### Determination of Reviewability

<table>
<thead>
<tr>
<th>Facility/Service Type</th>
<th>Project Description</th>
<th>Date Application Received</th>
<th>Deadline to Notify Applicant (5 business days After Receipt of Request)</th>
<th>Date Notification to Applicant Sent</th>
<th>Statutory Deadline to Complete (45 days from Receipt of Application)</th>
<th>Additional Info Requested (Y/N)</th>
<th>Date Additional Info Received</th>
<th>Date DR Completed &amp; Mailed</th>
</tr>
</thead>
</table>
| Ambulatory Surgery Center | Vascular and Vein Institute of the South, PLLC  
Vein Institute Mississippi  
Capital Expenditure Revised: $1,252,531.80 | 11/4/19 | 11/11/2019 | 11/7/19 | 12/19/19 | Y  
11/12/19 | 11/20/19 | 12/3/19 |
| Hospital | University of Mississippi Medical Center  
Establishment of Clinical Research and Trials at the University of Mississippi Medical Center  
Capital Expenditure: $5,081,339.00 | 11/19/19 | 11/26/19 | 11/22/19 | 1/3/20 | N | N/A | 12/17/19 |
| Hospital | North Mississippi Medical Center, Inc.  
Replacement of da Vinci Surgical Robot  
830 S. Gloster Street  
Tupelo, (Lee County) MS 38801  
Capital Expenditure: $1,873,000.00 | 11/22/2019 | 12/2/2019 | 11/22/2019 | 1/6/2020 | Y  
11/25/2019  
12/2/19 | 12/23/19 |
| Ambulatory Surgery Center | Madison Spine Surgery Center, LLC  
Single Specialty Ambulatory Surgery Center  
Neurosurgery and Interventional Pain Management  
Capital Expenditure: N/A | 11/22/19 | 12/2/19 | 11/25/19 | 1/6/20 | Y  
12/10/19 | 12/30/19 |
| Geri Psych | Tippah County Hospital Intensive Outpatient Geriatric Psych Unit  
Capital Expenditure: $0.00 | 11/25/19 | 12/3/19 | 12/2/19 | 1/9/20 | Y  
12/3/19  
12/5/19 | 12/23/19 |
| New Facility | Tippah County Hospital New Facility Project  
Capital Expenditure: $TBA | 12/16/2019 | 12/24/2019 | 12/19/19 | 1/30/2020 | Y |  |
| Nursing Home | Shearer-Richardson Memorial Nursing Home Phase IV Renovation | 12/23/2019 | 12/28/2019 | 1/2/20 | 2/6/2020 | Y  
1/3/20 |  |

**Legend**
- **Columns in Red** = Deadlines set by statute or policy
- **Items in Bold and Italic** = New information added since last Weekly Report.

As of Week Ending 1/3/20
Note: Projects remain on Report for 30 days after completion.
# Notice of Intent (NOI) to Apply for a CON

<table>
<thead>
<tr>
<th>Project Name and Description</th>
<th>Date Received</th>
<th>Earliest Date CON Application May Be Filed (15 days from date NOI Received)</th>
<th>Date NOI Expires (6 months from date NOI Received)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jefferson County Hospital Addition of a Swing Bed Hospital at Jefferson County Hospital</td>
<td>8/26/2019</td>
<td>9/10/2019</td>
<td>2/26/2020</td>
</tr>
<tr>
<td>Brentwood Acquisition, Inc. d/b/a Brentwood Behavioral Healthcare Conversion of Adult Psychiatric Beds to Adult Chemical Dependency Unit Beds</td>
<td>12/12/2019</td>
<td>12/27/2019</td>
<td>6/12/2020</td>
</tr>
</tbody>
</table>

