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October 1, 2024

AL2024-038E
RECEIVED
Oct 01 2024
STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

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(1927-2013)

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Via Electronic Mail at shpda.online@shpda.alabama.gov

Ms. Emily T. Marsal
Executive Director
State Health Planning and Development Agency
P.O. Box 303025
Montgomery, Alabama 36130-3025

RE: AL2024-038E
Baptist Medical Center South

Dear Ms. Marsal:

This letter is in response to your Request for Additional Information dated September 27, 2024, regarding Certificate of Need ("CON") Project AL2024-038E, the Emergency CON Application submitted by The Health Care Authority for Baptist Health, an Affiliate of UAB Health System for its acute care hospital known as Baptist Medical Center South in Montgomery, Alabama, to immediately address the overcrowding and boarding in the emergency department ("ED") by adding thirty (30) treatment bays and renovating existing space to support the newly constructed bays. In response to your request, please see the information below and attached hereto.

Page A-I, Part One, (I), (A, B & C) Applicant Identification: Please verify if the applicant intends for the CON to be issued to the facility, Baptist Medical Center South or the legal owner, The Health Care Authority for Baptist Health, an affiliate of UAB Health System. Please provide this Agency with verified information accordingly.

RESPONSE: The Applicant intends for the CON to be issued to the facility, Baptist Medical Center South.

Page A-5, Part One, (VI), (8) Projected Completion Date: The projected completion date requires corrective action. It is also noted on page A-25, the anticipated amount of time for construction/ renovation activities is ten (10) months. Please address this issue and submit a corrected application page accordingly.

RESPONSE: Please accept corrected page A-5 attached hereto.

Page A-14, Part Two, (I), (D): On page A-31 of the application, the applicant provided historical data for the Organization Financial Information under Years 2021, 2022 and 2023.

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However, under this section, the applicant supplied information for FY24, but neglected to provide data for FY21. For data integrity and consistency, please update this section and submit a corrected application page accordingly.

RESPONSE: Please accept corrected page A-14 attached hereto.

Page A-19, Part Two, (III), (A) & Exhibit D: The applicant included a list of Acute Care Hospitals with Emergency Rooms and Freestanding Emergency Rooms in the service area as Exhibit D of the application. However, the applicant neglected to include any Freestanding Emergency Rooms as per mentioned. Additionally, Jackson Hospital is duplicated on the list provided. Please review this information and submit a corrected application page and exhibit page accordingly.

RESPONSE: Please accept corrected page A-19 and corrected Exhibit D attached hereto.

Page A-20, Part Two, (IV), (C): The applicant neglected to provide a sufficient response for this section. Please address the question as it pertains to how the proposed project will affect the continuity of care for the patients involved (i.e. daily operations, current patients' continuity and quality of care, etc.) and submit a corrected application page accordingly.

RESPONSE: Please accept corrected pages A-20 and A-21 attached hereto.

Page A-25, Part Three, (II) & Exhibit F, Schematics: The applicant neglected to include the schematics for the area to be renovated in the existing ED. Please address this issue and submit required documentation accordingly.

RESPONSE: Please accept corrected Exhibit F attached hereto.

Page A-25, Part Three, (II), (G) Cost per square foot: This information requires corrective action. Please address this discrepancy and submit a corrected application page accordingly.

RESPONSE: Please accept corrected page A-25 attached hereto.

Page A-29, Part Five, (III), (A & B) Inpatient Utilization Data: Please verify if the values indicated under *Percentage (%)* reflect the facility's total inpatient utilization percentages or occupancy rate percentages. Please verify this information and submit an updated application page accordingly.

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RESPONSE: Please accept corrected page A-29 attached hereto.

Page A-31, Part Five, (V), (A) Organization Financial Information: The projected data under this section require corrective action. Please address this issue and submit a corrected application page accordingly.

RESPONSE: Please accept corrected page A-31 attached hereto.

