes, attach a copy.

This COPN application reflects James River Cardiology, LLC's ("JRC") long-range strategic plan to expand access to comprehensive, high-quality cardiovascular care through the development of community-based outpatient facilities that improve patient access, enhance clinical outcomes, and reduce the overall cost of care. Through its affiliated platform, AlignedCardio, JRC continues to invest in advanced cardiovascular diagnostics, ambulatory procedural services, and innovative care delivery models that allow patients to receive appropriate care in convenient

outpatient settings while maintaining the highest standards of quality and patient safety.

For more than a decade, JRC and its affiliated practices have provided comprehensive cardiovascular care throughout Virginia through a multidisciplinary team of board-certified physicians specializing in cardiovascular disease, interventional cardiology, cardiac electrophysiology, peripheral vascular disease, structural heart disease, advanced cardiac imaging, and vascular medicine. Through continued growth, strategic expansion, and physician recruitment, the organization has developed an integrated cardiovascular platform that spans the full continuum of cardiac care—from prevention and diagnosis through advanced interventional and electrophysiology procedures.

As part of this long-term strategy, JRC acquired NOVA Cardiovascular Care, one of Northern Virginia's established cardiovascular practices. The acquisition expanded JRC's presence into Northern Virginia and established a platform from which additional outpatient cardiovascular services could be developed to meet the growing needs of the region. The practice continues to serve patients throughout the region under the NOVA Cardiovascular Care name. The practice maintains an established physician group, experienced clinical staff, and a large, well-established patient population throughout Planning District 8. The proposed NOVA Heart & Rhythm Center represents the next phase of JRC's long-term investment in Northern Virginia and builds directly upon this existing clinical foundation.

The proposed project will establish a state-of-the-art ambulatory surgery center consisting of one operating room and one cardiac catheterization laboratory dedicated exclusively to outpatient cardiovascular care. The facility will allow JRC's physicians to perform clinically appropriate cardiovascular procedures in a specialized outpatient environment designed specifically for efficiency, quality, patient convenience, and safety. The project represents a natural evolution of the existing NOVA Cardiovascular Care practice by expanding the continuum of services available to its established patient population rather than creating a new source of demand.

Advances in cardiovascular technology, minimally invasive procedures, anesthesia, imaging, and patient selection have resulted in a continued migration of appropriate cardiovascular procedures from the traditional inpatient hospital setting to ambulatory surgery centers. Numerous procedures that historically required hospitalization can now be performed safely and effectively in a dedicated outpatient facility at a substantially lower cost while maintaining exceptional clinical outcomes and patient satisfaction. The proposed NOVA Heart & Rhythm Center is intended to meet this evolving standard of care by providing a modern outpatient environment specifically designed for cardiovascular procedures.

The proposed project is fully consistent with JRC's long-range objectives of expanding access to advanced cardiovascular services, improving patient outcomes,

supporting physician-led innovation, and delivering care in the most clinically appropriate and cost-effective setting. Consistent with these objectives, the project will:

- **Expand access to outpatient cardiovascular procedures for patients throughout Planning District 8.**
- **Provide a dedicated cardiovascular ambulatory surgery center designed specifically for cardiac procedures, improving efficiency, quality, and the overall patient experience.**
- **Reduce overall healthcare expenditures by relocating appropriate procedures from higher-cost hospital settings to a lower-cost ambulatory surgery center.**
- **Improve patient access through shorter wait times, more predictable scheduling, easier navigation, and a streamlined outpatient experience.**
- **Eliminate delays associated with hospital emergency case prioritization, allowing procedures to be performed more efficiently and with greater scheduling certainty.**
- **Enhance physician and staff recruitment, retention, and satisfaction through a dedicated outpatient cardiovascular environment with predictable scheduling and reduced after-hours call responsibilities.**
- **Continue JRC's strategic investment in Northern Virginia by expanding the services available through its established NOVA Cardiovascular Care practice and strengthening the continuum of cardiovascular care available within the community.**

Accordingly, the proposed NOVA Heart & Rhythm Center represents a logical and necessary extension of JRC's long-range strategic plan to deliver comprehensive, accessible, innovative, and value-driven cardiovascular care throughout Virginia. By building upon the established NOVA Cardiovascular Care practice, the project will enhance access to high-quality outpatient cardiovascular services for the residents of Planning District 8 while improving efficiency, reducing healthcare costs, and advancing the delivery of patient-centered cardiovascular care.

(2) Briefly describe the proposed project with respect to location, style and major design features, and the relationship of the current proposal to the long range plan.

The proposed project involves the establishment of the NOVA Heart & Rhythm Center, a dedicated outpatient cardiovascular ambulatory surgery center located in Planning District 8. The facility will be strategically located within the existing NOVA Cardiovascular Care practice, allowing patients to receive advanced outpatient cardiovascular procedures within the same physician practice where they receive their ongoing cardiovascular care. This integrated model promotes continuity of care, improves patient convenience, and enhances coordination between physicians, clinical staff, and procedural services.

The project consists of the development of a state-of-the-art ambulatory surgery center containing one operating room and one dedicated cardiac catheterization laboratory designed exclusively for outpatient cardiovascular procedures. The facility will be accredited by the Accreditation Association for Ambulatory Health Care (AAAHC) and constructed in accordance with all applicable state, federal, and accreditation standards governing ambulatory surgery centers.

The facility has been intentionally designed to maximize patient safety, operational efficiency, and the overall patient experience. Clinical areas will include a dedicated cardiac catheterization laboratory, a fully equipped operating room, pre-procedure assessment and preparation bays, post-anesthesia recovery areas, patient consultation rooms, centralized nursing stations, physician work areas, clean and soiled utility spaces, equipment storage, and administrative support areas. The layout promotes efficient patient flow while maintaining privacy and allowing continuous visual observation of patients throughout the perioperative and recovery process.

Because the project is located within an existing outpatient cardiovascular practice, patients will benefit from a familiar care environment, coordinated scheduling, and direct access to their treating physicians before, during, and after their procedures. The facility is designed to minimize unnecessary patient movement, reduce wait times, and streamline clinical workflows while maintaining the flexibility to accommodate future advances in outpatient cardiovascular care.
The cardiac catheterization laboratory will be equipped with advanced cardiovascular imaging technology designed to provide high-quality imaging while minimizing radiation exposure to both patients and clinical staff. The selected imaging system incorporates modern imaging software, advanced dose-reduction technology, and integrated workflow capabilities that improve procedural efficiency, support optimal clinical decision-making, and enhance patient safety.

The facility has also been designed with patient safety as a primary consideration. Dedicated ambulance access will be provided adjacent to the procedural area, allowing rapid transfer of patients requiring hospital-based care while maintaining patient privacy and minimizing disruption to other patients and visitors. Recovery areas have been designed to allow continuous nursing observation and efficient communication among physicians, nurses, and ancillary staff.

The proposed project directly supports JRC's long-range strategic plan to expand access to advanced cardiovascular services through specialized outpatient facilities. Building upon the established NOVA Cardiovascular Care practice, the NOVA Heart & Rhythm Center will provide patients throughout Planning District 8 with access to a comprehensive outpatient cardiovascular center capable of delivering high-quality, cost-effective procedural care in an environment specifically designed for cardiovascular patients. The project represents the natural evolution of JRC's integrated cardiovascular care model by extending the continuum of services

available to its existing patient population while improving access, efficiency, and the overall patient experience.

See Attachment II.C.2 for additional information regarding the proposed facility layout and major equipment specifications.

(3) Describe the relationship of the facility to public transportation and highway access.

The proposed NOVA Heart & Rhythm Center is strategically located at 1990 Old Bridge Road, Woodbridge, Virginia, providing excellent access to both public transportation and the regional highway network. The facility is centrally located within one of Northern Virginia's largest population centers and is readily accessible for patients residing throughout Prince William County and the surrounding communities of Stafford, Fairfax, and eastern Loudoun Counties.

The site benefits from proximity to several regional public transportation options:

- **OmniRide Local Bus Service: Multiple OmniRide local bus routes operate along Old Bridge Road and nearby Prince William Parkway, providing convenient access for residents throughout Woodbridge, Lake Ridge, Dale City, and surrounding communities. These routes connect patients to major commercial, medical, and residential areas within Prince William County.**
- **OmniRide Express Service: Express commuter bus routes provide weekday service between Prince William County and destinations throughout Northern Virginia and Washington, D.C., including the Pentagon and downtown Washington. These services enhance regional accessibility for both patients and employees.**
- **Virginia Railway Express (VRE): The nearby Woodbridge VRE Station provides commuter rail service along the Fredericksburg Line between Spotsylvania County and Washington, D.C., offering an additional regional transportation option for patients, visitors, and staff.**
- **MetroAccess and OmniRide ADA Paratransit: ADA-compliant paratransit services are available for qualifying individuals, providing door-to-door transportation for patients with mobility limitations and improving access to outpatient cardiovascular services designed specifically for elective cardiovascular procedures.**

The location also offers outstanding vehicular access through Northern Virginia's major transportation network:

- **Interstate 95 (I-95): Located approximately one mile from the proposed facility, Interstate 95 provides direct north-south access throughout Northern Virginia, Richmond, and the broader East Coast corridor, allowing patients to conveniently travel from throughout the region.**
- **Prince William Parkway (Route 294): Located immediately adjacent to the project area, Prince William Parkway serves as one of the county's primary**

east-west transportation corridors, providing convenient access between Woodbridge, Manassas, and surrounding communities.

- **Old Bridge Road (Route 641): The facility fronts directly on Old Bridge Road, a major arterial roadway that provides direct access to residential neighborhoods, medical offices, commercial centers, and Interstate 95.**
- **U.S. Route 1 (Jefferson Davis Highway): Located a short distance east of the project, U.S. Route 1 provides an additional north-south travel corridor serving Woodbridge and surrounding communities.**
- **Regional Highway Network: The site is conveniently accessible from other major transportation corridors, including Route 123 (Gordon Boulevard), Route 234 (Dumfries Road), and Fairfax County Parkway via Interstate 95, allowing efficient access for patients throughout Planning District 8.**

The proposed location provides ample on-site parking, convenient building access, and a well-developed local roadway network designed to accommodate patients, family members, emergency medical services, and healthcare personnel. Its accessibility by both public transportation and the regional highway system supports the project's goal of improving access to high-quality outpatient cardiovascular services for residents throughout Planning District 8.

(4) Relate the size, shape, contour and location of the site to such problems as future expansion, parking, zoning and the provision of water, sewer and solid waste services.

NHRC will be located in a stand-alone medical office building with sufficient on-site parking. The site is fully capable of supporting the proposed project and future operational needs with respect to parking, zoning, utilities, and infrastructure.

Water and sewer are currently supplied by the county; solid waste services are supplied by the property owner.

(5) If this proposal is to replace an existing facility, specify what use will be made of the existing facility after the new facility is completed.

The Center will use a portion of the square footage that is currently occupied by one of existing clinics. The practice will continue to maintain a clinic in the same building so that there will be no burden on the patients.

(6) Describe any design features which will make the proposed project more efficient in terms of construction costs, operating costs, or energy conservation.

The Center will be located at an existing medical facility. The Center will meet the infrastructure requirements for installing the new cath lab.

The facility will include energy efficient fixtures and devices such as LED lighting, variable speed drives on equipment motors, modulating electric heat and fan boxes, occupancy sensors, and energy efficient transformers.

The Center will maintain compliance with the 2008 American Society for Heating, Refrigerating, and Air Conditioning Engineers (ASHRAE) Standard 170 for heating, ventilation, and air conditioning (HVAC) system requirements, per the certification requirements from AAAHC, including maintenance of records that demonstrate consistent maintenance of standards.

D. Describe and document in detail how the facility will be provided with water, sewer and solid waste services. Also describe power source to be used for heating and cooling purposes. Documentation should include, but is not limited to:

The Center will be located in an existing facility. The current supply of utilities is more than sufficient for the Center.

(1) Letters from appropriate governmental agencies verifying the availability and adequacy of utilities,

Utilities are already available.

(2) National Pollution Discharge Elimination System permits,

Not applicable.

(3) Septic tank permits, or

Not applicable.

(4) Receipts for water and sewer connection and sewer connection fees.

See Attachment II.D.4 - Utility Receipts

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E. Space tabulation – (show in tabular form)

1. If Item #1 was checked in II-B, specify:

a. The total number of square feet (both gross and net) in the proposed facility.

b. The total number of square feet (both gross and net) by department and each type of patient room (the sum of the square footage in this part should equal the sum of the square footage in (a) above and should be consistent with any preliminary drawings, if available).

2. If Item #2 was checked in II-B, specify:

a. The total number of square feet (both gross and net) by department and each type of patient room in the existing facility.

b. The total number of square feet (both gross and net) to be added to the facility.

Gross: 0 square feet; Net: 0 square feet

c. The total number square feet (both gross and net) to be remodeled, modernized, or converted to another use.

Gross: 3,996 square feet; Net: 3,662 square feet

d. The total number of square feet (both gross and net) by department and each type of patient room in the facility upon completion. (The sum of square footage in this part should equal the sum of the square footages in parts (a) and (b) above and should be consistent with any preliminary drawings, if available. (The department breakdown should be the same as in (a) above.)

See Attachment II.E.2.d. for a detailed floor plan for the Center

3. Specify design criteria used or rationale for determining the size of the total facility and each department within the facility.

NOVA Heart & Rhythm Center's facility was designed to meet all of the requirements for accreditation as an ambulatory surgery center including the current requirements for the 2018 Facility Guidelines Institute ("FGI"), Guidelines for Design and Construction of Health Care Facilities, Americans with Disabilities Act ("ADA") guidelines, National Fire Protection Association 101 Life Safety Code ("NFPA 101"), the International Building Code ("IBC"), the ASHRAE 90.1 Energy Conservation Code ("ASHRAE"), the Virginia Uniform Statewide Building Code, and applicable local codes.

The procedure room for the anticipated cath lab will be the appropriate size for these sophisticated procedures and will accommodate the necessary equipment and personnel to operate them.

F. Attach a plot plan of the site which includes at least the following:

1. The courses and distances of the property line.

2. Dimensions and location of any buildings, structures, roads, parking areas, walkways, easements, right-of-way or encroachments on the site.

See Attachment II.F

G. Attach a preliminary design drawing drawn to a scale of not less than 1/16"-1'0" showing the functional layout of the proposed project which indicates at least the following:

1. The layout of each typical functional unit.

2. The spatial relationship of separate functional components to each other.

3. Circulatory spaces (halls, stairwells, elevators, etc.) and mechanical spaces.

See Attachment II.E.2.d.

