Delaware Health Resources Board's Public Hearing for ChristianaCare's Ambulatory Surgery Center

Chapel Building

Herman M Holloway Sr. Health and Social Services Campus

1901 North Dupont Highway New Castle DE 19720

August 6, 2026



Agenda

I: OPENING COMMENTS

II: CHRISTIANACARE'S PRESENTATION REGARDING THE AMBULATORY SURGERY CENTER CERTIFCATE OF PUBLIC REVIEW APPLICATION

III: PUBLIC COMMENTS

IV: ADJOURN



CHRISTIANACARE PRESENTATION

Cardiovascular Ambulatory Surgery Center (ASC)

To Better Serve and Expand Access to Cardiovascular Care for Delawareans

Developed via Joint Venture Partnership: Christiana Care Health Services, Inc., Atlas Healthcare Partners, US Health Partners (USHP) and Cardiovascular Physicians of Delaware

Certificate *of* Public Review
Delaware Health Resources Board Proposal

August 6, 2026

About ChristianaCare

ChristianaCare is a nonprofit academic health system serving Delaware, Maryland, Pennsylvania and New Jersey, and is Delaware's largest private employer.

Nationally Recognized Care

Delaware's No. 1 hospital for quality, with Magnet recognition for nursing excellence.

Comprehensive Acute Care

Five hospitals, Level I trauma care and regional centers of excellence in cancer, heart and neuroscience.

Comprehensive Outpatient and Ambulatory Surgical Care

For over 10 years, has provided muti-specialty ambulatory surgical care at our Newark Campus.

Nearly 15,000 employees

$232M in community benefit spending

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About Cardiovascular Physicians of Delaware

(formerly known as Cardiology Physicians, LLC)

Cardiovascular Physicians of Delaware is one of the foremost cardiology practices based in Delaware providing cardiovascular and vascular care throughout the region.

Serving 10 locations in Delaware and 1 in Maryland

More than 30 Years of Experience

Comprehensive Services

- Preventive Cardiology Services
- Vascular Surgery and Interventional Services
- Diagnostic Cardiac Testing
- Interventional Cardiology
- Electrophysiology Services
- Heart Failure Management
- Advanced Diagnostic Services
- Outpatient Cardiovascular Care

Experienced Clinical Team

- 24 Cardiologists and 16 Advanced Practice Providers
- 8 Interventional Cardiologists
- 4 Electrophysiologists
- 3 Vascular Surgeon

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Our Proposal: Cardiovascular Ambulatory Surgery Center (ASC)

Project Overview

Christiana Care Health Services, Inc., Atlas Healthcare Partners, US Health Partners (USHP), and Cardiovascular Physicians of Delaware are partnering to establish the **ChristianaCare Cardiovascular Center Newark (CCCC Newark),** a dedicated cardiovascular Ambulatory Surgery Center (ASC) on the Newark Campus.

The **$9 plus million investment** will include two operating rooms, each functioning as state-of-the-art catheterization and electrophysiology (EP) laboratories/

The new facility is designed to shift appropriate cardiovascular procedures from the inpatient setting to a high-quality outpatient environment, with a targeted goal to be **operational in early 2028.**

The facility will be **across the street from Christiana Hospital**, providing quick, easy access for transfers when needed.

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Our Bold Vision: Expand Access to Specialized Outpatient Cardiovascular Care

The proposed Cardiovascular ASC is a strategic investment to meet **growing community demand for specialized cardiovascular care and lower the cost of care.**

Additionally, this will:

- Improve quality and patient experience
- Expand access
- Preserve hospital capacity for more complex cardiovascular services to serve the state.
- Support growing cardiovascular demand while aligning with national trends and CMS expectations for cardiovascular specific outpatient care delivery

The project positions ChristianaCare and Cardiovascular Physicians to lead the continued evolution of cardiovascular care delivery in Delaware through a high-quality, value-based outpatient model.

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What exists today?

- There are no ambulatory surgery centers today in Delaware that perform these cardiovascular procedures.
- High utilization across cardiovascular procedural areas in the hospital limit schedule flexibility for urgent add-ons and higher-acuity cases.
- This translates into longer wait times for patients who need care—up to 8 days for catheterization procedures, and more than 20 days for electrophysiology procedures.



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Value of Dedicated Cardiovascular ASC vs. Multispecialty ASC

Why specialization matters for access, safety, capacity, and board positioning

Dedicated Cardiovascular ASC	Typical Multispecialty ASC
Purpose-built catheterization lab, vascular and electrophysiology-ready environment	Shared rooms, schedules, supplies, and teams across specialties
Focused protocols, selection criteria, and CV metrics	Variation in equipment needs and procedural workflows
Predictable throughput and same-day procedural model	Competes with broad surgical demand for capacity
Fixed cardiac biplane imaging supports diagnostic to interventional cases	May not be designed for advanced CV imaging, staffing, recovery
Key equipment-specialized physiologic monitoring, intra-vascular ultrasound, cardiac specific resuscitation equipment	Harder to make a clear, specialty-specific need case

This is not simply another ASC center. It is a specialized outpatient cardiovascular care platform designed specifically for lower-acuity CV procedures.