Page A-32, Part Five, (V), (B) Project Specific Financial Information: The applicant neglected to complete the historical data requested for this section. Please update this information and submit a corrected application page accordingly.

RESPONSE: Please accept corrected page A-32 attached hereto.

Page A-33, Part Five, (VI), (A): Whereas the years indicated for historical data throughout the application were 2021, 2022 and 2023, the applicant provided FY22, FY23 and FY24 for this section. For data integrity and consistency, please verify this information and provide this Agency with the requested information accordingly.

RESPONSE: Please accept corrected page A-33 attached hereto.

Exhibit A: On page A-7, the applicant referenced this attachment to reflect the Acute Care Patient Origin Data for BCMS for Years 2021, 2022 and 2023. It is noted that this documentation is labeled *FY 19-23 BMCS*. Please verify that the information provided are for the appropriate years as indicated in the application and that the applicant intentionally formatted the chart to only show the data relative to the proposed project. Please provide this Agency with confirmation by including a footnote on the referenced page and submit the updated application page accordingly.

RESPONSE: Please accept corrected Exhibit A attached hereto.

Exhibit H: The applicant neglected to provide any reference nor context with regards to the *Assumptions for Financial Projections*. Please provide this Agency with a brief narrative to support the inclusion of this documentation in the Emergency CON application and submit this information with the updated application pages accordingly.

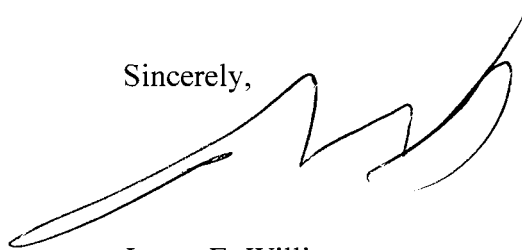
RESPONSE: The Applicant withdraws Exhibit H.

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Further, please accept page A-10.1 to replace the second page A-10 in the CON Application.

Thank you for your review of this material, and we are available to answer any additional questions or provide further information.

Sincerely,

A handwritten signature in black ink, appearing to read 'James E. Williams', with a long horizontal stroke extending to the left.

James E. Williams

JEW/lmr

Enclosure(s): As stated within

IV. COST (continued)

F. Proposed Finance Charges

- | | | | |
|----|--|----|-------|
| 1. | Total Amount to Be Financed | \$ | _____ |
| 2. | Anticipated Interest Rates | | _____ |
| 3. | Term of Loan | | _____ |
| 4. | Method of Calculating Interest on
Principal Payment | | _____ |

V. ANTICIPATED SOURCE OF FUNDING

A.	Federal	Amount	Source
1.	Grants	\$ _____	_____
2.	Loans	_____	_____
B.	Non-Federal		
1.	Commercial Loan	_____	_____
2.	Tax-exempt Revenue Bonds	_____	_____
3.	General Obligation Bonds	_____	_____
4.	New Earning and Revenues	27,510,056	operations
5.	Charitable Fund Raising	_____	_____
6.	Cash on Hand	_____	_____
7.	Other	_____	_____
C.	TOTAL (should equal IV-E on page A-3)	\$	27,510,056

VI. TIMETABLE

- | | | |
|----|-------------------------------|----------------|
| A. | Projected Start/Purchase Date | November 2024 |
| B. | Projected Completion Date | September 2025 |

Table 5**BMCS Emergency Department****Population by County, 2020 and 2030**

County	Census 2020	Projected 2030	Change 2020-2030		AAGR 2020-2030
			Number	Percent	
<i>Alabama</i>	5,024,279	5,306,554	282,275	5.6%	0.5%
Montgomery	228,954	231,885	2,931	1.3%	0.1%
Autauga	58,805	66,099	7,294	12.4%	1.2%
Lowndes	10,311	8,821	-1,490	-14.5%	-1.5%
Elmore	87,977	98,632	10,655	12.1%	1.1%
Service Area	386,047	405,437	19,390	5.0%	0.5%