H. Construction Time Estimates

1.	Date of Drawings:	Preliminary **Jul 2026** Final **Jul 2026**
2.	Date of Construction:	Begin **Jan 2027** Completion **May 2027**
3.	Target Date of Opening:	**June 2027***

*** Timelines assume COPN approval in January 2027. Until COPN approval for cardiac catheterization services is received, the facility will be used only for approved electrophysiology procedures.**

SECTION III SERVICE DATA

A. In brief narrative form describe the kind of services now provided and/or the kind of services to be available after completion of the proposed construction or equipment installation.

NOVA Heart & Rhythm Center physicians will perform outpatient cardiovascular procedures such as insertion of permanent pacemakers and implantable cardioverter defibrillators ("ICDs"), pacemaker and defibrillator battery replacements, and implantable cardiac monitors. We also anticipate performing cardiac ablations at the Center starting in 2027.

The proposed project will also allow NOVA Heart & Rhythm Center to offer cardiac catheterizations and angioplasties.

Currently, we plan to use the facility 3 days per week for electrophysiology procedures ("EP") and 2 days per week for cath procedures.

B. Describe measures used or steps taken to assure continuity of care.

We are committed to assuring continuity of care for our patients. This commitment is demonstrated by the expansive scope of services that we currently provide for our patients, including medical and surgical cardiac care, advanced cardiac diagnostic imaging, and EP procedures.

Allowing our physicians to perform cardiac caths in NOVA Heart & Rhythm Center will further enhance the range of services we can provide our patients. NOVA Heart & Rhythm Center will use the same EMR system, athenahealth, as our physicians use in the clinic. This will allow staff to schedule needed procedures, as well as follow-up appointments all at the same time, and usually while the patient is in the office for his or her appointment.

Performing cardiac caths within NOVA Heart & Rhythm Center will provide physicians and schedulers with additional procedures that they can schedule efficiently within the system. The EMR / patient portal system also provides physicians and patients access to PHI and medical records all in one convenient location. Also, our EMR interfaces with the EMR systems at area hospitals, which allows for seamless access to patient information by providers and staff.

Physicians can also communicate electronically with referring physicians (or notify them by phone if critical) and can provide copies of medical records to other providers as necessary for appropriate follow up and continuity of care, as permitted by applicable health records privacy laws.

The addition of the cath lab will further consolidate the number of providers and health care organizations that our patients would need to utilize, thus improving the

seamless continuity of care. All patients will be under the care of a NOVA Cardiovascular Care physician, which facilitates and ensures appropriate follow-up.

In addition, post-procedure follow-up will be integrated into the clinic workflow. Patients will be contacted within 24 hours by nursing staff for recovery checks, and follow-up appointments will be scheduled in-person or via telehealth based on physician discretion.

C. What procedures are utilized in quality care assessment?

NOVA Heart & Rhythm Center will undergo accreditation by AAAHC. To qualify for accreditation, a facility must meet rigid standards for emergency equipment, quality control, anesthesia, instrumentation, procedural policy, and patient safety. As an accredited, Medicare-certified facility, there will be a robust Quality Assessment and Performance Improvement (QAPI) Plan in place that will meet AAAHC, CMS, and Federal and State regulations, which would extend to any procedures performed in the cath lab.

The quality program is used to identify potential problems and impacts, and to make recommendations using studies, root cause analysis, and peer reviews. The quality program defines the processes to measure, analyze, track, and trend quality and risk indicators, adverse events, infection control, emergency preparedness, and other aspects of performance.

The Center will also participate in the Virginia Cardiac Services Quality Initiative (VCSQI). At NOVA Heart & Rhythm Center, everyone, including physicians, staff, and administration, will be committed to and accountable for quality and risk. There will be a shared focus on the improvement of healthcare services, facility operations, safety of patient care, and on achieving these goals in an efficient and cost-effective manner.

The QAPI Committee will facilitate the administration of quality assurance and will meet at least quarterly in support of this objective. The QAPI Committee will report to NHRC's Board of Managers, which will be comprised of three Board-certified cardiologists and will be responsible for oversight and accountability for the QAPI program.

The Center will also track and trend several quality metrics, and, when available, participate in benchmarking activities with the ASC Quality Collaboration (ASCQC) and Ambulatory Surgery Center Association (ASCA). Some of the quality metrics to be monitored include antibiotic timing, and complications such as transfers, ER visits and hospital admissions within 24 hours of a procedure, post-operative bleeding, wrong site surgery, deep vein thrombosis, case start times, turnover times, and patient satisfaction.

The Center will implement a stringent credentialing process, which will ensure that all patients are treated by providers whose qualifications, training, licensure, and skill are appropriate for each individual case.[1] This credentialing process will follow the recommended AAAHC, CMS, and other guidelines from Virginia and federal authorities. The Center's process also incorporates standards from the National Committee for Quality Assurance (NCQA), which requires primary sources to verify all certificates, diplomas, degrees, training, education, and other pertinent information that is submitted by practitioners and that impacts clinical practice.

The Center will require that all credentialed physicians be board-certified, have an unrestricted license to practice medicine in Virginia, hold and maintain the same privileges at an area hospital as those requested at the ASC, and be ACLS certified. The Center's Board of Managers will be responsible for reviewing all credentialing information and approving practitioner appointments and privileges. The credentialing process also will include a peer review program that will involve an ongoing process to assess and evaluate the quality, safety, and appropriateness of patient care based on the respective standards of care for each practice area. The peer review process will monitor provider quality and focus on the key drivers of clinical outcomes, such as patient and procedure selection, perioperative management, anesthesia, complications, and recovery, and provide relevant information for determining the competence of licensed practitioners.

The Center's Medical Director will be Dr. Oluwaseyi Bolorunduro, who is board-certified in Cardiology, Interventional Cardiology, Nuclear Medicine, and Vascular ultrasound (See Dr. Bolorunduro's CV in Attachment III.C.). Dr. Bolorunduro currently performs cardiac catheterization procedures within Planning District 8 and will oversee implementation of the outpatient catheterization program. Within PD 8, Dr. Bolorunduro has active privileges at Inova Fairfax Hospital and Sentara Northern Virginia Medical Center.

As Medical Director of the Center, Dr. Bolorunduro will be involved in the ASC's direction, objectives, and policy development and implementation. He will be responsible for working with physicians and staff to educate them on patient care procedures and to determine what can be done to improve overall care quality. He will be responsible for review of medical staff appointment and privileges to ensure all credentialed providers are qualified and provide high quality care to all patients. He will also be the Chair of the Quality Assurance and Performance Improvement Committee and a member of the ASC Governing Board.

In 2021, The Society for Cardiovascular Angiography & Interventions (SCAI) issued an update on the best practices for cardiovascular catheterization laboratories.

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[1] Patel, R., & Sharma, S. (2022, October 24). Credentialing. National Library of Medicine.
https://www.ncbi.nlm.nih.gov/books/NBK519504/.

SCAI's stated purpose of this update was to influence an industry-wide shift in quality and value of care through process improvement and standardization.

Through this update, SCAI stressed the importance of credentialing, ASCs meeting the same standards as hospitals, and the existence of transfer protocols.[2] SCAI noted that optimizing quality includes shared decision-making in the informed consent process, the use of time-out checklists, and overall collaboration between physicians, medical directors, clinical teams, and administrators, as well as continuous quality assurance programs including reporting and benchmarking.[3] The Center will have processes and procedures in place that mirror SCAI's recommendations for outpatient catheterization laboratories.

D. Describe the plan for obtaining additional medical, nursing and paramedical personnel required to staff the project following completion and identify the sources from which such personnel are expected to be obtained.

We have a strong track record of identifying, recruiting, and hiring leading cardiologists and supporting staff to deliver high quality care to PD 8. The ASC will be staffed by a combination of existing employees and new hires that join between now and the expected Center opening date. Most clinical personnel already reside within Planning District 8 and currently support the existing NOVA Cardiovascular Care practice. NHRC has rigorously modeled the specific staffing needs of the Center and is already calibrating recruiting efforts toward filling those specific positions.

E. Facilities and Services to be Provided (Check)

		Existing	This Project To be Added	This Project to to be Discontinued
1.	Outpatient Surgery (Cardiac Cath)	_____	X	_____
2.	Post Operative Recovery Room	_____	X	_____

[2] Neale, Todd. "CMS Finalizes Rule Allowing Reimbursement of PCI in Ambulatory Centers." TCTMD, 13 May 2021, https://www.tctmd.com/news/cms-finalizes-rule-allowing-reimbursement-pci-ambulatory-centers.

[3] Abbott, MD, FACC, J. D., Slotwiner, MD, FACC, D. J., Kolansky, MD, FACC, D. M., & Naidu, MD, FACC, S.S. SCAI expert consensus update on best practices in the cardiac catheterization laboratory: Optimizing Quality of Care. American College of Cardiology. https://www.acc.org/latest-in-cardiology/articles/2021/07/29/17/05/scaiexpert-consensus-update-cardiac-catheterization-laboratory.

3.	Pharmacy with full-time pharmacists part-time pharmacists	_____ _____	_____ _____	_____ _____
4.	Diagnostic Radio- logical Services x-ray radioisotope CT scanning	 _____ _____ _____	 _____ _____ _____	 _____ _____ _____
5.	Therapeutic Radio- logical Services Specify Source(s) or Type(s) or Equipment Used	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
6.	Clinical Pathology Laboratory	_____	_____	_____
7.	Blood Bank	_____	_____	_____
8.	Electroencephalo- graphy	_____	_____	_____
9.	Electrocardiography	_____	_____	_____
10.	Ultrasonography	_____	_____	_____
11.	Respiratory Therapy	_____	_____	_____
12.	Renal Dialysis chronic outpatient home dialysis training	 _____ _____	 _____ _____	 _____ _____
13.	Alcoholism Service	_____	_____	_____
14.	Drug Addiction			

	Service	_____	_____	_____
15.	Physical Therapy Department	_____	_____	_____
16.	Occupational Therapy Department	_____	_____	_____
17.	Medical Rehabilitation outpatient	_____	_____	_____
18.	Psychiatric Service	_____	_____	_____
	outpatient	_____	_____	_____
	emergency service	_____	_____	_____
19.	Clinical Psychology	_____	_____	_____
20.	Outpatient Emergency Service	_____	_____	_____
21.	Social Service	_____	_____	_____
22.	Family Planning Service	_____	_____	_____
23.	Genetic Counseling Service	_____	_____	_____
24.	Abortion Service	_____	_____	_____
25.	Pediatric Service	_____	_____	_____
26.	Obstetric Service	_____	_____	_____
27.	Gynecological Service	_____	_____	_____
28.	Home Care Service	_____	_____	_____
29.	Speech Pathology Service	_____	_____	_____
30.	Audiology Service	_____	_____	_____
31.	Paramedical Training			

	Program	_____	_____	_____
32.	Dental Service	_____	_____	_____
33.	Podiatric Service	_____	_____	_____
34.	Pre-Admission Testing	_____	_____	_____
35.	Pre-Discharge Planning	_____	_____	_____
36.	Multiphasic Screening	_____	_____	_____
37.	Other (Identify)	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

F. Program

1. Is (will) this outpatient facility (be) a department, unit or satellite of a hospital?

   _____ Yes (Give name of hospital) _____

   ____X___ No

2. Is this outpatient facility affiliated with or does it have a transfer agreement with a hospital?

   ____X___ Yes **Sentara Northern Virginia Medical Center**

The proposed NOVA Heart & Rhythm Center will maintain a transfer agreement with Sentara Northern Virginia Medical Center, located in Woodbridge, Virginia, to facilitate the timely transfer of patients requiring a higher level of care than can be safely provided in the ambulatory surgery center. Written transfer protocols will be established in accordance with Virginia Department of Health regulations, AAAHC accreditation standards, and the facility's policies and procedures.

Emergency transfers will be coordinated through the local emergency medical services (EMS) system. The close proximity of Sentara Northern Virginia Medical Center to the proposed facility provides efficient access to comprehensive emergency, inpatient, and specialty cardiovascular services

should an unexpected clinical situation arise. These protocols will ensure continuity of care while maintaining the highest standards of patient safety.

_____ No

3. Is (will) there (be) an arrangement whereby medical records can readily be transferred between this outpatient facility and an inpatient facility (ies)?
____X___ Yes (give name of facility)

JRC, through its NOVA Cardiovascular Care practice, utilizes a fully integrated electronic health record that allows patient medical records, diagnostic studies, procedure reports, and other clinical information to be readily shared with Sentara Northern Virginia Medical Center, as necessary to facilitate continuity of care. In the event that a patient requires transfer to the hospital, all pertinent clinical information will be transmitted promptly in accordance with applicable federal and state privacy laws, including the Health Insurance Portability and Accountability Act (HIPAA), as well as established transfer protocols.

In addition, physicians practicing at the NOVA Heart & Rhythm Center maintain active relationships with the local medical community and will coordinate directly with hospital physicians to ensure timely communication and continuity of patient care before, during, and following any hospital transfer.

_____ No

4. Outpatient services are (will be) available from **8:00 a.m. to 5:00 p.m.**
5 days of week.

5. Does (will) the facility operate scheduled clinics?

_____ Yes (Attach clinic schedule list)

___X___ No

The Center will operate as an ASC with scheduled procedure times.

6. Are there other organized outpatient services in your primary service area?

____X__Yes _____ No

7. The outpatient facility is (will be) staffed:

(a) Only by physicians on call: _____ Yes ___X___ No

(b) By full time physicians: ___X___ Yes _____ No

(c) By physicians who limit their practice to this outpatient service? _____ Yes ____X__ No

8. State specifically any limitations or restrictions for participation in the services of the facility.

The NOVA Heart & Rhythm Center will provide outpatient cardiovascular services to the adult population of Planning District 8. All procedures performed at the Center will be scheduled elective outpatient procedures, with patients expected to be discharged on the same day following an appropriate period of post-procedural recovery.

Patients treated at the Center will be established patients of JRC, through its NOVA Cardiovascular Care practice, or patients referred to the practice for evaluation and treatment. Each patient will undergo a comprehensive pre-procedural evaluation to determine whether the proposed procedure can be performed safely in the ambulatory surgery center. Patient selection will be based on the individual's clinical condition, medical history, comorbidities, procedural complexity, anesthesia risk, and other factors established through evidence-based clinical guidelines and the Center's medical staff policies. Final determination of the appropriate site of service will remain the responsibility of the treating physician.

Only patients who are determined by the treating physician to be appropriate candidates for outpatient care will undergo procedures at the Center. Patients with significant comorbidities, elevated procedural risk, unstable cardiovascular conditions, or other factors requiring inpatient resources will instead be treated at an acute care hospital.