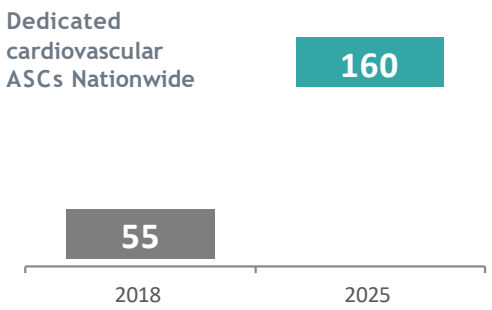


Specialized facility = specialty-specific infrastructure, team, workflows, and quality oversight

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Cardiovascular ASCs Support an Aging Population - and Delaware is Behind

Nationwide Growth



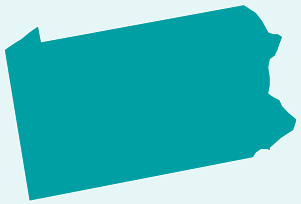
4x growth in 5 years
now the fastest-growing ASC specialty.

approximately 160
single-specialty cardiovascular ASCs nationwide*

Expected Volume Migration

- Outpatient cardiac volumes projected to grow ~**25% by 2035** vs. just ~**8% for inpatient**
- CV procedures performed in ASCs projected to grow ~**15%** between 2023 and 2028





PENNSYLVANIA

5-7 Dedicated cardiovascular ASCs in Pennsylvania today

- New in 2026: $10M cardiology ASC in King of Prussia (CCP + Penn Medicine)
- Among the few states that adjusted regulations to allow ASC-based PCI

VS



DELAWARE

0 Dedicated cardiovascular ASCs in Delaware today

- Delaware has 22 Medicare-certified ASCs - none cardiovascular-specific
- No dedicated CV ASC currently exists in New Castle County

Bottom line: Delaware is an outlier - national and Pennsylvania momentum is clearly toward dedicated cardiovascular ASCs, yet Delaware patients still lack a CV-specific outpatient option. This center provides Delawareans access to the same "state of the art care" that is found in neighboring states.

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Growing Demand and Capacity Constraints Support a Dedicated Cardiovascular ASC

A dedicated cardiovascular ASC shifts appropriate low-acuity procedures to a specialized outpatient setting, improving access, reducing delays, and preserving inpatient capacity for the patients who need it most.

- **Demand is outpacing capacity** while outpatient care continues to expand, supporting the need for a dedicated CV ASC
- **Today we are experiencing high utilization levels (80-90%+) , which lead to:**
  - **Reduced inpatient capacity:** Limited availability for high-acuity and complex cardiovascular cases
  - **Elective Access Delays:** Outpatient procedures are often postponed or rescheduled due to inpatient demand
  - **Emergency Throughput Risk:** Acute MI and other emergent cases can face delays when procedure rooms are occupied
- Having a cardiovascular specific ASC option shifts appropriate cases to **lower-cost** settings.

ChristianaCare HVIS Volume and Utilization Statistics

Metric/Indicator	Cath	EP
Volume Growth (FY24-FY26)	+3%	+9%
ASC Growth Opportunity	+2%	+18%
Utilization (24-month block)	80% (IP&OP)	82% (IP&OP)

Demonstrated Market Need

Aging Population Growth

+23% growth in 65+ population by 2035 (112K → 137K)

Aging population drives cardiovascular demand growth

Future Procedure Demand

10,800 ambulatory cardiovascular procedures projected by 2029

Strong demand growth across primary service area and accelerated growth of proven interventional procedures, such as curative atrial fibrillation ablation

Outpatient Migration Trend

Continued migration of cardiovascular care to outpatient settings. ~2000 procedures appropriate for migration

Regional and national trends support transition

Appropriate Site of Care

40% of procedures appropriate for ASC setting. With 80% of those originating from NCC

Preserves hospital capacity for higher-acuity patients

Expected Costs

Financially Sustainable capital investment supported through organizational and partnership funding sources.

Right Site of Care Transitions appropriate procedures to a lower-cost outpatient setting and anticipate project will decrease overall cost of care for patients.

Improves System Efficiency Preserves hospital capacity for complex and inpatient cardiovascular care and **will not increase the costs and charges for existing health services provided to patients within the health care system.**

Aligns with Industry Trends Supports the continued migration of cardiovascular procedures to ambulatory settings.

Category	Investment
Design & Construction	$5.5M
Equipment	$3.5M
IT & Infrastructure	$0.2M
Total Capital Investment	**$9.2M**

