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RECEIVED

Jun 14 2021

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

June 14, 2021

VIA ELECTRONIC FILING

Hon. Emily Marsal
Executive Director
State Health Planning & Development Agency
100 North Union St., Suite 870
Montgomery AL 36104
Shpda.online@shpda.alabama.gov

Re: Request for Reviewability Determination
Stringfellow Memorial Hospital

Dear Ms. Marsal:

Our firm represents The Health Care Authority of the City of Anniston (the "Authority") which operates Northeast Alabama Regional Medical Center ("RMC") and Stringfellow Memorial Hospital ("Stringfellow"), both of which are located in Anniston, Alabama.

The purpose of this letter is to request your determination, pursuant to Section 410-1-7-.02 of the Alabama Certificate of Need Program Rules & Regulations ("Regulations"), that neither Stringfellow, RMC or the Authority are required to obtain a Certificate of Need ("CON") from the State Health Planning and Development Agency to make Stringfellow a provider-based location to RMC and to allow Stringfellow to begin operating and billing under RMC's provider number.

This change will allow Stringfellow to benefit from RMC's recent reclassification to the Metro Atlanta area for Medicare wage index purposes, which is effective as of October 1, 2021. Notably, in accordance with Alabama Department of Public Health ("ADPH") requirements, Stringfellow will remain separately licensed by ADPH, and will thus maintain its separate CON, but will operate under RMC's provider number.

This change will not involve any new service and will not exceed any of the CON expenditure thresholds specified in Section 410-1-2-.07 of the Regulations: of \$3,079,347 for major medical equipment, of \$1,231,738 for new annual operating costs, or of \$6,158,695 for total capital expenditures, as currently adjusted for CPI. The Authority represents that the proposed project will not exceed the following approximate costs:

Total Relocation/Construction Cost:	\$ 100,000.00
Total Equipment Cost:	\$ 0
Total Incremental Annual Operating Cost:	\$ 0

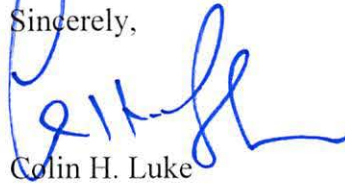
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This change will not involve the addition of inpatient beds or the conversion of one classification of beds into another classification of beds. Further, this change will not result in the provision of any new institutional health services.

In accordance with SHPDA Rule 410-1-7-.02, the filing fee of \$1,000 for this Letter of Non-Reviewability has been paid via the SHPDA electronic payment portal.

Accordingly, based on the above, we respectfully request your determination that Stringfellow is not required to obtain a CON in order to become provider-based to RMC and begin operating and billing under RMC's provider number. We appreciate your consideration of this request. Feel free to contact me if you need further information or have any questions.

Sincerely,



Colin H. Luke

cc: Louis Bass, CEO

Hon. Emily Marsal

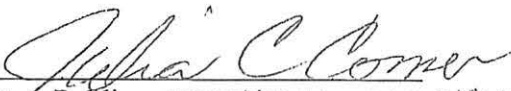
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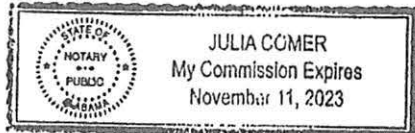
June 14, 2021

The undersigned, being first duly sworn, hereby makes oath or affirms that he is the Chief Executive Officer for The Health Care Authority of the City of Anniston, has knowledge of the facts in this request, and to the best of his information, knowledge and belief, such facts are true and correct.

Affiant: 
Louis Bass

SUBSCRIBED AND SWORN to before me June 14, 2021.


Notary Public
My commission expires:



(SEAL)