For percutaneous coronary intervention (PCI) procedures, the Center will utilize the patient selection criteria and clinical decision-making framework outlined in the Society for Cardiovascular Angiography and Interventions (SCAI) position statement regarding the performance of PCI in ambulatory surgery centers. The SCAI algorithm, included in Attachment III.F.8, will serve as the primary framework for evaluating patient suitability for outpatient PCI. Patients who do not satisfy these evidence-based selection criteria will be referred for treatment in the hospital setting.

These patient selection protocols are intended to ensure that procedures performed at the Center are limited to patients who can be safely treated in the ambulatory setting while maintaining the highest standards of quality, patient safety, and clinical outcomes.

G. Please provide historical and/or project utilization statistics for the facility including number of patients, number of patient visits and number of patient services.

The proposed NOVA Heart & Rhythm Center is a new facility and, therefore, has no historical operating utilization. However, the physicians who will practice at the Center currently perform diagnostic cardiac catheterization, percutaneous coronary intervention (PCI), electrophysiology procedures, peripheral vascular interventions, and other cardiovascular procedures at hospitals throughout Planning District 8.

To develop the projected utilization for the proposed facility, JRC analyzed historical procedural volumes performed by the physicians of its NOVA Cardiovascular Care practice at their current hospital locations. These historical volumes provide a reliable basis for projecting utilization because the majority of procedures performed at the proposed facility will represent the migration of existing outpatient cases from the hospital setting to the ambulatory surgery center, rather than creating new demand. This approach is consistent with national trends in cardiovascular care, as advances in technology, procedural techniques, and CMS reimbursement policy continue to encourage migration of appropriate cardiovascular procedures from hospital outpatient departments to ambulatory surgery centers.

Consistent with the State Medical Facilities Plan ("SMFP"), historical cardiac catheterization procedures were categorized as diagnostic procedures, therapeutic procedures, or combined diagnostic and therapeutic procedures performed during the same patient encounter. These data were converted to Diagnostic Equivalent Procedures ("DEPs") using the methodology prescribed by the SMFP. The resulting historical utilization serves as the basis for projecting utilization of the proposed cardiac catheterization laboratory.

Table III.G.1 summarizes the historical cardiac catheterization volumes performed by the participating physicians between 2022 and 2025. During this period, total cardiac catheterization procedures increased from 601 procedures in 2022 to 1,454 procedures in 2025, representing growth of more than 140% over the four-year period. During the same timeframe, Diagnostic Equivalent Procedures (DEPs) increased from 818 to 2,249, while approximately two-thirds of all procedures were consistently performed on an outpatient basis. These data demonstrate both the continued growth of the physician practice and the appropriateness of performing these procedures in a dedicated outpatient environment.

Table III.G.1 – Historical Cardiac Catheterization Procedures Performed by Participating Physicians

Procedure Type	2022	2023	2024	2025
Inpatient				
Diagnostic	163	188	266	331
Therapeutic	7	9	14	21

Procedure Type	2022	2023	2024	2025
Diagnostic & Therapeutic	49	77	102	144
Total Inpatient	219	274	382	496
Outpatient				
Diagnostic	322	448	552	682
Therapeutic	8	12	44	66
Diagnostic & Therapeutic	52	77	166	210
Total Outpatient	382	537	762	958
Total Cardiac Catheterization Procedures	601	811	1,144	1,454
Percent Outpatient	63.6%	66.2%	66.6%	65.9%
Diagnostic Equivalent Procedures (DEPs)	818	1,140	1,738	2,249

Source: JRC internal data.

JRC also analyzed the geographic origin of patients currently receiving cardiac catheterization services from the participating physicians. As shown in Table III.G.2, 1,114 of the 1,218 patients (91.5%) who underwent cardiac catheterization procedures during 2025 resided within Planning District 8. Prince William County alone accounted for 692 patients (56.8%), demonstrating that the proposed NOVA Heart & Rhythm Center will primarily serve the existing patient population of the practice. These data confirm that the proposed project is intended to improve access for residents of Planning District 8 by relocating clinically appropriate outpatient procedures to a dedicated ambulatory surgery center rather than expanding services into new geographic markets.

Table III.G.2 – Patient Origin for Historical Cardiac Catheterization Patients (2025)

Patient Residence	Patients	Percent
Prince William County	692	56.8%
Fairfax County	147	12.1%
City of Manassas	103	8.5%
Loudoun County	88	7.2%
Other Planning District 8 Localities	84	6.9%
Planning District 8 Total	1,114	91.5%
Stafford County	66	5.4%
Fauquier County	18	1.5%
Other Virginia	16	1.3%
Out of State	4	0.3%
Total Patients	1,218	100.0%

Source: JRC internal data.

Based on these historical utilization patterns, JRC projects that approximately 75% of its existing outpatient cardiac catheterization volume currently performed in hospital settings will migrate to the proposed NOVA Heart & Rhythm Center during the first year of operation. This assumption reflects the continued migration of clinically appropriate cardiovascular procedures from higher-cost hospital

settings to lower-cost ambulatory surgery centers and is supported by the participating physicians' ability to direct the site of service for elective outpatient procedures, subject to payer requirements and clinical appropriateness.

To account for the operational start-up period associated with a new facility, JRC applied a 75% ramp-up factor to the projected migrated volume during Year 1. This assumption recognizes that physician scheduling, payer credentialing, patient awareness, and operational efficiencies will continue to mature during the Center's initial year of operation.

For Year 2, JRC assumes the facility will be operating at its planned operational capacity without the initial ramp-up adjustment. In addition, the underlying physician practice is projected to grow by 15% over the 2025 baseline, reflecting continued physician recruitment, population growth within Planning District 8, and increasing demand for cardiovascular services. JRC further assumes that approximately 80% of clinically appropriate outpatient cardiac catheterization procedures will be performed at the NOVA Heart & Rhythm Center during Year 2 as physician workflows, patient familiarity, and payer contracting mature. These assumptions are supported by the participating physicians' historical growth, the continued shift toward outpatient cardiovascular care, and the efficiencies associated with a dedicated ambulatory surgery center.

Under these assumptions, the proposed Center is projected to perform approximately 539 cardiac catheterization procedures (812 Diagnostic Equivalent Procedures) during Year 1 and approximately 881 procedures (1,328 Diagnostic Equivalent Procedures) during Year 2. The Year 2 projection exceeds the 1,000 Diagnostic Equivalent Procedure utilization standard established by the State Medical Facilities Plan for cardiac catheterization laboratories, demonstrating sufficient utilization to support the proposed project.

Table III.G.3 – Projected Cardiac Catheterization Utilization

Procedure Type	2025 Outpatient Base	Year 1	Year 2
Diagnostic	682	384	627
Therapeutic	66	37	61
Diagnostic & Therapeutic	210	118	193
Total Procedures	958	539	881
Diagnostic Equivalent Procedures (DEPs)	1,444	812	1,328

Source: JRC internal data. Totals may vary slightly due to rounding.

H. Staffing of Existing and/or Proposed Facility

In the following categories, indicate the number of full-time equivalent personnel (at least 35 hours per week).

Table III.H – Expected Staffing

	Current		Additional Needed	
	Full-time	Vacant Positions	Full-time	Total
Administration-Business Office	0	0	1	1
Registered Nurses	1	0	2	3
Licensed Practical Nurses, Nurses Aides, Orderlies/Attendants	0	0	0	0
Registered Medical Records Librarian	0	0	0	0
Registered Pharmacists	0	0	0	0
Laboratory Medical Technologists	0	0	1	1
ADA Dieticians	0	0	0	0
Radiologic Technologists	0	0	1	1
Occupational Therapists	0	0	0	0
Physical Therapists	0	0	0	0
Psychologists	0	0	0	0
Psychiatric Social Workers	0	0	0	0
Recreational Therapists	0	0	0	0
Inhalation Therapists	0	0	0	0
Medical Social Workers	0	0	0	0
Other Health Professionals	0	0	0	0
All Other Personnel	0	0	0	0
Total	**1**	**0**	**5**	**6**

Source: JRC internal data.

I. Present a plan for obtaining all additional personnel required to staff the project following completion and identify the sources from which such personnel are expected to be obtained.

The NOVA Heart & Rhythm Center will be staffed through a combination of existing James River Cardiology ("JRC"), doing business as NOVA Cardiovascular Care in Northern Virginia, personnel and newly recruited employees. Because the proposed facility represents an expansion of an established cardiovascular practice with an experienced physician group and clinical staff, many administrative, clinical, and management functions will be supported by existing personnel already employed by JRC.

As the project approaches completion, JRC will recruit additional personnel as necessary to support the expanded procedural volume. Recruitment efforts will focus primarily on experienced cardiovascular nurses, radiologic technologists, cardiovascular technologists, surgical technicians, and ambulatory surgery center support personnel. Physicians practicing at the Center are already members of the NOVA Cardiovascular Care practice and will transition appropriate outpatient procedures to the new facility upon project completion.

JRC has an established physician and employee recruitment infrastructure that includes internal recruitment resources, relationships with regional educational institutions, professional organizations, healthcare recruiting firms, and online recruitment platforms. The organization has successfully recruited physicians and clinical personnel throughout Virginia and expects to utilize these same recruitment resources to staff the proposed Center.

The project is not expected to have a material adverse impact on the healthcare workforce within Planning District 8. Staffing requirements will be met through a combination of internal transfers, normal workforce growth, and external recruitment over the course of project development. The phased implementation of the project will provide sufficient time to recruit, orient, and train all personnel before the Center begins operations.

All clinical personnel will receive appropriate orientation and competency-based training before participating in patient care. The Center will comply with all applicable Virginia licensure requirements, Medicare Conditions for Coverage, Accreditation Association for Ambulatory Health Care (AAAHC) standards, and JRC policies governing clinical competency, continuing education, and patient safety.

J. Describe the anticipated impact that the project will have on the staffing of other facilities in the service area.

The proposed NOVA Heart & Rhythm Center is not expected to have a material adverse impact on the staffing of other healthcare facilities within Planning District 8. A significant portion of the Center's workforce will consist of existing James River Cardiology ("JRC"), doing business as NOVA Cardiovascular Care in Northern Virginia, employees who currently support the participating physicians and will transition to the new facility as outpatient procedures migrate from the hospital setting to the ambulatory surgery center.

Any additional staffing needs will be met through JRC's established recruitment efforts, which include internal recruitment resources, regional healthcare recruitment, professional organizations, educational institutions, and traditional employment advertising. Staffing will occur gradually during project development and prior to the Center becoming operational, allowing adequate time to recruit and train personnel without creating significant disruptions to the local healthcare workforce.

Moreover, because the proposed project primarily relocates existing outpatient cardiovascular procedures currently performed by the participating physicians, the associated staffing requirements at hospital facilities are expected to decline proportionately as procedural volumes transition to the ambulatory surgery center.

Accordingly, the project is not anticipated to result in a net increase in demand for specialized cardiovascular personnel within the service area.

For these reasons, JRC anticipates that the impact of the proposed project on staffing at other healthcare facilities is expected to be minimal and consistent with the normal recruitment and workforce turnover experienced within the healthcare industry.

K. Attach the following information or documents:

1. Copy of most recent licensing report from State Agency (existing facilities, excluding public health centers).

Not applicable.

2. Current accreditation status and copy of latest accreditation report from Joint Commission on Accreditation of Hospitals (existing facilities excluding public health centers.

Not applicable.

3. Roster of medical staff (existing facilities). Indicate their specialty, Board Certification, Board eligibility and staff privileges (active, associate, etc.).

Not applicable.

4. Copies of letters of commitment or statement of intent from physicians indicating they will staff the proposed new facility or service upon completion (existing and proposed facilities).

See Attachment III.K.4

SECTION IV PROJECT JUSTIFICATION AND IDENTIFICATION OF COMMUNITY NEED

A. Please provide a comprehensive narrative description of the proposed project.

Introduction and Background

James River Cardiology, LLC ("JRC"), doing business as NOVA Cardiovascular Care in Northern Virginia, respectfully requests a Certificate of Public Need to establish the NOVA Heart & Rhythm Center, a Medicare-certified, Accreditation Association for Ambulatory Health Care ("AAAHC") accredited ambulatory surgery center ("ASC") with one operating room and one dedicated cardiac catheterization laboratory located in Prince William County, Virginia.

JRC is one of Virginia's largest independent cardiovascular physician organizations and provides comprehensive cardiovascular care through multiple physician practices and outpatient facilities across the Commonwealth. Through its acquisition of NOVA Cardiovascular Care, JRC has established a significant presence in Planning District 8 and currently provides comprehensive cardiovascular services to thousands of patients throughout Northern Virginia.

The proposed NOVA Heart & Rhythm Center represents the next phase of JRC's long-term strategy to expand access to high-quality, lower-cost outpatient cardiovascular care. Rather than creating a new patient population or introducing new demand, the project will provide an appropriate outpatient setting for procedures that are already being performed by the participating physicians within Planning District 8.

The proposed facility will include one operating room and one cardiac catheterization laboratory designed specifically for outpatient cardiovascular care. Services will include diagnostic cardiac catheterization, percutaneous coronary intervention ("PCI"), electrophysiology procedures, peripheral vascular interventions, cardiac rhythm management procedures, and other procedures approved for performance in the ambulatory surgery center setting.

Evolution of Outpatient Cardiovascular Care

Cardiac catheterization has evolved substantially over the past decade. Improvements in catheter technology, imaging, vascular access techniques, anticoagulation management, and post-procedure recovery have significantly enhanced patient safety while reducing recovery times. The widespread adoption of radial artery access has further reduced complications and enabled same-day discharge for many patients undergoing diagnostic and therapeutic procedures.

Recognizing these advances, the Centers for Medicare & Medicaid Services ("CMS") has progressively expanded the list of cardiovascular procedures eligible for reimbursement in ambulatory surgery centers. Beginning in 2019, CMS approved diagnostic cardiac catheterization procedures for the ASC setting, followed by

selected PCI procedures in 2020 after favorable clinical outcome data demonstrated the safety of outpatient treatment for appropriately selected patients. Medicare has also expanded coverage for numerous cardiac rhythm management procedures, peripheral vascular interventions, and continues to evaluate additional cardiovascular procedures for inclusion on the ASC Covered Procedures List.

These regulatory changes have been consistent with recommendations from the American Heart Association, the Society for Cardiovascular Angiography and Interventions ("SCAI"), and other national cardiovascular organizations supporting the migration of clinically appropriate, lower-risk cardiovascular procedures from hospitals to dedicated outpatient facilities.

Benefits of the Proposed Project

The NOVA Heart & Rhythm Center will provide significant benefits to patients, physicians, hospitals, and healthcare payers throughout Planning District 8.

First, the project will improve patient access by providing dedicated outpatient procedural capacity. Unlike hospital catheterization laboratories, which must continually accommodate emergency department patients, trauma cases, and urgent inpatient procedures, a dedicated ambulatory surgery center offers predictable scheduling, fewer cancellations, and shorter wait times for elective cardiovascular procedures.