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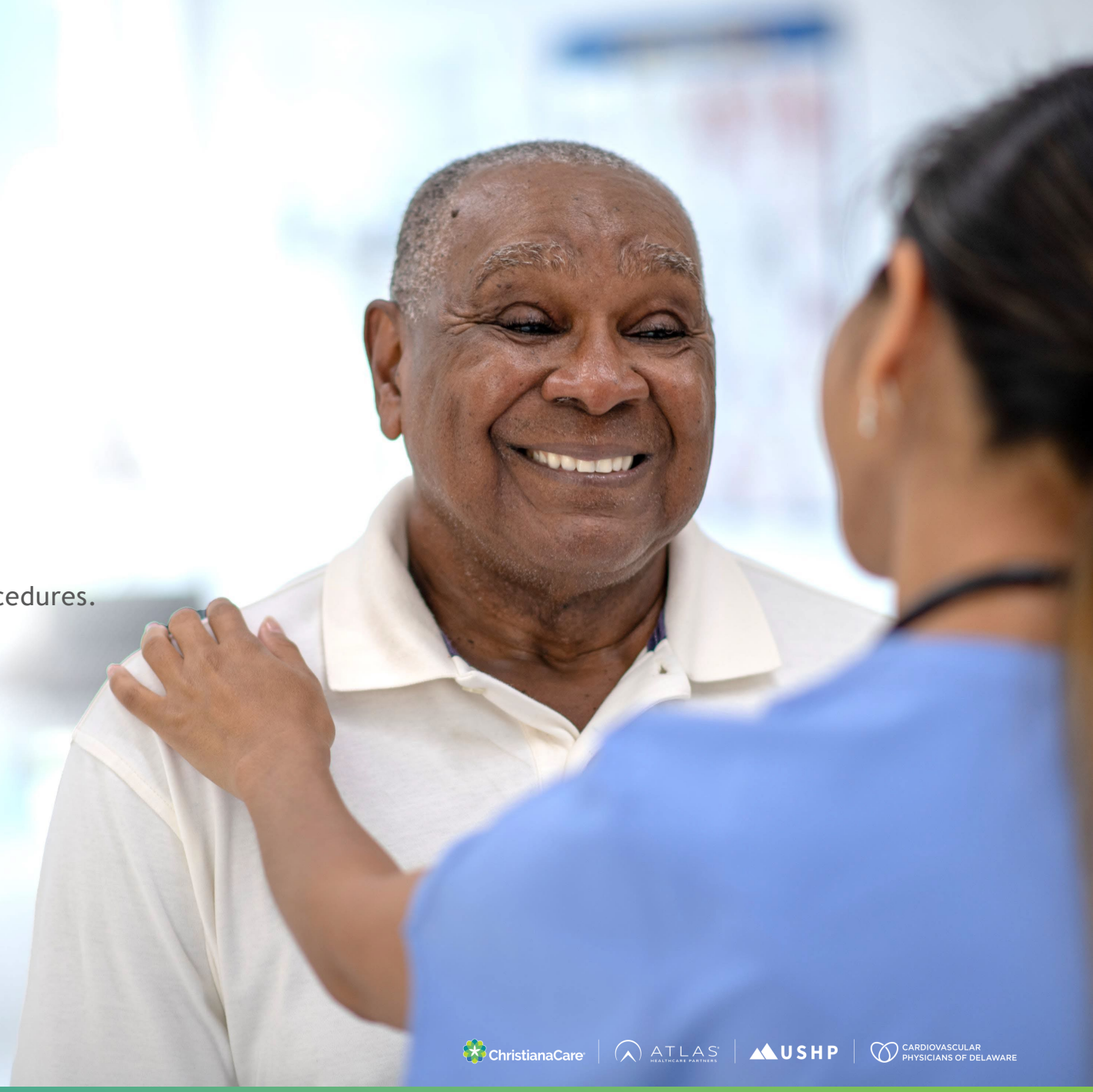
Effect on Healthcare Costs and Charges

Lower total cost of care, improved system capacity and expanded access to high-quality cardiovascular services for Delaware residents

- **Reduce total episode-of-care costs for ASC-appropriate procedures** and improve care efficiency
- Deliver **40-50% lower procedural costs** (in the outpatient setting)
- Expand access to cardiovascular services **closer to home**
- Enhances **patient-centered care** and outcomes
- The CV ASC extends ChristianaCare and Cardiovascular Physician's existing Medicaid, Medicare and charity care commitments—**not a separate or payer-selective model**
- **Anticipated decrease in overall healthcare costs**



Right Care.
Right Place.
Right Time.



This new cardiovascular surgery center will:

- Increase access to care for patients as Delaware's aging population drives more need for these services and procedures.
- Improve the experience and outcomes for patients by reducing wait times and creating a modern, dedicated outpatient facility for heart care.
- Respect cost and affordability by providing this care in an optimal setting.
- Preserve inpatient hospital capacity by moving these procedures to a convenient outpatient setting.

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Appendix

Alignment with DHRB Statutory Criteria Section Summary

SECTION 1

Conformity with Health Resources Management Plan

Quality & Experience

Improves coordination, convenience, and patient experience.

Value & Affordability

Delivers lower-cost, high-value cardiovascular care.

SECTION 2

Demonstrated Need

Aging Population: 65+ population projected to grow 23% by 2035 (112K→ 137K)

Growing Procedure Demand: ~10,800 ambulatory cardiovascular procedures projected by 2029

Outpatient Migration: ~2,000 procedures currently appropriate for ASC migration

Appropriate Site of Care: ~40% of cardiovascular procedures are ASC-appropriate

Improves coordination, convenience, and patient experience.

Delivers lower-cost, high-value cardiovascular care.

SECTION 3

Alternatives to the Project: Why a Dedicated Cardiovascular ASC is Needed

Hospital Status Quo

Capacity constraints persist

Existing ASC Capacity

Insufficient cardiovascular capability

External Providers

Patients leave the market

Delay Development

Access challenges increase

Hospital Expansion

Higher-cost approach

Dedicated CV ASC

Best solution for access, efficiency and continuity of care

SECTION 4

Impact on Existing HealthCare Delivery System

Expand Access

More outpatient cardiovascular capacity

Preserve Capacity and Reduce Bottlenecks

More space for complex inpatient care; fewer hospital procedural constraints

Improve Experience

Faster, convenient care closer to home

Lower Costs

More efficient site of care

Strengthen Care Network

Enhanced continuity and coordination and expertise

ASC will be open to community cardiologists

SECTION 5

Immediate and Long- term Viability

Total Investment

Total capital investment will be $9+ Million. The project will be funded through organizational capital and partnership investment sources.