**Legend**

Columns in Red = Deadlines set by statute or policy  
*Items in Bold and Italic* = New information added since last Weekly Report.
<table>
<thead>
<tr>
<th>Facility/Service Type</th>
<th>Project Description</th>
<th>Data Applications Received</th>
<th>Deadlines for Identifying Applicants &amp; Application &amp; Pre-Release Notification (contact(s) necessary): 3 days prior</th>
<th>Data Demand Completion/Pre-Release Notification (contact(s) necessary): 5 days prior</th>
<th>Data Notification of Application Information &amp; Confirmation (contact(s) necessary): 7 days prior</th>
<th>Data Additional Info Required</th>
<th>Date Additional Info Received</th>
<th>Staff Analysis Due Date (if applicable)</th>
<th>Staff Analysis Publication Date</th>
<th>Application Required for Approval/Disapproval</th>
<th>Hearing Request Due Date (if applicable)</th>
<th>Hearing Requested</th>
<th>Hearing Required</th>
<th>Date Hearing Held</th>
<th>Date Hearing Lied</th>
<th>Date Final Order Published</th>
<th>Application Published on CON Website</th>
<th>Final Order Required?</th>
<th>Final Order Effective Date</th>
<th>Change in Court Appeal (if applicable)</th>
<th>Application Published Status (1046 &amp; Date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4M 450 Facility</td>
<td>UCM Administration Building Exterior Imaging, LLC DBA/30891 H insolvent - Imaging Center, LLC - 600 S 3rd St, Suite 100, Big Spring, TX 79720-1232</td>
<td>01/02/14</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>01/02/14</td>
<td>N/A</td>
<td>05/01/14</td>
<td>05/02/14</td>
<td>Approval</td>
<td>05/02/14</td>
<td>Y</td>
<td>N</td>
<td>N</td>
<td>Q 01/17</td>
<td>N</td>
<td>N</td>
<td>01/01/17</td>
<td>01/01/17</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>4M 201 Facility</td>
<td>4M 201 Facility - Imaging Center, 5100 S. 29th St. Springfield, IL 62702-9998</td>
<td>10/10/14</td>
<td>01/11/14</td>
<td>01/11/14</td>
<td>01/11/14</td>
<td>01/11/14</td>
<td>01/11/14</td>
<td>01/11/14</td>
<td>01/11/14</td>
<td>Approval</td>
<td>01/11/14</td>
<td>Y</td>
<td>01/11/14</td>
<td>N</td>
<td>Q 01/17</td>
<td>N</td>
<td>N</td>
<td>01/11/17</td>
<td>01/11/17</td>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>

**Legend:**
- Column 1: Facility/Service Type
- Column 2: Project Description
- Column 3: Data Applications Received
- Column 4: Deadlines for Identifying Applicants & Application & Pre-Release Notification (contact(s) necessary): 3 days prior
- Column 5: Data Demand Completion/Pre-Release Notification (contact(s) necessary): 5 days prior
- Column 6: Data Notification of Application Information & Confirmation (contact(s) necessary): 7 days prior
- Column 7: Data Additional Info Required
- Column 8: Date Additional Info Received
- Column 9: Staff Analysis Due Date (if applicable)
- Column 10: Staff Analysis Publication Date
- Column 11: Application Required for Approval/Disapproval
- Column 12: Hearing Request Due Date (if applicable)
- Column 13: Hearing Requested
- Column 14: Hearing Required
- Column 15: Date Hearing Held
- Column 16: Date Hearing Lied
- Column 17: Date Final Order Published
- Column 18: Application Published on CON Website
- Column 19: Final Order Required?
- Column 20: Final Order Effective Date
- Column 21: Change in Court Appeal (if applicable)
- Column 22: Application Published Status (1046 & Date)
## Hearings

<table>
<thead>
<tr>
<th>Type of Hearing</th>
<th>Project Description</th>
<th>Hearing Request Deadline</th>
<th>Hearing Request Date</th>
<th>Hearing Requestor</th>
<th>Date Notice of Hearing Sent to Parties</th>
<th>Deadline to Schedule Hearing (60 days from Receipt of Request, Unless Both Parties Request Waiver)</th>
<th>Agreement to Waive Time Period for Review (Y/N)</th>
<th>Hearing Date and Location</th>
<th>CON Legal Notice Publication Deadline</th>
<th>CON Legal Notice Publication Date</th>
<th>Hearing Withdrawn n (Y/N) &amp; Date</th>
<th>Date Brief Filed</th>
<th>Date Hearing Closed</th>
<th>Hearing Officer Decision Deadline (45 days from Date Hearing Closed)</th>
<th>Hearing Officer Recommendation and Date</th>
<th>Chancery Court Appeal Filed (Y/N) &amp; Date</th>
<th>Court of Appeals/S. Ct. Appeal (Y/N) &amp; Date</th>
</tr>
</thead>
</table>
| Hearing During the Course of Review | CON Review Number: F-NS-0216-002 Oxford Pre-op & Imaging Center, LLC. 
6/6/16 Baptist Memorial Hospital-North Mississippi, Inc. 
6/6/16 Baptist Memorial Hospital, North Mississippi 
BMN North Mississippi Imaging Services, LLC. 
| Hearing During the Course of Review | CON Review Number: C-NS-0616-030 Oxford Pre-op & Imaging Center, LLC. 
6/6/16 Baptist Memorial Hospital-North Mississippi, Inc. 
6/6/16 Baptist Memorial Hospital, North Mississippi 
BMN North Mississippi Imaging Services, LLC. 
| Hearing During the Course of Review | CON Review Number: H-NS-1018-013 Memphis Regional Hospital Acquisitions Mobile 
6/6/16 Baptist Memorial Hospital-North Mississippi, Inc. 
6/6/16 Baptist Memorial Hospital, North Mississippi 
BMN North Mississippi Imaging Services, LLC. 
Location: Lefleur's Square (Licenses & Certification) | 12/31/18            | 1/28/19               | N                                | 1/28/19               | 1/28/19                           | 1/28/19 |                        |                                                |                                                  |                                                |                                                |

**Legend**

Columns in red = Deadlines set by statute or policy

Items in bold and italics = New information added since last Weekly Report.
## Six Month Extensions/Progress Reports (SME/Prog. Rep.)