Second, the project supports CMS's continued emphasis on value-based healthcare delivery. Procedures performed in ambulatory surgery centers are reimbursed at substantially lower rates than comparable hospital outpatient procedures, generating meaningful savings for Medicare, commercial insurers, employers, and patients while maintaining high standards of quality and safety.

Third, by shifting clinically appropriate outpatient procedures to the ambulatory setting, hospitals within Planning District 8 will be able to devote additional catheterization laboratory resources to higher-acuity patients requiring emergency intervention, structural heart procedures, complex coronary interventions, and other services that are not appropriate for an ASC.

The proposed project does not seek to increase overall utilization of cardiac catheterization services. Rather, it provides a dedicated outpatient setting for procedures already being performed by the participating physicians, allowing those same patients to receive care in a more efficient and lower-cost environment.

Quality and Patient Safety

Patient safety will remain the primary consideration in patient selection, procedural performance, and post-procedure care.

Patient selection will follow evidence-based clinical guidelines, including recommendations published by SCAI and other nationally recognized cardiovascular

organizations. Only clinically appropriate, lower-risk patients will undergo procedures at the Center. Patients with significant comorbidities, complex coronary anatomy, hemodynamic instability, or other conditions requiring inpatient resources will continue to receive care at area hospitals.

The Center will maintain formal transfer protocols with Sentara Northern Virginia Medical Center, comprehensive emergency response procedures, peer review and quality assurance programs, physician credentialing standards, and continuous quality improvement activities consistent with Virginia Department of Health regulations, Medicare Conditions for Coverage, and AAAHC accreditation standards.

<u>Existing Utilization in Planning District 8</u>

These utilization data demonstrate that Planning District 8 already exceeds the utilization threshold established by the State Medical Facilities Plan. Planning District 8 currently contains an extensive network of hospital-based cardiac catheterization laboratories. According to the 2024 Virginia Health Information Annual Licensure Survey (VHI ALSD), the planning district contains 21 stationary cardiac catheterization laboratories that collectively performed:

- **5,510 outpatient diagnostic cardiac catheterization procedures**
- **635 outpatient simple therapeutic procedures**
- **1,468 outpatient combined diagnostic and therapeutic procedures**
- **203 outpatient complex therapeutic procedures**

These data demonstrate that outpatient cardiovascular care already represents a substantial component of cardiac catheterization services within Northern Virginia and reflects the continued migration of clinically appropriate procedures from inpatient settings to outpatient care. The proposed project builds upon this established trend by providing a dedicated ambulatory surgery center specifically designed for outpatient cardiovascular procedures.

<u>Existing Patient Base</u>

The proposed project is supported by an established physician practice with substantial procedural volume.

During 2025, the participating physicians performed 1,454 cardiac catheterization procedures, representing 2,249 Diagnostic Equivalent Procedures (DEPs). Approximately 66% of these procedures were already performed on an outpatient basis.

These existing outpatient volumes provide a reliable foundation for the proposed project and demonstrate that the Center will primarily relocate established outpatient procedures rather than create new demand for cardiac catheterization services.

Analysis of patient residence further demonstrates that the project is designed to serve the existing Planning District 8 population. During 2025, 1,114 of 1,218 patients (91.5%) undergoing cardiac catheterization procedures resided within Planning District 8, with Prince William County accounting for 692 patients (56.8%). These data confirm that the proposed facility is intended to improve access for an existing patient population rather than create new demand or expand into a new geographic market.

Based on historical utilization, JRC projects that approximately 75% of existing outpatient cardiac catheterization procedures currently performed by participating physicians in hospitals will migrate to the proposed Center during the initial year of operation, with additional migration occurring as the facility reaches full operational capacity.

Conclusion

The NOVA Heart & Rhythm Center represents the continued evolution of outpatient cardiovascular care delivery within Virginia. The project expands access to high-quality outpatient cardiovascular services for an existing patient population already served by NOVA Cardiovascular Care while supporting CMS's transition toward lower-cost, value-based care.

The proposed facility will improve patient access, enhance scheduling efficiency, reduce overall healthcare costs, preserve hospital resources for higher-acuity patients, and provide a dedicated outpatient environment specifically designed for contemporary cardiovascular care.

Because the project is supported by an established physician practice with demonstrated procedural volume, serves an existing Planning District 8 patient population, and relocates clinically appropriate outpatient procedures from hospital settings to a dedicated ambulatory surgery center, the proposed NOVA Heart & Rhythm Center represents an efficient, appropriate, and patient-centered expansion of cardiovascular services within Northern Virginia.

B. Identification of Community Need

1. Describe the geographic boundaries of the facility's primary service area. (Note: Primary service area may be considered to be geographic area from which 75% of patients are expected to originate.)

See Attachment IV.B.1

2. Provide patient origin, discharge diagnosis or utilization data appropriate for the type of project proposed.

See Attachment IV.B.2

C. 1. Is (are) the service(s) to be offered presently being offered by any other existing facility(ies) in the Health Planning Region?

Yes.

2. If Yes,

a. Identify the facility(ies)

The proposed NOVA Heart & Rhythm Center will offer services similar to those currently provided by hospital-based cardiac catheterization laboratories and existing outpatient cardiovascular facilities within Planning District 8. According to the 2024 Virginia Health Information Annual Licensure Survey (VHI ALSD), Planning District 8 contains 21 stationary cardiac catheterization laboratories serving the region.

Major providers of comparable cardiac catheterization services within the service area include:

- **Sentara Northern Virginia Medical Center**
  2300 Opitz Boulevard
  Woodbridge, VA 22191
- **UVA Health Prince William Medical Center**
  8700 Sudley Road
  Manassas, VA 20110
- **UVA Health Haymarket Medical Center**
  15225 Heathcote Boulevard
  Haymarket, VA 20169
- **Inova Fairfax Medical Campus**
  3300 Gallows Road
  Falls Church, VA 22042
- **Inova Fair Oaks Hospital**
  3600 Joseph Siewick Drive
  Fairfax, VA 22033
- **Inova Alexandria Hospital**
  4320 Seminary Road
  Alexandria, VA 22304
- **Inova Mount Vernon Hospital**
  2501 Parkers Lane
  Alexandria, VA 22306
- **Inova Loudoun Hospital**
  44045 Riverside Parkway
  Leesburg, VA 20176

- **Reston Hospital Center**
  1850 Town Center Parkway
  Reston, VA 20190

The proposed project differs from most of these facilities in that it is a freestanding ambulatory surgery center dedicated to providing clinically appropriate outpatient cardiovascular procedures. The Center will focus on lower-risk patients who meet established clinical selection criteria, while higher-acuity and emergent cardiovascular cases will continue to be performed in hospital-based cardiac catheterization laboratories.

b. Discuss the extent to which the facility(ies) satisfy(ies) the current demand for the service(s).

The existing cardiac catheterization laboratories within Planning District 8 provide essential cardiovascular services to the region and will continue to play a critical role in delivering emergency, inpatient, and higher-acuity cardiovascular care. The proposed NOVA Heart & Rhythm Center is intended to complement—not replace—these hospital-based programs by providing a dedicated outpatient setting for clinically appropriate cardiovascular procedures.

As discussed in Section IV.A, advances in technology, procedural techniques, and patient selection have enabled many diagnostic and therapeutic cardiac catheterization procedures to be performed safely in the ambulatory surgery center setting. Consistent with recommendations from the Society for Cardiovascular Angiography and Interventions (SCAI) and evolving CMS policy, the proposed Center will focus exclusively on lower-risk patients who meet established clinical selection criteria. Patients requiring emergency intervention, complex coronary procedures, structural heart interventions, or inpatient monitoring will continue to receive care at hospital-based cardiac catheterization laboratories within Planning District 8.

The participating physicians already perform a substantial volume of cardiac catheterization procedures within Planning District 8. During 2025, these physicians performed 1,454 cardiac catheterization procedures, including 958 outpatient procedures, the majority of which are expected to continue serving the same patient population following development of the proposed Center. Accordingly, the project represents the migration of existing outpatient procedures to a dedicated ambulatory surgery center rather than the creation of new demand for cardiac catheterization services.

The proposed NOVA Heart & Rhythm Center will also improve patient access by providing dedicated outpatient procedural capacity that is not subject to the competing demands routinely experienced in hospital catheterization laboratories. Elective outpatient procedures scheduled in hospitals may be delayed or rescheduled

because of emergency department cases, trauma activations, urgent inpatient procedures, or other higher-priority clinical needs. By providing a dedicated outpatient cardiovascular facility, the proposed project will improve scheduling efficiency, enhance the patient experience, and allow hospital catheterization laboratories to focus their resources on patients requiring higher-acuity care.

For these reasons, the proposed project complements the existing cardiovascular infrastructure within Planning District 8 and expands access to lower-cost, high-quality outpatient cardiovascular services while preserving hospital capacity for patients whose conditions require the resources of an acute care hospital.

c. Discuss the extent to which the facility(ies) will satisfy the demand for services in five years.

The existing cardiac catheterization laboratories within Planning District 8 will continue to play an essential role in providing emergency, inpatient, and complex cardiovascular care over the next five years. However, demographic trends, increasing demand for cardiovascular services, and the continued migration of clinically appropriate procedures to the outpatient setting will require additional dedicated outpatient cardiovascular procedural capacity.

Planning District 8 is projected to experience substantial population growth over the coming decade. According to population projections prepared by the Weldon Cooper Center for Public Service at the University of Virginia, the Planning District's population is expected to increase from approximately 2.59 million residents in 2020 to more than 2.94 million residents by 2030, representing 13.5% growth during the decade. This growth rate exceeds the projected statewide population growth of 7.8% during the same period.

More importantly, the population most likely to require cardiovascular care is expected to grow at an even faster rate. As shown in Table IV.C.2.c, the number of Planning District 8 residents age 65 years and older is projected to increase from 300,491 in 2020 to 413,269 by 2030, representing 37.5% growth, compared to a projected statewide increase of 27.4%. Because the incidence of coronary artery disease and other cardiovascular conditions increases significantly with age, this demographic shift is expected to generate continued growth in demand for diagnostic and therapeutic cardiac catheterization procedures throughout Planning District 8. The participating physicians already care for a substantial portion of this growing patient population, positioning the proposed Center to meet future demand through expansion of an established cardiovascular practice rather than through speculative growth assumptions.

Table IV.C.2.c – Population Growth Projections

Population	2020	2030	% Growth
Planning District 8	2,587,000	2,937,128	13.5%
Planning District 8 Age 65+	300,491	413,269	37.5%

Population	2020	2030	% Growth
Virginia	8,655,021	9,331,666	7.8%
Virginia Age 65+	1,352,448	1,723,382	27.4%

Source: Weldon Cooper Center for Public Service, University of Virginia, as cited in Virginia Department of Health COPN Staff Report No. VA-8626.

In addition to these demographic trends, advances in cardiovascular technology, improvements in patient selection, and evolving CMS reimbursement policies continue to support the migration of clinically appropriate, lower-risk cardiovascular procedures from hospital-based cardiac catheterization laboratories to ambulatory surgery centers. This trend is expected to continue over the next five years as providers, patients, and payers increasingly recognize the clinical, operational, and economic benefits of dedicated outpatient cardiovascular facilities.

The proposed NOVA Heart & Rhythm Center is uniquely positioned to meet this growing demand. The participating physicians already provide cardiovascular care to an established patient population throughout Planning District 8 and currently perform a substantial volume of outpatient cardiac catheterization procedures. The project will allow these existing outpatient procedures to be performed in a purpose-built ambulatory surgery center specifically designed for cardiovascular care, while preserving hospital catheterization laboratory capacity for emergency cases, complex coronary interventions, structural heart procedures, and other higher-acuity patients requiring the resources of an acute care hospital.

JRC has also demonstrated a proven ability to successfully develop and operate cardiovascular facilities following Certificate of Public Need approval. The organization has received multiple Certificates of Public Need for cardiovascular projects throughout Virginia and has consistently brought approved facilities into operation on or ahead of schedule. This proven execution capability ensures that the benefits of approved projects—including expanded patient access, lower-cost outpatient care, and improved operational efficiency—are delivered to the communities they are intended to serve without unnecessary delay.

Accordingly, while existing hospital-based cardiac catheterization laboratories will continue to satisfy the need for emergency and complex cardiovascular procedures, the proposed NOVA Heart & Rhythm Center will complement those facilities by meeting the growing demand for clinically appropriate outpatient cardiovascular procedures over the next five years. The project will expand access for an established patient population, improve scheduling efficiency, support the continued transition to value-based care, and provide a more efficient, patient-centered continuum of cardiovascular services for residents of Planning District 8.

D. Discuss how project will fill an unmet need in the delivery of health care in the service area including, where applicable, geographic barriers to access.

The proposed NOVA Heart & Rhythm Center will address an important unmet need by expanding access to dedicated outpatient cardiovascular procedural services within Planning District 8. While the Planning District is served by numerous hospital-based cardiac catheterization laboratories, these facilities are primarily designed to accommodate the full spectrum of cardiovascular care, including emergency interventions, inpatient procedures, structural heart procedures, and other higher-acuity cases. The proposed project will complement—not duplicate—these services by providing a dedicated ambulatory surgery center for clinically appropriate outpatient cardiovascular procedures.

The need for additional outpatient cardiovascular procedural capacity is supported by the continued growth and aging of the Planning District 8 population. As discussed in Section IV.C.2.c, Planning District 8 is projected to grow from approximately 2.59 million residents in 2020 to more than 2.94 million residents by 2030, representing 13.5% population growth. More importantly, the population age 65 years and older—the age group with the highest incidence of cardiovascular disease—is projected to increase by 37.5% during the same period. Because cardiovascular disease prevalence and the utilization of diagnostic and therapeutic cardiac catheterization procedures increase substantially with age, these demographic trends are expected to generate continued growth in demand for cardiovascular services throughout the service area.

The participating physicians already provide cardiovascular care to a substantial and established patient population within Planning District 8. During 2025, these physicians performed 1,454 cardiac catheterization procedures, representing 2,249 Diagnostic Equivalent Procedures (DEPs), with approximately 66% of these procedures already being performed on an outpatient basis. In addition, 1,114 of the 1,218 patients (91.5%) receiving cardiac catheterization services from the participating physicians resided within Planning District 8. These data demonstrate that the proposed project is designed to improve access for an existing patient population rather than create new demand for cardiac catheterization services.