Supports migration of appropriate cases to a lower-cost outpatient setting; no increase to existing hospital-based service charges

Aligns with national trends toward ambulatory cardiovascular care

SECTION 6

Effect on Healthcare Costs and Charges

Cost Efficiency

Reduces procedural costs by 40-50%.

Outpatient Care

Aligns with national outpatient care trends.

Access Expansion

Expands local cardiovascular care access.

Patient Experience

Improves convenience, outcomes, and satisfaction.

Value-Based Care

Improves efficiency without increasing community costs.

SECTION 7

The Anticipated effect of the proposal on the quality of health care

Proven Quality and Clinical Excellence

Builds on the established quality, safety and clinical reputation of ChristianaCare and Cardiovascular Physicians, both Medicare and Medicaid certified, with CC accredited by The Joint Commission

Commitment to Accreditation and Standards

The CV ASC will pursue Medicare, Medicaid, Joint Commission and AAAHC accreditation to ensure high standards for quality, safety and continuous improvement

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Response to Opposition Objections

DHRB review should focus on statutory criteria—need, alternatives, delivery-system impact, viability, cost, and quality.
Concerns about market consolidation, patient choice, and independent providers/ASCs appear to reflect individual business concerns.

1. Unmet need	Historical volume shows ~2,000 ASC-appropriate cases, high current and projected utilization rates, aging demand, projected outpatient CV growth, and FSSC room deficit.
2. Duplication / alternatives	Dedicated CV ASC provides specialized cath/EP capability; general ASC or hospital expansion does not achieve same lower-cost, right-site model.
3. Market consolidation	Presentation frames project as capacity decompression and site-of-care migration—not consolidation; this concern appears competitive and not tied to the DHRB statutory criteria.
4. Referral steering / patient choice	Patient eligibility is based on clinical appropriateness; preserves patient choice, continuity, and clinician participation when criteria are met.
5. Independent provider impact	Project supplements existing infrastructure and partners with an independent cardiology practice; competitor impact alone is not the DHRB statutory standard.
6. Commercial payer / payer mix	Historical precedent and ongoing commitment to Medicare, Medicaid, commercial payer enrollment, charity care, and payer-neutral scheduling based on clinical criteria.
7. Cost / affordability	Lower-cost ASC site-of-care migration, no increased charges, and expected 40-50% per-procedure savings respond directly to cost concerns.
8. Charity care / equity	Strong community benefit program, Formal charity care plan, Medicaid history, indigent-care record, and vulnerable-patient pathways support equitable access.
9. Value-based care	Right care, right site, lower cost, reduced hospital utilization, and coordinated CV pathways align with value-based care principles.
10. Quality / safety	ACC HeartCARE, accreditation/registry infrastructure, board-certified clinicians, CV outcomes metrics, infection/readmission tracking, and ASC safety data support quality.

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Expanding Care to Improve Access to Cardiovascular Care

Includes 2 Operating Rooms and state-of-the-art Catheterization and Electrophysiology (EP) labs

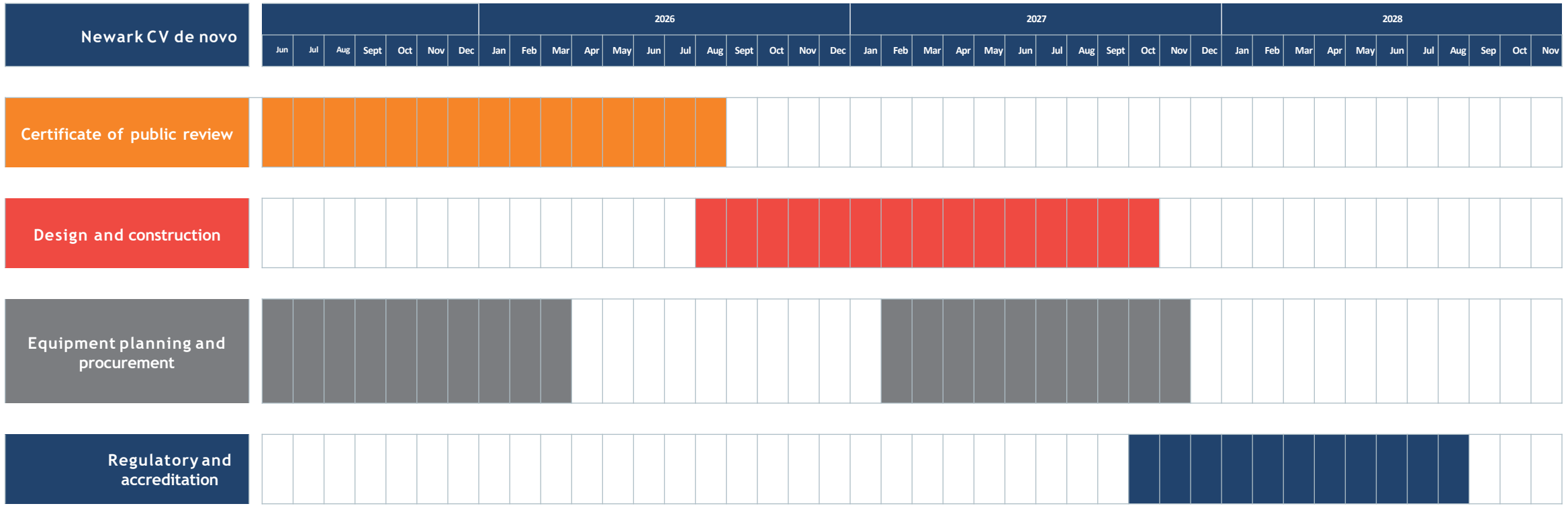
Primary consumers of this service are patients residing in surrounding communities in New Castle County