County Population Age 65+, 2020 and 2030

County	Census 2020	Projected 2030	Change 2020-2030		AAGR 2020-2030
			Number	Percent	
<i>Alabama</i>	851,293	1,067,787	216,494	25.4%	2.3%
Montgomery	33,914	41,547	7,633	22.5%	2.1%
Autauga	8,476	11,466	2,990	35.3%	3.1%
Lowndes	1,940	2,268	328	16.9%	1.6%
Elmore	13,651	18,850	5,199	38.1%	3.3%
Service Area	57,981	74,131	16,150	27.9%	2.5%

**Age 65+, as Percent of Total Population,
2020 and 2030**

	2020	2030	Change
<i>Alabama</i>	16.9%	20.1%	3.2%
Montgomery	14.8%	17.9%	3.1%
Autauga	14.4%	17.3%	2.9%
Lowndes	18.8%	25.7%	6.9%
Elmore	15.5%	19.1%	3.6%
Service Area	15.0%	18.3%	3.3%

Source: U.S. Census Bureau and Center for Business and Economic Research,
The University of Alabama, August 2023

Emergency Service Index, List

Level	Description
1	Immediate, life-saving intervention required without delay
2	High risk of deterioration, or signs of a time-critical problem
3	Stable, with multiple types of resources needed to investigate or treat (such as lab tests plus diagnostic imaging)
4	Stable, with only one type of resource anticipated (such as only an x-ray, or only sutures)
5	Stable, with no resources anticipated except oral or topical medications, or prescriptions

The increase in critically ill patients has led to ED overcrowding. To the extent multiple ED resources, including critical nursing, imaging, and diagnostic services, are required to treat a seriously injured and/or critically ill patient, such resources are diverted away from other less seriously injured and/or critically ill ED patients. Responding to several trauma or critically ill patients simultaneously prolongs the wait of patients who have not yet been seen, exacerbates the challenges of ED overcrowding, and creates challenges for critically ill patients waiting for an available bed in the hospital. In order to alleviate overcrowding in the ED, BMCS has designated waiting rooms and hallways beds, adjacent to the existing ED, to accommodate patient overflow. Overcrowding in the ED often has a negative clinical impact on both patients in the ED who are seriously ill and those who may be less critically ill and/or injured but waiting on an available bed.

Medically Underserved

BMCS is committed to ensuring that the medically underserved population in the State of Alabama receive equal access to all types of health care regardless of their ability to pay, including access to quality trauma and emergency room services. BMCS is a large provider of medical services to low-income, uninsured, and vulnerable populations, including the elderly and disabled, Medicare and Medicaid beneficiaries, and minority populations. BMCS provides a substantial amount of uncompensated care. For period FY21 to FY23, BMCS has provided uncompensated care (charity and bad debt) of \$91,431,669 (FY21), \$83,641,574 (FY22), and \$83,419,292 (FY23).

Every county in the State of Alabama has census tracts that are identified as Medically Underserved Areas (“MUAs”) or Medically Underserved Population (“MUPs”). (See Exhibit C). Upon approval of the proposed project, BMCS will continue to provide trauma and emergency medical services to medically underserved, underinsured, uninsured, and indigent residents in its service area.

III. RELATIONSHIP TO EXISTING OR APPROVED SERVICES AND FACILITIES

A. Identify by name and location the existing or approved facilities or services in the medical service area similar to those proposed in this project.

See Exhibit D, List of Acute Care Hospitals with Emergency Rooms in the service area.

B. How will the proposed project affect existing or approved services and facilities in the medical service area?

Patients, health care providers, and community hospitals in the service area already benefit from their proximity to BMCS, as a Level II Trauma Center. However, when the BMCS ED is overcrowded and treating boarders, access to BMCS is impaired. The Emergency ED Expansion Project will improve access to existing emergency medical services for those in the service area.