The proposed NOVA Heart & Rhythm Center will improve access by providing dedicated outpatient cardiovascular procedural capacity rather than simply increasing the number of cardiac catheterization laboratories within the Planning District. Existing hospital catheterization laboratories appropriately prioritize emergency, inpatient, trauma, structural heart, and other higher-acuity cases, often resulting in delays or rescheduling of elective outpatient procedures. A dedicated ambulatory surgery center allows clinically appropriate outpatient procedures to be performed in a more efficient environment with predictable scheduling, streamlined patient flow, shorter recovery times, and an enhanced patient experience while preserving hospital capacity for patients requiring more complex cardiovascular care.

The project will also reduce financial barriers to care. Procedures performed in ambulatory surgery centers are reimbursed at substantially lower rates than

comparable procedures performed in hospital outpatient departments, resulting in lower overall healthcare expenditures for Medicare, commercial insurers, employers, and patients. Lower patient cost-sharing obligations associated with the ambulatory surgery center setting further improve access for Medicare beneficiaries and commercially insured patients. By providing a lower-cost site of service without compromising quality or patient safety, the proposed project supports CMS's continued emphasis on value-based healthcare delivery and the migration of clinically appropriate procedures to outpatient settings.

From a geographic perspective, the Center's location at 1990 Old Bridge Road in Prince William County provides convenient access for patients throughout the primary service area. The facility is readily accessible via Interstate 95, Prince William Parkway, U.S. Route 1, Old Bridge Road, and other major transportation corridors, allowing residents throughout Planning District 8 to obtain specialized outpatient cardiovascular care closer to home. Because the overwhelming majority of the participating physicians' current cardiac catheterization patients already reside within Planning District 8, the proposed facility will improve geographic access for an established local patient population while reducing the need for patients to travel to multiple hospital campuses for elective outpatient procedures.

Patients will continue receiving care from the same physicians who evaluate their cardiovascular condition, determine the need for cardiac catheterization, perform the procedure, and provide all post-procedure follow-up, ensuring continuity of care throughout the entire treatment process. Accordingly, the proposed NOVA Heart & Rhythm Center will fill an important unmet need by expanding access to high-quality, lower-cost outpatient cardiovascular services for residents of Planning District 8. The project complements the existing hospital-based cardiovascular infrastructure, supports the continued transition toward value-based outpatient care, improves patient access and convenience, and preserves hospital resources for patients requiring more complex cardiovascular services.

E. Discuss the consistency of the proposed project with applicable Regional Health Plan, State Health Plan, State Medical Facilities Plan, or other plans promulgated by State agencies.

<u>Va Code §32.1-102.3: Eight Considerations</u>

1. The extent to which the proposed project will provide or increase access to health care services for people in the area to be served and the effects that the proposed project will have on access to health care services in areas having distinct and unique geographic, socioeconomic, cultural, transportation, and other barriers to access to health care;

The proposed NOVA Heart & Rhythm Center will significantly improve access to outpatient cardiovascular services for residents of Planning District 8 by providing a dedicated ambulatory surgery center designed specifically for clinically appropriate cardiovascular procedures. The Center will expand access to a lower-cost, high-

quality outpatient site of service while complementing the existing hospital-based cardiovascular infrastructure.

The participating physicians currently provide cardiovascular care to an established patient population throughout Planning District 8. During 2025, these physicians performed 1,454 cardiac catheterization procedures, and 91.5% of the patients receiving these services resided within Planning District 8. The proposed project will improve access for this existing patient population by allowing appropriate outpatient procedures to be performed in a dedicated ambulatory surgery center that offers greater scheduling flexibility, shorter wait times, and a more efficient patient experience.

The Center's location at 1990 Old Bridge Road in Prince William County is centrally located within the service area and is readily accessible by Interstate 95, Prince William Parkway, U.S. Route 1, Old Bridge Road, and other major transportation corridors. The facility offers convenient patient parking, ADA accessibility, ambulance access, and proximity to public transportation, reducing transportation barriers for patients throughout the service area. In addition, the Center will maintain a transfer agreement with Sentara Northern Virginia Medical Center, ensuring rapid access to higher levels of care should the need arise.

The project will also improve access by reducing financial barriers to care. Procedures performed in ambulatory surgery centers are reimbursed at substantially lower rates than comparable procedures performed in hospital outpatient departments, resulting in lower overall costs for Medicare beneficiaries, commercial insurers, employers, and patients. By expanding access to a lower-cost site of service without compromising quality or patient safety, the proposed project supports value-based healthcare delivery while improving affordability for patients while maintaining equivalent quality and patient safety.

The proposed Center will also improve access by increasing dedicated outpatient procedural capacity. Elective procedures performed in hospital catheterization laboratories are frequently subject to delays or rescheduling because of emergency department cases, trauma activations, urgent inpatient procedures, or other higher-priority clinical needs. Because the NOVA Heart & Rhythm Center will be dedicated exclusively to outpatient cardiovascular procedures, patients will benefit from more predictable scheduling, fewer cancellations, and an improved overall care experience while hospitals preserve capacity for higher-acuity cardiovascular patients.

Finally, JRC has demonstrated a proven ability to successfully develop and operationalize cardiovascular facilities following Certificate of Public Need approval. The organization has received multiple Certificates of Public Need for cardiovascular projects throughout Virginia and has consistently brought approved facilities into operation on or ahead of schedule. This proven execution capability ensures that the access improvements contemplated by this application will be realized promptly,

allowing residents of Planning District 8 to benefit from expanded outpatient cardiovascular services without unnecessary delay.

2. The extent to which the proposed project will meet the needs of people in the area to be served, as demonstrated by each of the following:

(i) the level of community support for the proposed project demonstrated by people, businesses, and governmental leaders representing the area to be served;

The proposed NOVA Heart & Rhythm Center has received broad support from physicians, healthcare professionals, patients, business leaders, and community representatives throughout Planning District 8. As demonstrated by the letters of support included in Attachment IV.H.2, members of the medical community and local stakeholders recognize the need to expand access to high-quality outpatient cardiovascular services and support the establishment of a dedicated ambulatory surgery center with cardiac catheterization capabilities.

The participating physicians have established longstanding relationships with patients, referring providers, employers, and community organizations throughout the service area. Through NOVA Cardiovascular Care, JRC already provides comprehensive cardiovascular care to a substantial patient population within Planning District 8. The proposed project represents the continued expansion of services for these existing patients and referring providers rather than the introduction of a new healthcare provider into the market.

Supporters—including physicians, referring providers, patients, employers, business leaders, and community representatives—recognize that the proposed project will improve access to timely outpatient cardiovascular procedures while strengthening the continuum of cardiovascular care within Planning District 8. The project also aligns with the continued transition toward value-based healthcare by expanding access to clinically appropriate outpatient cardiovascular care in a dedicated ambulatory setting.

The letters included with this application demonstrate strong community support for the proposed project and reflect a shared commitment to improving access, quality, and efficiency of cardiovascular care for residents of Planning District 8.

(ii) the availability of reasonable alternatives to the proposed project that would meet the needs of people in the area to be served in a less costly, more efficient, or more effective manner;

JRC evaluated reasonable alternatives to the proposed project and concluded that the establishment of the NOVA Heart & Rhythm Center is the most effective, efficient, and cost-effective means of meeting the growing demand for outpatient cardiovascular procedural services within Planning District 8.

One alternative would be to continue performing all outpatient cardiac catheterization procedures in existing hospital-based catheterization laboratories. While these facilities provide essential cardiovascular services, they are designed to support the full spectrum of cardiovascular care, including emergency interventions, inpatient procedures, structural heart procedures, and other higher-acuity cases. As a result, elective outpatient procedures often compete for procedural time with patients requiring urgent or emergent care. Continuing to rely exclusively on hospital-based facilities would not provide the dedicated outpatient procedural capacity, scheduling efficiency, or patient convenience that can be achieved in a purpose-built ambulatory surgery center.

Another theoretical alternative would be for hospitals to construct additional catheterization laboratories. However, expanding hospital-based capacity would require substantially greater capital investment, operating costs, and reimbursement expense than establishing a dedicated outpatient ambulatory surgery center. Furthermore, additional hospital-based capacity would not provide the same operational efficiencies or lower-cost site of service that are achieved through the ambulatory surgery center model. Such an approach would also require substantially greater ongoing operating costs and would continue delivering many elective outpatient procedures in a higher-cost reimbursement environment compared with an ambulatory surgery center.

The proposed NOVA Heart & Rhythm Center builds upon an existing, established cardiovascular practice that already provides care to a substantial patient population within Planning District 8. The participating physicians currently perform a significant volume of outpatient cardiac catheterization procedures that are appropriate for migration to a dedicated outpatient facility. Accordingly, the proposed project represents the relocation of existing clinically appropriate outpatient procedures to a lower-cost, more efficient setting rather than the creation of unnecessary duplicative capacity.

The project also aligns with CMS policy and national cardiovascular society recommendations supporting the continued migration of appropriate lower-risk cardiovascular procedures to ambulatory surgery centers. By providing a dedicated outpatient cardiovascular facility, the proposed project improves patient access, enhances scheduling efficiency, lowers healthcare costs, and preserves hospital resources for patients requiring higher-acuity cardiovascular care.

For these reasons, JRC believes the proposed NOVA Heart & Rhythm Center represents the most reasonable, efficient, effective, and cost-effective alternative for meeting the outpatient cardiovascular needs of residents of Planning District 8.

> *(iii) any recommendation or report of the regional health planning agency regarding an application for a certificate that is required to be submitted to the Commissioner pursuant to subsection B of § 32.1-102.6;*

Not applicable.

(iv) any costs and benefits of the proposed project;

As explained above, the benefits of the proposed project far outweigh any costs and will allow patients to receive the care they need in a timely manner, at a lower cost site of service and without the current risk of case delays and postponements, which is particularly important for emergent cases.

As reflected in the pro forma (Attachment V.H.3), this project is financially feasible, and such benefits as described throughout this application outweigh its costs.

(v) the financial accessibility of the proposed project to people in the area to be served, including indigent people;

The Center's cardiac cath services will be available to all patients, including those covered by Medicare, Medicaid, and commercial insurers. A financial assistance policy will be in place to ensure services are accessible to uninsured and underinsured patients, consistent with JRC's longstanding commitment to equitable care access.

The proposed project improves financial accessibility by allowing clinically appropriate cardiovascular procedures to be performed in an ambulatory surgery center, where reimbursement and patient cost-sharing are generally lower than comparable procedures performed in hospital outpatient departments. This lower-cost site of service benefits Medicare, commercial insurers, employers, and patients while maintaining high standards of quality and patient safety.

and (vi) at the discretion of the Commissioner, any other factors as may be relevant to the determination of public need for a proposed project;

The proposed NOVA Heart & Rhythm Center advances several important public policy objectives underlying Virginia's Certificate of Public Need program. The project expands access to high-quality outpatient cardiovascular services while supporting the continued transition of clinically appropriate procedures from higher-cost hospital settings to lower-cost ambulatory surgery centers. This approach improves patient access and convenience, reduces overall healthcare expenditures, and allows hospital-based cardiac catheterization laboratories to focus their resources on emergency, inpatient, structural heart, and other higher-acuity cardiovascular procedures.

The project is also supported by an established physician practice with a demonstrated history of serving residents throughout Planning District 8. The participating physicians currently provide comprehensive cardiovascular care to a substantial patient population and performed 1,454 cardiac catheterization procedures during 2025, with more than 91% of patients residing within Planning District 8. Accordingly, the proposed project represents the relocation of existing

outpatient procedures to a dedicated ambulatory surgery center rather than the creation of unnecessary duplicative capacity or the generation of new demand.

JRC has also demonstrated a proven ability to successfully execute Certificate of Public Need projects throughout Virginia. The organization has received multiple COPN approvals for cardiovascular facilities and has consistently brought those facilities into operation on or ahead of schedule. For the proposed NOVA Heart & Rhythm Center, JRC has already secured long-term control of the project site, initiated facility planning and design, assembled the project development team, and committed the financial resources necessary to proceed promptly following COPN approval.

This readiness to proceed distinguishes the project by ensuring that the benefits contemplated by this application—including expanded patient access, lower-cost outpatient care, improved scheduling efficiency, and preservation of hospital capacity—will be realized without unnecessary delay. The proposed project therefore represents a prudent, timely, and efficient investment in the delivery of cardiovascular care for the residents of Planning District 8 and is fully consistent with the objectives of Virginia's Certificate of Public Need program.

3. The extent to which the proposed project is consistent with the State Health Services Plan;

12 VAC5-230-380. Travel Time.

Cardiac catheterization services should be within 60 minutes driving time one way under normal conditions of 95% of the population of the health planning district using mapping software as determined by the commissioner.

Cardiac catheterization services are currently available within 60 minutes driving time for more than 95% of the population of Planning District 8, consistent with the State Medical Facilities Plan travel time standard. Accordingly, the proposed NOVA Heart & Rhythm Center is not intended to address a deficiency in the geographic distribution of cardiac catheterization services within the Planning District.

Rather, the proposed project will improve access by expanding the availability of dedicated outpatient cardiovascular procedural services for residents of Planning District 8. The Center will provide an additional lower-cost, ambulatory site of service for clinically appropriate outpatient cardiac catheterization procedures while complementing the existing hospital-based cardiovascular infrastructure.

The proposed facility is centrally located at 1990 Old Bridge Road, Prince William County, Virginia, with convenient access from Interstate 95, Prince William Parkway, U.S. Route 1, Old Bridge Road, and other major transportation corridors. The site offers ample patient parking, ADA-compliant access, proximity to public transportation, and efficient ambulance access. These characteristics improve

convenience and reduce logistical barriers for patients and their families seeking elective outpatient cardiovascular care.

In addition, the participating physicians currently provide cardiovascular care to an established patient population throughout Planning District 8, with 91.5% of their cardiac catheterization patients residing within the Planning District. Locating the NOVA Heart & Rhythm Center within this existing service area allows patients to receive clinically appropriate outpatient procedures closer to their physicians in a dedicated cardiovascular facility, improving continuity of care while reducing dependence on hospital-based catheterization laboratories for elective procedures.

Accordingly, although the Planning District satisfies the State Medical Facilities Plan travel time standard, the proposed project will meaningfully enhance patient access by improving the availability, convenience, efficiency, and affordability of outpatient cardiovascular services for residents of Planning District 8.

12VAC5-239-390. Need for New Service.

A. No new fixed site cardiac catheterization service should be approved for a health planning district unless:

> *1. Existing fixed site cardiac catheterization services located in the health planning district performed an average of 1,200 cardiac catheterization DEPs per existing and approved laboratory for the relevant reporting period;*

The proposed project satisfies this standard.