	Year 1	Year 2	Year 3
Anticipated Cardiovascular Procedural Volume	725	947	966

Volumes are focused on Cardiology (Automated implantable Cardioverter-Defibrillator (AICD), Pacemakers, Cardiac rhythm monitors, Heart Catheterization, coronary intervention, peripheral interventions, catheter placement, and coronary artery procedures

Schedule *of* Implementation

Pending approval of Certificate of Public Review application



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Freestanding Surgery Center (FSSC) Mathematical Need Calculation—New Castle County

Metric	Calculation	Result
New Castle County Population (2025)	Delaware Population Consortium Estimate	**582,747**
ASC Utilization Rate	National Health Statistics Center (per 1,000 population)	**122 per 1,000**
Projected Annual FSSC Surgical Cases	582,747 × 122 ÷ 1,000	**71,095 Cases**
Surgical Visits Required per FSSC Room	HRMP Standard	**1,400 Cases/Room**
Total FSSC Rooms Needed	71,095 ÷ 1,400	**51 Rooms**
Existing Approved FSSC Rooms	Delaware Office of Health Facilities Licensing &	**48 Rooms**

Charity Care & Medically Indigent Access

Proven community commitment carried forward into the cardiovascular ASC

Key message: The CV ASC extends ChristianaCare's existing Medicaid, Medicare and charity care commitments—not a separate or payer-selective model.

1. Access

Medicaid and enrollment

All hospitals & practices enrolled with Medicaid; CV ASC to participate in Medicaid, Medicare and commercial plans.

2. Charity Care

Formal program

CV ASC will implement a charity care plan consistent with ChristianaCare policy.

3. Continuity

Established pathways

Cardiology Physicians and ChristianaCare continue care pathways for vulnerable CV patients.

Demonstrated Community Impact

Percent of gross revenue, FY2020–FY2024

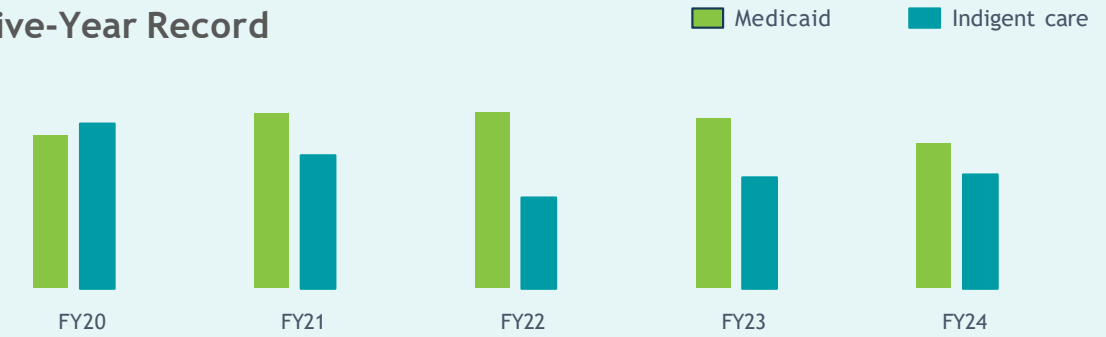
16.7%

5-year avg. Medicaid patients

0.75%

5-year avg. indigent care

Five-Year Record



Clinical appropriateness—not payer status—will govern ASC eligibility and scheduling.

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Impact on Quality: Cardiovascular Quality & Safety Foundation

Proven heart & vascular infrastructure supports safe transition of appropriate cases to the CV ASC

The proposed CV ASC builds on ChristianaCare's and Cardiovascular Physicians of Delaware's existing cardiovascular quality infrastructure—not a new, untested clinical model.

1. Nationally recognized CV care

ACC HeartCARE

Center for Heart & Vascular Health earned ACC HeartCARE Center National Distinction of Excellence for comprehensive, high-quality cardiovascular care.

2. Accredited / registry-enabled

Quality systems

Participation includes ACC chest pain MI with PCI, resuscitation, cardiac cath lab accreditation, and the STS database. Additionally accredited by Medicare, Medicaid, and the Joint Commission.

3. Experienced clinical team

Board-certified

Application states ChristianaCare and Cardiovascular Physicians of Delaware cardiologists and vascular surgeons are board certified and participate in continuing education.

CV ASC quality model: measurable, standards-based oversight

- CV procedural outcomes
- Infection rates
- Readmissions
- Ambulatory performance

Will report key outcomes through registries on key performance indicators with procedure-specific outcomes, patient safety metrics, transfer metrics, patient experience, and payer/access reporting. Quality and safety are supported by recognition, accreditation, registry participation, board-certified clinicians, and defined CV performance metrics.

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Cardiovascular ASC vs. Hospital: Safety Outcomes

Metric	Hospital OPD	ASC
PCI volume share (2020-22)	98.2%	**1.8%, growing fast**
30-day all-cause mortality (PCI)	0.7%	**0.55%**
30-day acute MI (PCI)	1.6%	**0.9%**
EP ablation adverse events (multicenter, n=1,779)	Comparable	**0.73%, no 7-day mortality**
Same-day discharge success (PCI, national sample)	-	97.7% home; 1.9% required transfer

Medicare PCI cohort, 2020-2022 (n=408,060) and multicenter EP ablation data

Thank you.


