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RV2022-029

RECEIVED

Jun 21 2022

STATE HEALTH PLANNING AND  
DEVELOPMENT AGENCY

June 21, 2022

VIA EMAIL (SHPDA.ONLINE@SHPDA.ALABAMA.GOV)

Hon. Emily T. Marsal, Executive Director  
State Health Planning and Development Agency  
100 North Union Street  
RSA Union Building, Suite 870  
Montgomery, Alabama 36130-3025

**Re: Non-Reviewability Determination Request - Conversion of Medical  
Oncology Practice to Provider-Based Hospital Outpatient Department**

Dear Ms. Marsal:

Our firm represents both RegionalCare Hospital Partners, LLC ("RegionalCare") which directly owns and operates RCHP-Florence, LLC d/b/a North Alabama Medical Center ("NAMC")—a 263 bed general hospital—and ECM Health Group, LLC d/b/a North Alabama Hematology/Oncology (the "Practice")—an affiliate of NAMC which renders certain medical oncology services such as infusion. Both NAMC and the Practice are located in Florence, Alabama. NAMC currently offers infusion and medical oncology services on an inpatient basis.

We are writing to submit a reviewability determination request ("Request") in accordance with Section 410-1-7-.02 of the Alabama State Health Planning and Development Agency's ("SHPDA") certificate of need ("CON") program rules and regulations (the "Rules") with regard to the Practice becoming a provider-based location to NAMC and billing as a hospital-based outpatient department under NAMC's provider number.

As part of this change, the Practice—which is located adjacent to NAMC's existing cancer center—will undergo construction in order to meet hospital standards set forth by applicable law and will acquire certain medical equipment, including biochemical safety cabinets (i.e. a 'chemotherapy hood').

Notwithstanding the above, this change does not involve a "new institutional health service" subject to CON review within the meaning of Alabama Code § 22-21-263 and 410-1-4-.01 of the Rules, because the change does not involve:

(a) the construction, development, acquisition through lease or purchase, or other establishment of a new health care facility or health maintenance organization;

(b) an expenditure exceeding the CON expenditure thresholds specified in Section 410-1-2-.07 of the Rules of: \$6,331,138.00 for total capital expenditures; \$3,165,569.00 for major medical equipment; or \$1,266,226.00 for new annual operating costs, as currently adjusted for

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June 21, 2022  
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CPI. RegionalCare represents that the proposed change will not exceed the following approximate costs:

Total Non-Equipment Capital Expenditures:	\$300,000.00
Total Equipment Cost:	\$150,000.00
Total Incremental Annual Operating Cost:	\$100,000.00

(c) the addition, relocation, or reallocation of any health care facility beds;

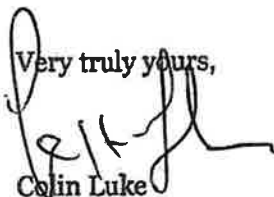
(d) the addition of any health service that was not offered on a regular basis within the preceding twelve (12) month period;

(e) the acquisition of major medical equipment subject to CON review; or

(e) any other reviewable event under existing Alabama law.

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 neither RegionalCare, NAMC, nor the Practice are required to obtain a CON in order for the Practice to become provider-based to NAMC and begin operating and billing under NAMC's provider number. We appreciate your consideration of this Request. Feel free to contact me if you need further information or have any questions.

Very truly yours,  
  
Colin Luke


CL:

waller

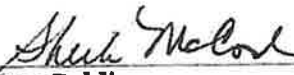
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The undersigned, being first duly sworn, hereby makes oath or affirms that he is the Chief Executive Officer for NAMC, has knowledge of the facts in this Request, and to the best of his knowledge and belief, such facts are true and correct.

Affiant:

  
Russell Pigg, Chief Executive Officer

SUBSCRIBED AND SWORN to before me this 21<sup>st</sup> day of June, 2022.

  
Notary Public  
My commission expires: Oct. 14, 2024

SHEILA MCCORD  
NOTARY PUBLIC, ALABAMA STATE AT LARGE  
MY COMMISSION EXPIRES OCT. 14, 2024

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Jun 29 2022

STATE HEALTH PLANNING AND  
DEVELOPMENT AGENCY

June 29, 2022

**VIA EMAIL (SHPDA.ONLINE@SIIPDA.ALABAMA.GOV)**

Hon. Emily T. Marsal, Executive Director  
State Health Planning and Development Agency  
100 North Union Street  
RSA Union Building, Suite 870  
Montgomery, Alabama 36130-3025

**Re: RV2022-029 - Additional Request for Information  
Non-Reviewability Determination Request - Conversion of Medical  
Oncology Practice to Provider-Based Hospital Outpatient Department**

Dear Ms. Marsal:

Our firm represents both RegionalCare Hospital Partners, LLC ("RegionalCare") which directly owns and operates RCHP-Florence, LLC d/b/a North Alabama Medical Center ("NAMC")—a 263 bed general hospital—and ECM Health Group, LLC d/b/a North Alabama Hematology/Oncology (the "Practice")—an affiliate of NAMC.


On June 21, 2022, your office received the above-referenced non-reviewability determination request ("Request") in accordance with Section 410-1-7-.02 of the Alabama State Health Planning and Development Agency's certificate of need program rules and regulations concerning the conversion of the Practice to a provider-based location of NAMC and the Practice billing as a hospital-based outpatient department under NAMC's provider number.

Pursuant to your subsequent additional information request dated June 27, 2022, we are writing to clarify the following:

1. The service area of the location and its services is Lauderdale County, Alabama.
2. The Practice currently only renders medical oncology services and infusion services. These services are consistent with the medical oncology services and infusion services currently rendered by NAMC, except that NAMC currently only provides medical oncology services on an inpatient basis.

Please do not hesitate to contact me at [colin.luke@wallerlaw.com](mailto:colin.luke@wallerlaw.com) or (205) 226-5717 if you require any further information or have any questions.

Very truly yours



Colin H Luke

CHL:rl