According to the 2024 Virginia Health Information Annual Licensure Survey (VHI ALSD), Planning District 8 contains 21 stationary cardiac catheterization laboratories. Collectively, these laboratories performed approximately 26,611 Diagnostic Equivalent Procedures (DEPs) during the most recent reporting period, representing an average of approximately 1,267 DEPs per laboratory. Accordingly, the existing cardiac catheterization laboratories within Planning District 8 operated at approximately 106% of the State Medical Facilities Plan utilization standard of 1,200 DEPs per laboratory, thereby satisfying the utilization threshold established in 12 VAC5-230-90.

As discussed elsewhere in this application, these existing laboratories are primarily hospital-based facilities that provide the full spectrum of cardiovascular care, including emergency interventions, inpatient procedures, structural heart interventions, and other higher-acuity services. The proposed NOVA Heart & Rhythm Center is intended to complement these existing services by providing a dedicated ambulatory surgery center for clinically appropriate outpatient cardiovascular procedures, consistent with evolving CMS policy and nationally

recognized clinical practice guidelines supporting the migration of appropriate lower-risk cardiovascular procedures to the outpatient setting.

Table IV.A.2 – Planning District 8 Cardiac Catheterization Utilization (2024)

Measure	Value
Existing Stationary Cardiac Catheterization Laboratories	21
Total Diagnostic Equivalent Procedures (DEPs)	26,611
Average DEPs per Laboratory	1,267
SMFP Standard	1,200
Percent of SMFP Standard	105.6%

Source: Virginia Health Information Annual Licensure Survey (VHI ALSD), 2024.

Accordingly, Planning District 8 currently satisfies the utilization standard established by the State Medical Facilities Plan, demonstrating sufficient regional demand to support establishment of an additional cardiac catheterization laboratory.

2. The proposed new service will perform an average of 200 DEPs in the first year of operation and 500 DEPs in the second year of operation; and

The proposed project substantially exceeds the minimum utilization thresholds established by the State Medical Facilities Plan.

As discussed in Section III.G, the participating physicians performed 1,454 cardiac catheterization procedures during 2025, including 958 outpatient procedures that serve as the basis for the proposed outpatient cardiac catheterization laboratory. The physicians have developed evidence-based patient selection criteria to identify those patients who can safely undergo cardiac catheterization in the ambulatory surgery center setting. Patients requiring emergency intervention, inpatient care, structural heart procedures, or other higher-acuity services will continue to receive care in hospital-based catheterization laboratories.

Based on these patient selection criteria, JRC projects that approximately 75% of its clinically appropriate outpatient cardiac catheterization volume will migrate to the NOVA Heart & Rhythm Center during the first year of operation. Applying a conservative 75% operational ramp-up during the first year results in a projected volume of 539 cardiac catheterization procedures, representing approximately 812 Diagnostic Equivalent Procedures (DEPs).

During the second year of operation, the project is expected to benefit from continued physician practice growth and increasing utilization of the ambulatory surgery center. Assuming 15% physician practice growth and migration of approximately 80% of clinically appropriate outpatient procedures, the proposed facility is projected to perform approximately 881 cardiac catheterization procedures, representing 1,328 DEPs during the second year of operation.

Accordingly, the proposed project substantially exceeds the State Medical Facilities Plan minimum utilization thresholds of 200 DEPs in the first year of operation and 500 DEPs in the second year of operation, demonstrating that the facility will be efficiently utilized upon implementation.

3. The utilization of existing services in the health planning district will not be significantly reduced.

The proposed NOVA Heart & Rhythm Center will not significantly reduce the utilization of existing cardiac catheterization services within Planning District 8.

The projected first-year volume of 812 Diagnostic Equivalent Procedures (DEPs) represents approximately 3.1% of the 26,611 DEPs performed by existing cardiac catheterization laboratories within Planning District 8 during 2024. Even at the projected Year 2 volume of 1,328 DEPs, the procedures performed at the proposed facility would represent only approximately 5.0% of the Planning District's current cardiac catheterization volume.

Importantly, the projected volumes are not expected to reduce utilization across multiple providers throughout the Planning District. Rather, they represent the migration of existing outpatient cardiac catheterization procedures currently performed by the participating physicians in hospital-based catheterization laboratories to a dedicated ambulatory surgery center. The participating physicians will continue caring for the same established patient population, with only the site of service changing for clinically appropriate outpatient procedures. The participating physicians will continue utilizing hospital catheterization laboratories for emergency procedures, inpatient procedures, structural heart interventions, and other higher-acuity cardiovascular services requiring hospital resources.

As demonstrated in the preceding section, existing cardiac catheterization laboratories within Planning District 8 currently average approximately 1,267 DEPs per laboratory, exceeding the State Medical Facilities Plan standard of 1,200 DEPs per laboratory. Consequently, the modest migration of outpatient procedures to the proposed facility will not adversely affect the financial viability or operational efficiency of existing hospital-based catheterization laboratories.

Instead, the proposed project will complement existing hospital services by shifting appropriate lower-acuity outpatient procedures to a dedicated ambulatory surgery center while allowing hospital catheterization laboratories to devote additional capacity to emergency interventions, inpatient procedures, structural heart interventions, and other higher-acuity cardiovascular care. Accordingly, the utilization of existing cardiac catheterization services within Planning District 8 will not be significantly reduced, and the project will improve the overall efficiency and effectiveness of cardiovascular service delivery throughout the Planning District.

B. Proposals for mobile cardiac catheterization laboratories should be

approved only if such laboratories will be provided at a site located on the campus of an inpatient hospital. Additionally, applicants for proposed mobile cardiac catheterization laboratories shall be able to project that they will perform an average of 200 DEPs in the first year of operation and 350 DEPs in the second year of operation without significantly reducing the utilization of existing laboratories in the health planning district below 1,200 procedures.

This provision of the SMFP is not applicable as NOVA Heart & Rhythm Center does not propose adding or expanding mobile cardiac cath services.

C. Preference may be given to a project that locates new cardiac catheterization services at an inpatient hospital that is 60 minutes or more driving time one way under normal conditions from existing services if the applicant can demonstrate that the proposed new laboratory will perform an average of 200 DEPs in the first year of operation and 400 DEPs in the second year of operation without significantly reducing the utilization of existing laboratories in the health planning district.

This provision of the SMFP is not applicable as NOVA Heart & Rhythm Center does not propose adding or expanding cardiac cath services at an inpatient hospital.

12VAC5-230-400. Expansion of Services.

This provision of the SMFP is not applicable as NOVA Heart & Rhythm Center does not propose expanding cardiac cath services at a location currently within the DCOPN inventory.

12VAC5-230-410. Pediatric Cardiac Catheterization.

This provision of the SMFP is not applicable as NOVA Heart & Rhythm Center does not propose adding or expanding pediatric cardiac cath services.

12VAC5-230-420. Nonemergent Cardiac Catheterization.

A. Simple therapeutic cardiac catheterization. Proposals to provide simple therapeutic cardiac catheterization are not required to offer open heart surgery service available on-site in the same hospital in which the proposed simple therapeutic service will be located. However, these programs shall adhere to the requirements described in subdivisions 1 through 9 of this subsection.

The programs shall:

1. *Participate in the Virginia Heart Attack Coalition, the Virginia Cardiac Services Quality Initiative, and the Action Registry-Get with the Guidelines or National Cardiovascular Data Registry to monitor quality and outcomes;*

James River Cardiology ("JRC"), the physicians of NOVA Cardiovascular Care, and the NOVA Heart & Rhythm Center are committed to delivering the highest quality cardiovascular care through continuous quality improvement, performance measurement, and patient safety initiatives.

The Center will seek and maintain AAAHC accreditation and will implement a comprehensive Quality Assessment and Performance Improvement ("QAPI") Program that complies with all applicable CMS Conditions for Coverage and federal and Virginia regulatory requirements. The QAPI Program will continuously monitor clinical outcomes, patient safety, procedural appropriateness, complication rates, infection prevention, medication safety, patient satisfaction, and other quality indicators to ensure the highest standards of care. Participation in these quality initiatives reflects JRC's longstanding commitment to continuous quality improvement and transparent measurement of clinical outcomes across its cardiovascular programs.

Consistent with the requirements of the State Medical Facilities Plan, the Center will actively participate in the Virginia Heart Attack Coalition, the Virginia Cardiac Services Quality Initiative (VCSQI), and the American College of Cardiology's National Cardiovascular Data Registry (NCDR), including the appropriate ACC registry modules for cardiac catheterization services. Participation in these statewide and national quality initiatives will enable the Center to benchmark clinical performance against peer institutions, monitor patient outcomes, identify opportunities for improvement, and implement evidence-based best practices.

JRC has a longstanding commitment to quality improvement across its cardiovascular practices and ambulatory facilities. The proposed cardiac catheterization laboratory will build upon this established quality infrastructure to ensure that patients receive safe, effective, and evidence-based cardiovascular care in accordance with nationally recognized clinical standards.

2. *Adhere to strict patient-selection criteria;*

The NOVA Heart & Rhythm Center will implement comprehensive, evidence-based patient selection criteria to ensure that only patients who can safely undergo cardiac catheterization in the ambulatory surgery center setting are scheduled for outpatient procedures. Patient selection protocols will be developed and periodically reviewed by the Medical Director and participating physicians in accordance with current clinical evidence and nationally recognized guidelines, including those published by the Society for Cardiovascular Angiography and Interventions (SCAI), the American College of Cardiology (ACC), and other applicable professional organizations.

Each patient will undergo an individualized pre-procedure clinical evaluation that considers the patient's medical history, comorbid conditions, procedural complexity, anesthesia requirements, and anticipated post-procedure monitoring needs. Patients requiring emergency intervention, inpatient admission, structural heart procedures,

complex coronary interventions, or those otherwise deemed inappropriate for ambulatory care will continue to receive treatment in a hospital-based cardiac catheterization laboratory. The patient selection process will incorporate shared decision-making between the treating physician and patient, ensuring that the ambulatory surgery center represents the most appropriate site of care based on the individual's clinical condition and procedural risk.

The participating physicians will utilize JRC's established clinical infrastructure, including advanced cardiovascular imaging, diagnostic testing, multidisciplinary physician consultation, and comprehensive pre-procedure assessment, to ensure that each patient is appropriately evaluated before being scheduled for an outpatient procedure. Patient selection criteria will be continuously monitored through the Center's Quality Assessment and Performance Improvement (QAPI) Program and updated as clinical guidelines and best practices evolve.

By adhering to rigorous patient selection standards, the Center will provide safe, high-quality outpatient cardiac catheterization services while maintaining the highest standards of patient safety and clinical outcomes.

> *3. Perform annual institutional volumes of 300 cardiac catheterization procedures, of which at least 75 should be percutaneous coronary intervention (PCI) or as dictated by American College of Cardiology (ACC)/American Heart Association (AHA) Guidelines for Cardiac Catheterization and Cardiac Catheterization Laboratories effective 1991;*

The proposed NOVA Heart & Rhythm Center will substantially exceed the minimum procedural volume requirements established by the State Medical Facilities Plan.

As described in Section III.G, the participating physicians performed 1,454 cardiac catheterization procedures during 2025, providing a strong historical basis for the projected utilization of the proposed outpatient cardiac catheterization laboratory. Based on the patient selection criteria described previously and the anticipated migration of clinically appropriate outpatient procedures, the Center projects performing approximately 539 cardiac catheterization procedures during its first year of operation and approximately 881 procedures during its second year of operation, significantly exceeding the minimum annual requirement of 300 cardiac catheterization procedures.

Based on the historical case mix of the participating physicians, the proposed facility is expected to perform approximately 163 percutaneous coronary intervention (PCI) procedures during Year 1 and approximately 267 PCI procedures during Year 2, substantially exceeding the State Medical Facilities Plan minimum of 75 PCI procedures annually.

Accordingly, the proposed cardiac catheterization laboratory will satisfy both the overall procedural volume and PCI volume requirements established by the State

Medical Facilities Plan while providing safe, high-quality outpatient cardiovascular care to residents of Planning District 8.

Table IV.E.3 – Projected Annual Cardiac Catheterization Utilization

Measure	Year 1	Year 2
Total Cardiac Catheterization Procedures	539	881
Projected PCI Procedures	163	267
Minimum Required Procedures	300	300
Minimum Required PCI Procedures	75	75

Source: Internal James River Cardiology utilization data and project projections.

4. Use only AHA/ACC-qualified operators who meet the standards for training and competency;

All NHRC physicians at the Center are board-certified in cardiology and meet the training and competency standards to be Fellows of the ACC.

The qualifications and competency of all staff will be continuously monitored to ensure ongoing compliance.

5. Demonstrate appropriate planning for program development and complete both a primary PCI development program and an elective PCI development program that includes routine care process and case selection review;

The Center will use guidelines and selection criteria developed by the American Heart Association (AHA), ACC, and the SCAI for program development for primary and elective PCI. The clinical protocols and evidence-based guidelines outlined in Section III.F.8 provide further details on the SCAI standards.

The Center will also implement evidence-based standards of care and review cases through the routine quality assurance and performance improvement process.

6. Develop and maintain a quality and error management program;

The Center's QAPI Committee will facilitate the administration of quality assurance and will meet at least quarterly in support of this objective. The QAPI Committee will report to the Center's Board of Managers, which will be comprised of three board-certified cardiologists and will be responsible for oversight and accountability for the QAPI program.

7. Provide PCI 24 hours a day, seven days a week;

The Center will only provide scheduled diagnostic, elective diagnostic and simple therapeutic cardiac catheterizations. As a freestanding, outpatient facility, it will only

operate Monday – Friday. The Center will not be an ST Elevation Myocardial Infarction (STEMI)-receiving or STEMI-performing facility.

NHRC physicians have privileges at area hospitals that accommodate emergency cases and NHRC physicians participate in 24/7 STEMI call. Effectively, NHRC physicians will provide continuous PCI coverage through their participation in regional hospital call schedules. The proposed facility itself will provide only scheduled elective outpatient procedures during normal operating hours.

8. Develop and maintain necessary agreements with a tertiary facility that must agree to accept emergent and nonemergent transfers for additional medical care, cardiac surgery, or intervention; and

The NOVA Heart & Rhythm Center will maintain a transfer agreement with Sentara Northern Virginia Medical Center, a tertiary care hospital located in close proximity to the proposed facility and capable of providing the full spectrum of cardiovascular services, including emergency cardiac intervention, cardiothoracic surgery, advanced critical care, and other specialized services that may be required following transfer.

The transfer agreement will provide for the prompt acceptance of both emergent and non-emergent patients requiring a higher level of care than can be provided in the ambulatory surgery center. The Center will maintain written transfer protocols, communication procedures, and emergency response processes to ensure the prompt stabilization and transfer of patients whenever clinically indicated.

The participating physicians maintain active relationships with the regional hospital community and will coordinate closely with Sentara Northern Virginia Medical Center and local emergency medical services to facilitate seamless patient transfers and continuity of care. Emergency equipment, medications, and trained personnel will be available at all times to stabilize patients prior to transport in accordance with applicable CMS Conditions for Coverage, AAAHC accreditation standards, and Virginia licensure requirements.