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UNITED MEDICAL PRESENTATION

BEFORE THE DELAWARE HEALTH RESOURCES BOARD | AUGUST 2026

Formal Opposition

To the Certificate of Public Review Application

Proposed ChristianaCare Cardiovascular Ambulatory Surgery Center — Newark, Delaware

Applicants: ChristianaCare Atlas JV LLC · US Health Partners, LLC · Cardiology Physicians, LLC | Filed April 17, 2026

Submitted by Advanced Surgical Platform — Kemal Erkan · Isaias Irgau, MD | May 21, 2026

The Application Fails on Six Independent Grounds

The applicants bear the burden of demonstrating need, non-duplication, and public benefit. On this record they have not met it.

01

Unmet Population Need

No Delaware-specific utilization, wait-time, or backlog evidence supporting an additional CV ASC in New Castle County.

02

Consistency with the HRMP

Statutory criteria, guiding principles, and project-specific mathematical need calculations are inadequately satisfied.

03

Equitable Access

The proposed structure consolidates market control rather than broadening access for underserved populations.

04

Unnecessary Duplication

Fails to account for existing and approved-but-not-yet-operational cardiovascular-capable ASC capacity.

05

Charity Care & Community Benefit

No enforceable commitments on charity care, Medicaid participation, or medically indigent access.

06

Value-Based, Cost-Effective Care

Does not advance Delaware's goals of coordinated, cost-effective, value-based delivery.

The Governing Standard Under Delaware Law

CPR applications are evaluated against statutory criteria, HRMP guiding principles, and project-specific mathematical need calculations.

01

Statutory Criteria

Codified standards the Board must apply to every Certificate of Public Review application.

02

HRMP Guiding Principles

Relationship to the existing delivery system, cost implications, equitable access, and long-term public interest.

03

Mathematical Need

Project-specific calculations establishing whether population need supports additional capacity.

THE BOARD MUST EVALUATE

- The relationship of the proposal to the existing healthcare delivery system
- Healthcare cost implications for Delaware payers and patients
- Equitable access for Medicaid, uninsured, and underserved populations
- The long-term public interest impact of healthcare infrastructure expansion

The current application inadequately satisfies several of these required standards.

A Room-Count Deficit Is Not Evidence of Need

The applicants rest their entire need case on an arithmetic gap of three rooms — without a single utilization figure.

48

FSSC Rooms Available

Rooms available and approved by DHRB in New Castle County

51

Rooms of Calculated Need

Population-based need figure asserted by the applicants

3

Alleged Room Deficit

The entire evidentiary basis of the applicants' need claim

WHAT THE APPLICATION DOES NOT PROVIDE

- Actual utilization rates for existing ASC rooms in New Castle County
- Which of the 48 rooms are fully utilized or underutilized
- Which rooms are cardiovascular-capable
- Which rooms are approved but not yet operational