<table>
<thead>
<tr>
<th>Facility/Service Type</th>
<th>Project Description</th>
<th>Date Received</th>
<th>Additional Info Requested</th>
<th>Additional Info Received</th>
<th>Date Completed</th>
<th>Granted/Denied/Project Closed</th>
</tr>
</thead>
</table>
| ESRD Facility         | CON Review Number: ESRD-NIS-0918-010  
CON Number: R-0946  
Fresenius Medical Care Dogwood, LLC d/b/a Fresenius Kidney Care Dogwood  
Establishment of Satellite ESRD Facility  
Authorized Capital Expenditure: $3,865,678.62  
Capital Expenditure Made to Date: $1,225,000.00 | 11/12/2019    | N                         | N/A                      | 12/11/19       | Granted                      |
| Medical Office Building | CON Review Number: MOB-C-0316-005  
CON Number: R-0911  
Methodist Le Bonheur Healthcare  
Construction of Medical Office Building  
Authorized Capital Expenditure: $6,568,860.00  
Capital Expenditure Made to Date: $302,991.00 | 11/22/2019    | N                         | N/A                      | 12/19/19       | Granted                      |
| Hospital              | CON Review Number: HG-RC-0316-003  
CON Number: R-0909  
Baptist Memorial Hospital - DeSoto, Inc.  
Emergency Department Addition  
Authorized Capital Expenditure: $19,204,530.00  
Capital Expenditure Made to Date: $19,137,433 | 12/2/2019     | N                         | N/A                      | 12/2/19        | Closed                        |
| Hospital              | CON Review Number: HG-NIS-0419-004  
CON Number: R-0955  
University of Mississippi Medical Center - Grenada  
Offering of Swing-Bed Services  
Authorized Capital Expenditure: $0.00  
Capital Expenditure Made to Date: $0.00 | 12/9/19       | N                         | N/A                      | 12/23/19       | Filed                         |

**Legend**
- Columns in Red = Deadlines set by statute or policy
- *Items in Bold and Italics* = New information added since last Weekly Report.
<table>
<thead>
<tr>
<th>Facility/Service Type</th>
<th>Project Description</th>
<th>Date Received</th>
<th>Additional Info Requested</th>
<th>Additional Info Received</th>
<th>Date Completed</th>
<th>Granted/Denied/Project Closed</th>
</tr>
</thead>
</table>
| Hospital              | CON Review Number: HG- MME-0418-004  
CON Number: R-0939  
Forrest County General Hospital d/b Forrest General Hospital  
Addition of Linear Accelerator  
Capital Expenditure: $5,654,262.00  
Capital Made to Date: $2,919,019.38  
Location: Hattiesburg, Forrest County, Mississippi | 12/18/19 |               |                          |                         |               |                               |
| Hospital              | CON Review Number: HG-CB 0909-023  
CON Number: R-0817  
Construction of a 100 Bed Acute Care Hosp., MRI, Therapeutic Cardiac Cath., Open-Heart Surg. Equip & Svcs, and Obstetrics  
Authorized Capital Expenditure: $137,080,000.00  
Capital Expenditure Made to Date: $98,326,737.00 | 12/23/19 |               |                          |                         |               |                               |

**Legend**

Columns in Red = Deadlines set by statute or policy

*Items in Bold and Italic* = New information added since last Weekly Report.
## Change of Ownership (CHOW) Applications

<table>
<thead>
<tr>
<th>Facility/Service Type</th>
<th>Project Description</th>
<th>Date Received</th>
<th>Deadline to Complete (30 days from Receipt of Application)</th>
<th>Date Notice Sent to DOM</th>
<th>Date Letter Received from DOM</th>
<th>Additional Info Requested</th>
<th>Additional Info Received</th>
<th>Application Approved/Rejected/Returned/Withdrawn</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing Home</td>
<td>Pearl River County Nursing Home</td>
<td>12/31/19</td>
<td>1/30/2020</td>
<td></td>
<td>1/3/2020</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nursing Home</td>
<td>Pearl River County Nursing Hospital</td>
<td>12/31/19</td>
<td>1/30/2020</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Legend**

Columns in Red = Deadlines set by statute or policy

*Items in Bold and Italics = New information added since last Weekly Report.*