These transfer arrangements will ensure that patients receiving care at the NOVA Heart & Rhythm Center have immediate access to tertiary cardiovascular services whenever additional medical care, cardiac surgery, or advanced intervention is required.

9. Develop and maintain agreements with an ambulance service capable of advanced life support and intra-aortic balloon pump transfer that guarantees a 30-minute or less response time.

The NOVA Heart & Rhythm Center will develop and maintain a written agreement with a licensed ambulance service capable of providing Advanced Life Support (ALS) transport, including intra-aortic balloon pump (IABP) transfer, with a

guaranteed response time of 30 minutes or less, consistent with the requirements of the State Medical Facilities Plan.

The ambulance provider will be available to transport patients requiring emergent or non-emergent transfer to Sentara Northern Virginia Medical Center or another appropriate tertiary care facility capable of providing advanced cardiovascular care, including cardiothoracic surgery and complex cardiac intervention.

The Center will maintain comprehensive emergency response protocols governing patient stabilization, activation of emergency medical services, communication with the receiving hospital, and transfer of medical records to ensure continuity of care. These protocols will be incorporated into the Center's Quality Assessment and Performance Improvement (QAPI) Program and will be regularly reviewed and tested through emergency preparedness drills.

In addition, the Center will maintain comprehensive on-site emergency capabilities, including multiple fully stocked crash carts, advanced cardiac life support medications and equipment, external defibrillators, temporary pacing capabilities, and other emergency supplies necessary to stabilize patients prior to transport. All physicians and clinical personnel participating in cardiac catheterization procedures will maintain current Advanced Cardiac Life Support (ACLS) certification and will receive ongoing emergency response training consistent with CMS Conditions for Coverage, AAAHC accreditation standards, and applicable Virginia regulations.

These measures will ensure that patients requiring a higher level of care can be rapidly stabilized and transported to an appropriate tertiary care facility in accordance with nationally recognized standards for outpatient cardiovascular programs.

B. Complex therapeutic cardiac catheterization. Proposals to provide complex therapeutic cardiac catheterization should be approved only when open heart surgery services are available on-site in the same hospital in which the proposed complex therapeutic service will be located. Additionally, these complex therapeutic cardiac catheterization programs will be required to participate in the Virginia Cardiac Services Quality Initiative and the Virginia Heart Attack Coalition.

This provision of the SMFP is not applicable as NHRC does not propose adding or expanding complex therapeutic cardiac catheterization services.

12VAC5-230-430. Staffing.

A. Cardiac catheterization services should have a medical director who is board-certified in cardiology and has clinical experience in performing physiologic and angiographic procedures.

The Center's Medical Director will be Dr. Oluwaseyi Bolorunduro, who is board-certified in Cardiology, Interventional Cardiology, Nuclear medicine, and Vascular ultrasound. See Dr. Bolorunduro's CV at Attachment III.C.

B. Cardiac catheterization services should be under the direct supervision of one or more qualified physicians. Such physicians should have clinical experience in performing physiologic and angiographic procedures

Cardiac catheterization services will be under the direct supervision of one or more qualified physicians. All NHRC physicians specialize in one or more of the following areas - Clinical Cardiac Electrophysiology, Cardiovascular Disease, and/or Interventional Cardiology - and possess the requisite training and experience in performing physiologic and/or angiographic procedures.

In addition to the Medical Director, the Center will be managed by Dr. Mitesh Amin and Trent Walter, who has extensive experience developing and operating cardiovascular ASCs. See Attachments IV.E.3.a. and IV.E.3.b for their resumes.

4. The extent to which the proposed project fosters institutional competition that benefits the area to be served while improving access to essential health care services for all people in the area to be served;

The proposed NOVA Heart & Rhythm Center will foster healthy institutional competition by expanding access to high-quality, lower-cost outpatient cardiovascular services while complementing the existing hospital-based cardiovascular delivery system within Planning District 8. The project promotes competition based on quality, efficiency, patient convenience, and value rather than simply increasing procedural volume.

The Center will provide an additional site of service for clinically appropriate outpatient cardiac catheterization procedures, giving patients and referring physicians greater choice regarding where cardiovascular procedures are performed. The ambulatory surgery center setting offers significant advantages for many elective outpatient procedures, including lower healthcare costs, improved scheduling flexibility, greater operational efficiency, and an enhanced patient experience. Expanding these options promotes value-based healthcare while improving access to essential cardiovascular services.

Importantly, the proposed project does not seek to generate new demand or substantially redistribute market share among existing providers. Rather, it will primarily relocate outpatient cardiac catheterization procedures currently performed by the participating physicians in hospital-based catheterization laboratories to a dedicated ambulatory surgery center specifically designed for lower-acuity cardiovascular procedures. The participating physicians will continue providing care to their established patient population, with only the site of service changing for clinically appropriate cases.

As discussed previously, the projected Year 1 volume of 812 Diagnostic Equivalent Procedures (DEPs) represents approximately 3.1% of the total cardiac catheterization volume performed within Planning District 8 during the most recent reporting period. Existing cardiac catheterization laboratories currently exceed the State Medical Facilities Plan utilization standard, and the modest migration of appropriate outpatient procedures will not adversely affect their financial viability or operational efficiency.

Instead, the proposed project will improve the overall delivery of cardiovascular care throughout Planning District 8 by allowing hospital-based catheterization laboratories to devote additional resources to emergency interventions, inpatient procedures, structural heart interventions, and other higher-acuity cardiovascular cases while providing patients with a dedicated, lower-cost outpatient alternative for appropriate elective procedures.

Accordingly, the proposed NOVA Heart & Rhythm Center will foster meaningful institutional competition that benefits patients through improved access, greater choice, enhanced efficiency, and lower-cost care, while strengthening the overall cardiovascular delivery system within Planning District 8.

5. *The relationship of the proposed project to the existing health care system of the area to be served, including the utilization and efficiency of existing services or facilities;*

James River Cardiology ("JRC") and the physicians of NOVA Cardiovascular Care have longstanding relationships with the hospitals and healthcare providers throughout Planning District 8 and remain committed to maintaining strong collaborative relationships with the region's health systems. The participating physicians will continue to provide inpatient cardiovascular care, emergency consultations, and other hospital-based services as members of the medical staffs at area hospitals.

The proposed NOVA Heart & Rhythm Center is intended to complement—not replace—the existing cardiovascular delivery system. The Center will provide a dedicated outpatient setting for clinically appropriate elective cardiac catheterization procedures while patients requiring emergency intervention, inpatient care, structural heart procedures, complex coronary intervention, or other higher-acuity cardiovascular services will continue to receive treatment in hospital-based cardiac catheterization laboratories.

As practicing interventional cardiologists, the participating physicians understand the operational demands placed on hospital catheterization laboratories. Hospital labs must balance scheduled elective procedures with emergency ST-elevation myocardial infarction (STEMI) cases, unstable patients, inpatient procedures, and other urgent cardiovascular interventions. The proposed ambulatory surgery center

will improve the overall efficiency of the regional healthcare system by shifting appropriate lower-acuity outpatient procedures to a dedicated outpatient facility, allowing hospital-based laboratories to devote greater capacity to patients requiring higher levels of care.

The proposed project also promotes continuity of care. Because the physicians already provide comprehensive cardiovascular care to an established patient population throughout Planning District 8, patients will continue receiving care from the same physicians before, during, and after their procedures, regardless of whether those procedures occur in the outpatient ambulatory surgery center or a hospital setting. This integrated model enhances care coordination, improves the patient experience, and supports better clinical outcomes.

Accordingly, the NOVA Heart & Rhythm Center will strengthen the existing healthcare system within Planning District 8 by expanding outpatient capacity, improving operational efficiency, preserving hospital resources for higher-acuity patients, and providing patients with access to a high-quality, lower-cost site of service while maintaining seamless integration with the region's hospitals and healthcare providers.

6. *The feasibility of the proposed project, including the financial benefits of the proposed project to the applicant, the cost of construction, the availability of financial and human resources, and the cost of capital;*

The proposed NOVA Heart & Rhythm Center is both operationally and financially feasible. As demonstrated in the financial projections included with this application, the project is expected to generate sufficient patient volume and revenue to support ongoing operations while providing a lower-cost, high-quality site of service for outpatient cardiovascular procedures.

The estimated capital cost of the project is $5,108,118, which is consistent with the cost of developing comparable outpatient cardiovascular facilities in Virginia. JRC has successfully developed and implemented multiple cardiovascular facilities throughout Virginia, including ambulatory surgery centers and advanced cardiovascular imaging centers approved through Virginia's Certificate of Public Need process. This experience has enabled JRC to develop realistic construction budgets, staffing plans, operational timelines, and financial projections for the proposed facility.

JRC has committed the financial resources necessary to complete the project and has secured site control for the proposed location. Facility planning, architectural design, project management, and implementation planning are already well underway, positioning the organization to begin construction promptly upon receipt of a Certificate of Public Need. In addition, JRC has access to the clinical, administrative, and operational personnel necessary to successfully recruit, staff, and operate the proposed cardiac catheterization laboratory.

The organization also has a demonstrated record of successfully implementing Certificate of Public Need projects throughout Virginia. Previous COPN-approved cardiovascular facilities developed by JRC have been completed efficiently and brought into operation in a timely manner, providing confidence that the NOVA Heart & Rhythm Center will likewise become operational promptly following approval.

The proposed project is not speculative. It is supported by an established cardiovascular practice with an existing patient base, documented historical procedural volumes, committed physician participation, secured financial resources, and comprehensive implementation planning. As a result, the project presents minimal execution risk and will deliver meaningful benefits to patients by expanding access to high-quality, lower-cost outpatient cardiovascular services in Planning District 8.

7. *The extent to which the proposed project provides improvements or innovations in the financing and delivery of health care services, as demonstrated by (i) the introduction of new technology that promotes quality, cost effectiveness, or both in the delivery of health care services; (ii) the potential for provision of health care services on an outpatient basis; (iii) any cooperative efforts to meet regional health care needs; and (iv) at the discretion of the Commissioner, any other factors as may be appropriate; and*

The proposed NOVA Heart & Rhythm Center represents a significant advancement in the delivery of cardiovascular care by expanding access to modern, high-quality outpatient cardiac catheterization services in Planning District 8. The project supports the continued evolution of cardiovascular care toward lower-cost, patient-centered outpatient settings while maintaining the highest standards of quality and safety.

Advances in cardiovascular technology, catheter design, imaging systems, vascular closure devices, anticoagulation strategies, and evidence-based clinical protocols have made many diagnostic and interventional cardiac catheterization procedures safe and appropriate for performance in ambulatory surgery centers. National clinical guidelines, including those of the American College of Cardiology (ACC) and the Society for Cardiovascular Angiography and Interventions (SCAI), together with evolving Centers for Medicare & Medicaid Services (CMS) policy, recognize the safety and effectiveness of performing appropriately selected cardiac catheterization procedures in outpatient facilities.

The proposed project will leverage these advances by providing a dedicated outpatient cardiovascular facility designed specifically for elective, lower-acuity procedures. This model promotes greater operational efficiency, shorter patient stays, streamlined scheduling, and an enhanced patient experience while maintaining

rigorous patient selection criteria and established transfer protocols for patients requiring higher levels of care.

The project also introduces meaningful improvements in healthcare financing. Ambulatory surgery centers provide clinically appropriate cardiovascular procedures at substantially lower cost than comparable hospital outpatient departments, reducing costs for patients, employers, commercial insurers, and government healthcare programs while preserving high-quality clinical outcomes. Expanding access to lower-cost sites of service supports Virginia's broader goals of improving healthcare value and reducing unnecessary healthcare expenditures. The project is also consistent with the Commonwealth's continued emphasis on improving value-based healthcare delivery by expanding access to clinically appropriate services in lower-cost outpatient settings.

The NOVA Heart & Rhythm Center will also strengthen regional cardiovascular care through continued collaboration with hospitals, emergency medical services, referring physicians, and other healthcare providers throughout Planning District 8. The participating physicians will continue providing inpatient and emergency cardiovascular services within the existing healthcare system while utilizing the ambulatory surgery center for appropriate outpatient procedures. This integrated model improves care coordination, preserves hospital catheterization laboratory capacity for emergency and higher-acuity cases, and enhances the overall efficiency of cardiovascular service delivery across the region.

Finally, the project builds upon the experience and established infrastructure of James River Cardiology and NOVA Cardiovascular Care, allowing the organization to implement a proven outpatient cardiovascular care model within an existing physician practice that already serves a substantial patient population throughout Planning District 8. The result is an innovative, value-based approach to cardiovascular care that improves patient access, enhances quality, lowers costs, and strengthens the regional healthcare delivery system.

8. *In the case of a project proposed by or affecting a teaching hospital associated with a public institution of higher education or a medical school in the area to be served, (i) the unique research, training, and clinical mission of the teaching hospital or medical school and (ii) any contribution the teaching hospital or medical school may provide in the delivery, innovation, and improvement of health care services for citizens of the Commonwealth, including indigent or underserved populations.*

Not applicable.

F. Show the method and assumptions used in determining the need for additional beds, new services or deletion of service in the proposed project's service area.

James River Cardiology ("JRC"), doing business as NOVA Cardiovascular Care in Northern Virginia, determined the need for the proposed outpatient cardiac catheterization laboratory through a comprehensive analysis of existing cardiac catheterization utilization within Planning District 8, historical physician procedural volumes, patient origin, demographic trends, and the continued migration of clinically appropriate cardiovascular procedures to the ambulatory surgery center setting.

First, JRC evaluated the utilization of existing cardiac catheterization laboratories within Planning District 8 using the most recent Virginia Health Information (VHI) Annual Licensure Survey data. That analysis demonstrated that existing cardiac catheterization laboratories within the Planning District continue to operate above the State Medical Facilities Plan utilization standard of 1,200 Diagnostic Equivalent Procedures (DEPs) per laboratory, confirming sustained demand for cardiac catheterization services throughout the region. As discussed in Section IV.A, the proposed project satisfies the State Medical Facilities Plan utilization requirements for establishing an additional cardiac catheterization laboratory.

Second, JRC evaluated the historical procedural volumes of the participating physicians. During 2025, these physicians performed 1,454 cardiac catheterization procedures, including 958 outpatient procedures, providing a substantial and well-established procedural base for the proposed outpatient cardiac catheterization laboratory. Analysis of patient origin further demonstrated that approximately 91.5% of these patients reside within Planning District 8, confirming that the proposed project is designed to serve an existing local patient population rather than generate new demand.