Also, prolonged ED wait times limit ambulance service(s), which places a strain on rural hospitals without the specialty resources that BMCS possesses. Currently, these rural hospitals often have difficulty in transferring patients who need a higher level of medical care.

The proposed expansion of the BMCS ED will reduce ED overcrowding and ED boarding. As a result, it can be anticipated that BMCS will be able to reduce the number of instances it is placed on diversion thus reducing the number of transfer denials.

C. Will there be a detrimental effect on existing providers of the service? Discuss methodologies and assumptions.

It is not expected that there will be a detrimental effect on existing ED providers. All of the EDs in the service area are challenged to accommodate the growing number and complexity of patients presenting for treatment. The primary purpose of the proposed ED expansion at BMCS is to improve access to the urgent and emergency medical services provided by BMCS. The goal of this ED expansion project is to improve patient convenience and access by increasing patient throughput, leading to successful medical outcomes for patients in the community and service area. This project is not intended to expand the current service area but to manage more effectively its existing patient base, which will benefit the patients of other providers who might find it necessary to transfer a patient to BMCS.

D. Describe any coordination agreements or contractual arrangements for shared services that are pertinent to the proposed project.

Not applicable.

E. List the new or existing ancillary and/or supporting services required for this project and briefly describe their relationship to the project.

No new institutional or ancillary health services are required for the emergency ED expansion. The existing ancillary and supporting services at BMCS will remain available.

IV. POTENTIAL LESS COSTLY OR MORE EFFECTIVE ALTERNATIVES

A. What alternatives to the proposed project exist? Why was this proposal chosen?

BMCS considered several initiatives (see below) to optimize the utilization of the existing facility and to improve patient flow and throughput within the BMCS ED.

Option 1. Maintain the *status quo*, using existing space and continuing to provide emergent medical services in the existing ED and overflow areas that were not designed to accommodate the volume of patients currently being treated or boarded. The current overcrowding conditions in the ED is intolerable for patients and staff.

Option 2. Provide more ED capacity through the utilization of temporary measures, such as mobile ED units. Even mobile units require a means of connecting power, water, sprinkler, sewer, data, and nurse call systems. They would also need to be located in an area reasonably proximate to the existing ED. Therefore, such measures offer a temporary solution for problems that are permanent in nature.

Option 3. Expand the existing ED, employing current standards of hospital construction. The site of the BMCS physical plan has ample space to accommodate such construction, which would be easily integrated into the existing emergency services and can provide space for visitor parking, space for ambulance services, and patient flow. BMCS has received assurances from its architect that the construction of an additional thirty (30) treatment areas, together with modifications to entry points, patient waiting areas, and registration areas can be completed within 10 months of initiation.

After reviewing the options, BMCS determined that Option 3 was the most viable option, meeting criteria for cost-effectiveness and clinical efficacy. Option 3 can be implemented in a timely manner and can be implemented in such a way that would allow any future expansion of BMCS's inpatient capacity.

B. How will this project foster cost containment?

The Emergency ED Expansion Project will reduce several inefficiencies created by ED overcrowding and ED boarding. Specifically, when the BMCS ED is at capacity and beds are unavailable for ED patients requiring inpatient admission, BMCS is forced to provide inpatient care in the ED that would otherwise be administered in the inpatient setting. Maintaining boarders in the ED for inpatient care is costly and diverts resources that would otherwise be available for patients arriving at the ED for emergency treatment, including patients arriving by ambulance. As a result, the ED may be required to care for these boarders in crowded conditions for several hours or days, resulting in the ED's sub-optimal use of staff, support services, supplies, and equipment. The Emergency ED Expansion Project will reduce these costly inefficiencies by expanding BMCS's physical footprint and clinical capacity.