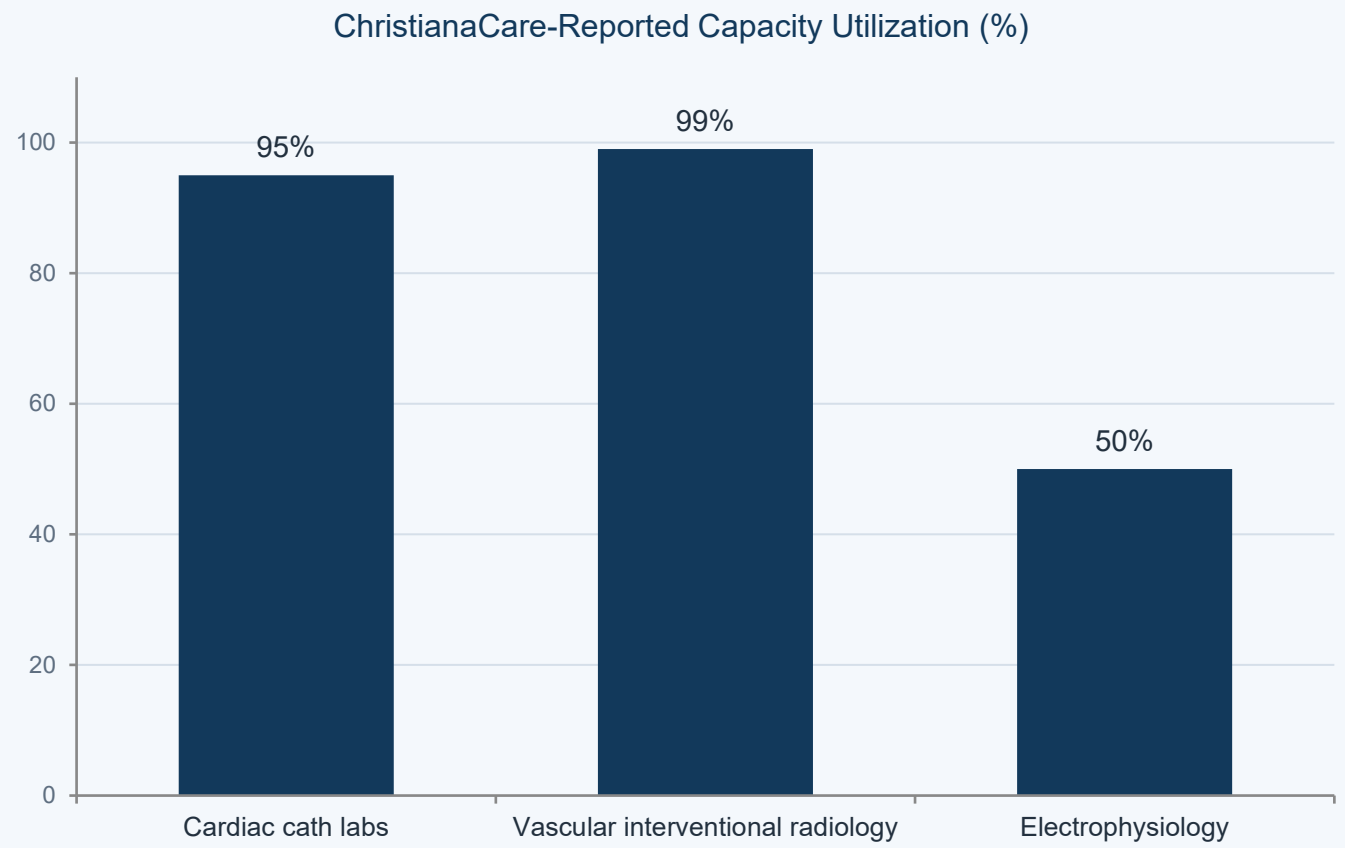
REQUESTED OF THE BOARD

Require current utilization data for all New Castle County ASCs before accepting the claim of need.

Existing freestanding surgery centers already provide outpatient procedural infrastructure, cardiovascular procedural capability, integrated care coordination, and lower-cost outpatient alternatives. The application relies on a room-count deficit, not utilization evidence.

Existing Cardiovascular Capacity Is Not Exhausted

By the applicants' own reported figures, electrophysiology capacity sits at roughly half utilization.



1,880

2024 ASC-Appropriate Cases

Procedures ChristianaCare identifies as ASC-appropriate: 1,572 catheterization and 309 electrophysiology cases

THE CONTRADICTION

EP utilization at ~50% undercuts the claim of a system-wide cardiovascular capacity shortage.

DHRB should require ChristianaCare to explain why existing electrophysiology capacity cannot absorb additional outpatient-appropriate cases before approving new rooms.

Unsupported Access Claims and Unaccounted Capacity

Two further evidentiary gaps: no wait-time data of any kind, and no inventory of cardiovascular-capable capacity DHRB has already approved.

(c) THE WAIT-TIME ARGUMENT IS UNSUPPORTED

The application claims the project will reduce wait times but supplies none of the following:

- Average days from referral to procedure
- Wait times by procedure type
- Wait-time trends over time
- Backlog counts
- Comparison with other Delaware providers
- Evidence that delays are clinically harmful

(d) APPROVED-BUT-NOT-OPERATIONAL CAPACITY

ASC United Becks Woods was approved as a freestanding surgery center including:

Two large operating rooms

A cardiac catheterization suite

An electrophysiology lab

Projected volumes also included peripheral procedures, EP studies, cardioversions, AICD procedures, pacemakers, and venograms.

ON THE RECORD

Only the qualitative assertion that patients experience “substantial delays” due to limited OR availability. DHRB should require procedure-specific wait-time data before relying on access claims.

REQUESTED OF THE BOARD

Require a full inventory of approved ASC projects and determine whether the proposed two rooms would duplicate cardiovascular capacity DHRB has already approved.

The Joint Venture Creates a Closed Referral Ecosystem

ChristianaCare Atlas JV LLC · US Health Partners, LLC · Cardiology Physicians, LLC — a dominant health system, physician referral sources, and ASC ownership interests in one vertically integrated enterprise.

01

Dominant Market Share

Further consolidates cardiovascular procedural volume, outpatient surgical share, and commercially insured patients.

02

Vertical Integration

Health system, referring physicians, and ASC operators hold aligned financial incentives tied to procedural migration.

03

Referral Capture

Risk of preferential steering, exclusion of independent providers, and anti-competitive referral practices.

04

Payer-Mix Steering

Commercially insured patients may be preferentially routed to the ASC on higher outpatient margin opportunities.

05

Barriers to Entry

Independent ASCs and physician-led organizations foreclosed from referral pathways and destabilized.