Third, JRC considered projected population growth and demographic trends within Planning District 8. According to projections from the Weldon Cooper Center for Public Service, the Planning District's total population is expected to increase by approximately 13.5% between 2020 and 2030, while the population aged 65 years and older is projected to increase by approximately 37.5% during the same period. Because the prevalence of cardiovascular disease and the need for cardiac catheterization procedures increase substantially with age, these demographic trends support continued growth in demand for outpatient cardiovascular services.

Finally, JRC developed conservative utilization projections based on evidence-based patient selection criteria and historical physician procedural volumes. The projections assume that approximately 75% of clinically appropriate outpatient cardiac catheterization procedures performed by the participating physicians will migrate to the proposed ambulatory surgery center during the first year of operation. A conservative 75% operational ramp-up was also applied during the first year to account for the normal startup period associated with opening a new facility. Based on these assumptions, the Center is projected to perform approximately 539 cardiac catheterization procedures (812 DEPs) during Year 1.

For Year 2, the projections assume approximately 15% physician practice growth together with migration of approximately 80% of eligible outpatient procedures to the ambulatory surgery center. Under these assumptions, the Center is projected to perform approximately 881 cardiac catheterization procedures (1,328 DEPs) during its second year of operation.

These projections are based on existing physician volumes, an established patient population, conservative migration assumptions, and documented demographic growth rather than speculative market share gains or induced demand. Collectively, these analyses demonstrate that the proposed project is supported by established physician utilization, an existing patient population, documented demographic growth, and conservative operational assumptions rather than speculative market capture or induced demand.

G. Coordination and Affiliation with Other Facilities.

Describe any existing or proposed formal agreements or affiliations to share personnel, facilities, services or equipment. (Attach copies of any formal agreements with another health or medical care facility.)

Not applicable.

H. Attach copies of the following documents:

1. A map of the service area indicating:

a. Location of proposed project.

b. Location of other existing medical facilities (by name, type (hospital, nursing home, outpatient clinic, etc.) and number of beds in each inpatient facility).

See Attachment IV.H.1.

2. Any material which indicates community and professional support for this project; i.e. letter of endorsement from physicians, community organizations, local government, Chamber of Commerce, medical society, etc.

See Attachment IV.H.2.

2. Letters to other area facilities advising of the scope of the proposed project.

See Attachment IV.H.3.

SECTION V FINANCIAL DATA

It will be the responsibility of the applicant to show sufficient evidence of adequate financial resources to complete construction of the proposed project and provide sufficient working capital and operating income for a period of not less than one (1) year after the date of opening:

A. Specify the per diem rate for all existing negotiated reimbursement contracts and proposed contracts for patient care with state and federal governmental agencies, Blue Cross/Blue Shield Plans, labor organizations such as health and welfare funds and membership associations.

There is no per diem for this service.

B. Does the facility participate in a regional program which provides a means for facilities to compare its costs and operations with similar institutions?

_____ Yes __X__ No

If yes, specify program _____
Provide a copy of report(s) which provide(s) the basis for comparison.

C. Estimated Capital Costs

Please see "Instructions for Completing Estimated Capital Costs" Section of the Certificate of Need application for detailed instructions for completing this question (attached)

Part I – Direct Construction Costs

1.	Cost of materials	$ 1,250,000*
2.	Cost of labor	$
3.	Equipment included in construction contract	$ 500,000
4.	Builder's overhead	$
5.	Builder's profit	$ 52,500
6.	Allocation for contingencies	$ 90,125
7.	Sub-total (add lines 1 thru 6)	$1,892,625

***Construction cost is all inclusive of materials and labor.**

Part II – Equipment Not Included in Construction Contract
If leasehold, lease expense over entire term of lease
(List each separately)

8.	a. Philips Azurion Series	$ 700,000
	b. GE Mac-Lab Hemodynamic System	$ 175,000
	c. General clinical equipment	$ 200,000
	d. IT assets	$ 50,000
	e. Furniture, fixtures & equipment	$ 150,000
	f.	$ 0
9.	Sub-total (add lines 8a thru 8f)	$ 1,275,000

Part III – Site Acquisition Costs

10.	Full purchase price	$ 0
11.	For sites with standing structures	$ 0
	a. purchase price allocable to structures	$ 0
	b. purchase price allocable to land	$ 0
12.	Closing costs	$ 0
13.	If leasehold, lease expense over entire term of lease	$ 1,169,230
14.	Additional expenses paid or accrued:	
	a. Permitting & Inspection Fees	$ 10,000
	b.	$ 0
	c.	$ 0
15.	Sub-total (add lines 10 thru 14c)	$ 1,179,230

Part IV – Site Preparation Costs

16.	Earth work	$ 0

17.	Site utilities	$ 0
18.	Roads and walks	$ 0
19.	Lawns and planting	$ 0
20.	Unusual site conditions:	
	a. _____	$
	b. _____	$
21.	Accessory structures	$ 0
22.	Demolition costs	$ 0
23.	Sub-total (add lines 16 thru 22)	$ 0

Part V – Off-site Costs (List each separately)

24.	_____	$ 0
25.	_____	$ 0
26.	_____	$ 0
27.	_____	$ 0
28.	Sub-total (add lines 24 thru 27)	$ 0

Part VI – Architectural and Engineering Fees

29.	Architect's design fee	$ 43,750
30.	Architect's supervision fee	$ 0
31.	Engineering fees	$ 0
32.	Consultant's fees	$ 0
33.	Sub-total (add lines 29 thru 32)	$ 43,750

Part VII – Other Consultant Fees (List each separately)

34.	a. _____	$ 0
	b. _____	$ 0

c. _____ $ 0

35. Sub-total (add lines 34a thru 34c) $ 0

Part VIII – Taxes During Construction

36. Property taxes during construction $ 0

37. List other taxes:

a. _____ $ 0

b. _____ $ 0

38. Sub-total (add lines 36 thru 37b) $ 0

Part IX-A – HUD Section 232 Financing

39. Estimated construction time(in months) N/A

40. Dollar amount of construction loan $ 0

41. Construction loan interest rate N/A%

42. Estimated construction loan interest costs $ 0

43. Term of financing (in years) N/A

44. Interest rate on permanent loan N/A%

45. FHA mortgage insurance premium $ 0

46. FHA mortgage fees $ 0

47. Financing fees $ 0

48. Placement fees $ 0

49. AMPO (non-profit only) $ 0

50. Title and recording fees $ 0

51. Legal fees $ 0

52. Total interest expense on permanent

mortgage loan $ 0

53. Sub-total Part IX-A HUD Section 232 Financing (add lines 42, 45, 46, 47, 48, 49, 50 and 51) $ 0

Part IX-B – Industrial Development Authority Revenue and General Obligation Bond Financing

(Circle selected method of financing)

54. Method of construction financing (construction loan, proceeds of bond sales, if other, specify) Not Applicable
If construction is to be financed from any source other than bond sale proceeds, answer question 56 through 58. Otherwise, proceed to question 59.

55. Estimated construction time (in months) N/A

56. Dollar amount of construction loan $ 0

57. Construction loan interest rate N/A%

58. Estimated construction loan interest cost $ 0

59. Nature of bond placement (direct, underwriter, if other, specify) Not applicable

60. Will bonds be issued prior to the beginning of construction? _____ Yes _____ No

61. If the answer to question 60 is yes, how long before (in months)? _____

62. Dollar amount of bonds expected to be sold prior to the beginning of construction $ 0

63. Will principal and interest be paid during construction or only interest? 0

64. Bond interest expense prior to the beginning of construction(in dollars) $ 0

65. How many months after construction begins will last bond be sold? Not applicable

66. Bond interest expense during construction $ 0

67. What percent of total construction will be financed from bond issue? $ 0

68. Expected bond interest rate N/A%

69. Anticipated term of bond issued (in years) Not applicable

70. Anticipated bond discount (in dollars) Not applicable

71. Legal costs $ 0

72. Printing costs $ 0

73. Placement fee $ 0

74. Feasibility study $ 0

75. Insurance $ 0

76. Title and recording fees $ 0

77. Other fees (list each separately)

a. _____ $ 0

b. _____ $ 0

c. _____ $ 0

78. Sinking fund reserve account (Debt Service Reserve) $ 0

79. Total bond interest expenses (in dollars) $ 0

80. Sub-total Part IX_B (add lines 58, 64, 66, 71, 72, 73, 74, 75, 76, 77a, b, c and 78) $ 0

Part IX_C – Conventional Mortgage Loan Financing

81. Estimated construction time (in months) 6 months

82. Dollar amount of construction loan $ 0

83. Construction loan interest rate N/A%

84.	Estimated construction loan interest cost (in dollars)	$ 0
85.	Term of long term financing (in years)	10
86.	Interest rate on long term loan 10.0%	
87.	Anticipated mortgage discount (in dollars)	$ 0
88.	Feasibility study	$ 0
89.	Finder's fee	$ 0
90.	Legal fees	$ 0
91.	Insurance	$ 0
92.	Other fees (list each separately)	
	Loan Origination Fee	$ 43,000
93.		$ 0
94.	Total permanent mortgage loan interest expense (in dollars)	$ 674,513
95.	Sub-total Part IX_C (add lines 84 & 88 thru 93)	$ 43,000

Financial Data Summary Sheet

96.	Sub-total Part I	Direct Construction Cost (line 7)	$ 1,892,625
97.	Sub-total Part II	Equipment not included in construction contract (line 9)	$ 1,275,000
98.	Sub-total Part III	Site Acquisition Costs (line 15)	$ 1,179,230
99.	Sub-total Part IV	Site Preparation Cost (line 23)	$ 0
100.	Sub-total Part V	Off-Site Costs (line 28)	$ 0
101.	Sub-total Part VI	Architectural and Engineering fees (line 33)	$ 43,750
102.	Sub-total Part VII	Other Consultant fees (line 35)	$ 0

103.	Sub-total Part VIII	Taxes During Construction (line 38)	$ 0
104.	Sub-total Part IX-A	HUD-232 Financing (line 53)	$ 0
105.	Sub-total Part IX-B	Industrial Development Authority Revenue & General Revenue Bond Financing (line 80)	$ 0
106.	Sub-total Part IX-C	Conventional Loan Financing (line 95)	$ 43,000
107.		**TOTAL CAPITAL COST** (lines 96 thru 106)	$ **4,433,605**
108.	Percent of total capital costs to be financed 24.2 %		
109.	Dollar amount of long term mortgage (line 107 x 108)		$ 1,075,000
110.	Total Interest Cost on Long Term Financing		$ 674,513
	a. HUD-232 Financing (line 53)		$ 0
	b. Industrial Development Authority Revenue & General Revenue Bond Financing (line 79)		$ 0
	c. Conventional Loan Financing (line 94)		$ 674,513
111.	Anticipated Bond discount		
	a.	HUD-232 Financing (line 53)	$ 0
	b.	Industrial Development Authority Revenue & General Revenue Bond Financing (line 70)	$ 0
	c.	Conventional Loan Financing (line 87)	$ 0
112.	**TOTAL CAPITAL AND FINANCING COST (ADD LINES 107, 110a, b or c AND 111a, b or c)**		**$ 5,108,118**

D.	1.	Estimated costs for new construction (excluding site acquisition costs)	$ 0
	2.	Estimated costs of modernization and renovation (excluding site acquisition costs)	$ 3,254,375

E.	Anticipated Sources of Funds for Proposed Project	Amount

1.	Public Campaign	$ 0
2.	Bond Issue (Specify Type) _____	$ 0
3.	Commercial Loans	$ 1,075,000
4.	Government Loans (Specify Type)_____	$ 0
5.	Grants (Specify Type)_____	$ 0
6.	Bequests	$ 0
7.	Private Foundations	$ 0
8.	Endowment Income	$ 0
9.	Accumulated Reserves	$ 0
10.	Other (Identify) Cash from NHRC Balance Sheet	$ 3,358,605

F. Describe in detail the proposed method of financing the proposed project, including the various alternatives considered. Attach any documents which indicate the financial feasibility of the project.

The construction costs and purchase of the equipment will be financed through a combination of cash on NHRC's balance sheet and a commercial bank loan. Our lender, Towne Bank, fully supports this project and is ready to provide financing for the equipment purchase.

The site acquisition costs in Section V.C. are the lease expense associated with this project during the initial term of the lease. These lease payments are operational expenses which will be funded through cash flows and accumulated reserves during the term of the lease.

Similarly, the interest expense on the equipment loan will be paid through cash flows and accumulated reserves during the term of the loan.

G. Describe the impact the proposed capital expenditure will have on the cost of providing care in the facility. Specify total debt service cost and estimated debt service cost per patient day for the first two (2) years of operation. (Total debt service cost is defined as total interest to be paid during the life of the loan (s). Estimate debt service cost per patient day by dividing estimated total patient days for year one into amount of debt service for that year. Repeat for year two.) Please attach an amortization schedule showing how the proposed debt will be repaid.

The proposed capital expenditure will not have an impact on the cost of providing care at the Center. Cardiac catheterization reimbursement rates are established by the payors and are not dependent on the cost of providing care at the facility.

See Attachment V.G. for Amortization Schedule and Debt Service Cost per Patient Day

H. Attach a copy of the following information of documents.

1. The existing and/or proposed room rate schedule, by type of accommodation.

Not applicable.

2. The audited annual financial statements for the past two (2) years of the existing facility or/if a new facility without operating experience, the financial state of the owner (s). Audited financial statements are required, if available.

NHRC does not have audited financials. For this submission, we have attached audited historical financial statements for the ultimate parent company, Cavalier Intermediate, Inc. See attachment V.H.2.

3. Copy of the proposed facility's estimated income, expense and capital budget for the first two years of operation after the proposed project is completed.

See attachment V.H.3.

SECTION VI ASSURANCES

I hereby assure and certify that:

a. The work on the proposed project will be initiated within the period of time set forth in the Certificate of Public Need; and

b. completion of the proposed project will be pursued with diligence; and

c. the proposed project will be constructed, operated and maintained in full compliance with all applicable local, State and Federal laws, rules, regulations and ordinances.

I hereby certify that the information included in this application and all attachments are correct to the best of my knowledge and belief and that it is my intent to carry out the proposed project as described.

Signature of Authorizing Officer	1990 Old Bridge Road Address – Line1
Mitesh Amin, M.D. Type/Print Name of Authorizing Officer	Address – Line 2
CEO Title of Authorizing Officer	Woodbridge, VA 22192 City/State/Zip
804-400-1322 Telephone	July 30, 2026 Date

Copies of this request should be sent to:

A. Virginia Department of Health
Division of Certificate of Public Need
9960 Mayland Drive – Suite 401
Henrico, Virginia 23233

B. **The Regional Health Planning Agency if one is currently designated by the Board of Health to serve the area where the project would be located.**