C. How does the proposal affect the quality of care and continuity of care for the patients involved?

During construction and renovation, Baptist Medical Center South will continue to treat patients in the ED. The only part of the construction project that may affect patient throughput will be the ED entrance and patient parking. A plan has been designed to accommodate these changes during the construction project. The construction of thirty (30) treatment areas will be outside of the existing ED space and, therefore, will not disrupt patient access or care and treatment in the ED. The

construction of the additional space will be contained within rooms that do not impact treatment areas. Further, the renovations of the current space will have a minimal impact on patient care and will not disrupt existing treatment of patients in the ED.

The proposed Emergency ED Expansion Project when completed will have a positive impact on the quality and the continuity of care for the patients receiving treatment. As noted, many patients depart the ED without seeing a provider due to long wait times. Many of these patients are underinsured or uninsured and have complex diseases and/or serious injuries. As a result of these patients leaving without seeing a provider, these patients are more likely to return with a more serious condition than the patient presented with upon their original encounter. Moreover, approval of the current proposal will expand access to the specialized services offered by BMCS as a Level II Trauma Center and will reduce the “door-to-provider” wait times.

PART THREE: CONSTRUCTION OR RENOVATION ACTIVITIES

Complete the following if construction/renovation is involved in this project. Indicate N/A for any questions not applicable.

I. ARCHITECT Steven M. Alby
Firm Goodwyn Mills Cawood, LLC
Address 2400 5th Avenue South, Suite 200
City/State/Zip Birmingham, AL 35233
Contact Person Steven M. Alby
Telephone (205) 879-4462
Architect's Project Number ABHM240004

II. ATTACH SCHEMATICS AND THE FOLLOWING INFORMATION

Schematic Drawings are included in Exhibit F.

A. Describe the proposed construction/renovation.

This project includes the addition of 10,122 SF to the Baptist Medical Center South Emergency Department. The expansion will provide thirty (30) additional patient treatment areas (a mix of private rooms and cubicles), all required support spaces and functions per 2014 Facilities Guideline Institute, and a new mechanical penthouse to support infrastructure for the project. Approximately 1,083 SF of the existing Emergency Department will be renovated as part of this project, providing expanded staff work areas to support the addition. The existing parking lot will be reconfigured to allow for improved vehicular circulation and access to the Emergency Department's covered patient drop-off.

B. Total gross square footage to be constructed/renovated New Construction: 10,122 SF
Renovated: 1,083 SF
Total: 11,205 SF

C. Net useable square footage (not including stairs, elevators, corridors, toilets) 5,706 SF

D. Acres of land to be purchased or leased N/A

E. Acres of land owned on site 50

F. Anticipated amount of time for construction or renovations 10 (months)

G. Cost per square foot \$11,992,304 / 11,205 \$ 1,070.26

H. Cost per bed (if applicable) \$27,510,056 / 30 \$ 917,002

III. INPATIENT UTILIZATION DATA

A. Historical Data

Give information for last three (3) years for which complete data is available.

OCCUPANCY DATA

Occupancy	Number of Beds			Admissions or Discharges			Total Patient Days			Percentage (%)		
	2021	2022	2023	2021	2022	2023	2021	2022	2023	2021	2022	2023
Medicine & Surgery	319	319	315	11,646	10,301	10,768	74,972	65,985	71,561	64%	57%	62%
Obstetrics	31	31	31	989	911	979	3,019	2,712	3,223	27%	24%	28%
Pediatrics												
Psychiatry	60	60	60	1,855	1,826	1,736	13,690	12,659	11,907	63%	58%	54%
Other	72	72	76	2,110	1,949	1,905	20,880	17,814	18,177	79%	68%	66%
TOTALS	482	482	482	16,600	14,987	15,388	112,561	99,170	104,868	64%	56%	64%

Note: Percentages represent occupancy rates.

B. Projected Data

Give information to cover the first two (2) years of operation after completion of project.