06

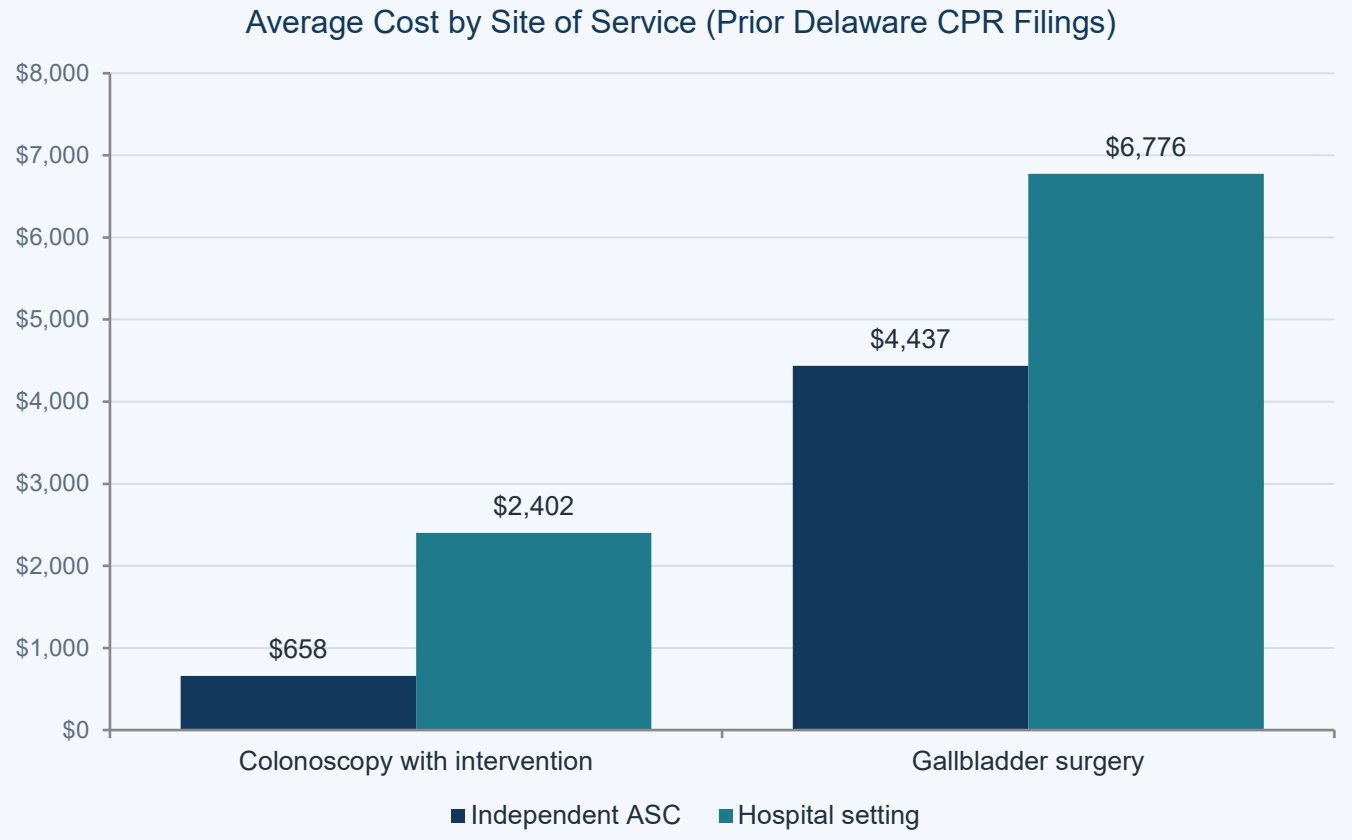
Long-Term Public Interest

Reduced competition and patient choice, with increased market leverage over commercial payers.

FROM THE APPLICATION: “Appropriately identified cardiac surgical procedures will be routed to the outpatient setting at the cardiovascular ASC.”

Consolidation Threatens Delaware's Affordability Goals

Hospital-affiliated outpatient settings command materially higher rates than independent ASCs for comparable procedures.



MEDPAC & COMMERCIAL PAYER ANALYSES

Hospital outpatient departments frequently receive materially higher reimbursement than independent ASCs for comparable outpatient procedures.

FEDERAL ANTITRUST SCRUTINY

The FTC has intensified review of vertical healthcare consolidation involving hospital systems, physician referral networks, and outpatient procedural facilities.

THE CONSEQUENCE FOR DELAWARE

Further consolidation of outpatient cardiovascular services within hospital-affiliated entities may increase payer leverage and statewide spending rather than produce sustainable savings.

Charity Care and Health Equity Obligations Are Unaddressed

The HRMP requires formal charity care plans, support for medically indigent populations, and documented annual charity care activity.

OMITTED FROM THE APPLICATION

- Minimum charity care commitments
- Medicaid utilization targets
- Uninsured patient acceptance policies
- Language-access obligations
- Transportation-access support
- Referral obligations for medically indigent patients

ENFORCEABLE CONDITIONS THE BOARD SHOULD REQUIRE

- Annual independent CPA-certified charity care reporting
- Public disclosure of Medicaid utilization by procedure category
- Annual reporting of uninsured acceptance and denial rates
- Multilingual patient-access policies and interpreter services
- Transportation assistance for low-income patients
- Formal indigent referral relationships with safety-net providers
- Non-discrimination policies barring preferential scheduling by payer

3%–5%

MINIMUM ANNUAL CHARITY CARE CONTRIBUTION

As a share of net patient revenue, or an equivalent Board-approved community-benefit obligation. Spotlight Delaware reported ChristianaCare's revenues and expansion grew substantially over the past decade while free and discounted care allegedly remained stagnant.

The Relief Requested of the Board

The applicants have failed to demonstrate that the project is necessary, non-duplicative, equitable, or aligned with Delaware's healthcare planning principles.

1

Deny the Certificate of Public Review application.

2

Or, in the alternative, require the following before any approval decision is rendered.

Beginning with a formal public hearing and comprehensive evidentiary review.

- A formal public hearing
- Independent mathematical need validation
- Independent actuarial review
- Referral arrangement transparency
- Disclosure of projected payer mix
- Medicaid participation guarantees
- Expanded market impact analysis
- Independent economic impact analysis
- Disclosure of physician ownership percentages
- Quality benchmarking commitments
- Detailed charity care commitments
- Statewide access and competition analysis

RESPECTFULLY SUBMITTED

Kemal Erkan · Isaias Irgau, MD | Advanced Surgical Platform, 900 Foulk Rd, Wilmington, DE 19803 · 302-451-5600

PUBLIC COMMENTS

ADJOURN

THANK YOU