OCCUPANCY DATA

Occupancy	Number of Beds		Admissions or Discharges		Total Patient Days		Percentage (%)	
	1st Year	2nd Year	1st Year	2nd Year	1st Year	2nd Year	1st Year	2nd Year
Medicine & Surgery	315	315	11,426	12,118	75,934	80,533	66%	70%
Obstetrics	31	31	979	979	3,223	3,223	28%	28%
Pediatrics								
Psychiatry	60	60	1,963	1,982	13,462	13,462	61%	62%
Other	76	76	1,905	1,905	18,177	18,177	66%	66%
TOTALS	482	482	16,273	16,984	110,796	115,529	63%	66%

Note: Percentages represent occupancy rates.

V. A. ORGANIZATION FINANCIAL INFORMATION

STATEMENT OF INCOME AND EXPENSE	HISTORICAL DATA (Give information for last 3 years for which complete data are available)			PROJECTED DATA (First 2 years after completion of project)	
	2021 (Total)	2022 (Total)	2023 (Total)	2026 (Total)	2027 (Total)
Revenue from Services to Patients					
Inpatient Services					
Routine (nursing service areas)	922,681,490	889,306,087	848,078,481	915,358,810	933,208,306
Other					
Outpatient Services	750,238,193	813,221,334	872,124,324	908,800,520	926,522,130
Emergency Services	101,596,432	86,773,764	83,442,234	96,156,189	98,031,235
Gross Patient Revenue	1,774,516,115	1,789,301,185	1,803,645,039	1,920,315,519	1,957,761,671
Deductions from Revenue					
Contractual Adjustments	1,078,595,125	1,075,238,510	1,074,731,816	1,114,365,768	1,136,095,900
Discount/Miscellaneous Allowances					
	1,078,595,125	1,075,238,510	1,074,731,816	1,114,365,768	1,136,095,900
Total Deductions					
NET PATIENT REVENUE (Gross patient revenue less deductions)	695,920,990	714,062,675	728,913,223	805,949,751	821,665,771
Other Operating Revenue	2,375,856	2,594,312	4,068,935	2,760,743	2,814,577
NET OPERATING REVENUE	698,296,846	716,656,987	732,982,158	808,710,494	824,480,348
OPERATING EXPENSES					
Salaries, Wages, and Benefits	200,433,303	232,624,228	212,992,865	241,656,142	246,368,437
Physician Salaries and Fees	30,811,518	34,619,012	36,228,832	43,081,949	43,922,047
Supplies and other	205,078,849	214,138,884	215,467,818	237,867,144	242,505,554
Uncompensated Care (less recoveries) per State Health Plan 410-2-2-.06(d)	91,431,669	83,641,574	83,419,292	86,785,119	88,477,429
Other Expenses	120,742,527	122,305,534	126,279,310	145,624,028	148,463,697
Total Operating Expenses	648,497,866	687,329,232	674,388,117	755,014,382	769,737,164
NON-OPERATING EXPENSES					
Taxes					
Depreciation	19,756,632	20,894,740	20,842,343	22,382,015	22,818,465
Interest (other than mortgage)	6,594,633	6,137,093	8,707,129	9,765,786	9,956,219
Existing Capital Expenditures				N/A	N/A
Interest				N/A	N/A
Total Non-Operating Expenses	26,351,265	27,031,833	29,549,472	32,147,801	32,774,684
TOTAL EXPENSES (Operating & Capital)	674,849,131	714,361,065	703,937,589	787,162,183	802,511,848
Operating Income (Loss)	23,447,715	2,295,922	29,044,569	21,548,311	21,968,500
Other Revenue (Expense) -- Net	82,000,243	(26,998,950)	32,478,672	55,182,265	56,258,319
NET INCOME (Loss)	105,447,958	(24,703,028)	61,523,241	76,730,576	78,226,819
Projected Capital Expenditure	N/A	N/A	N/A		
Interest	N/A	N/A	N/A		

C. PROJECT SPECIFIC FINANCIAL INFORMATION

STATEMENT OF INCOME AND EXPENSE	HISTORICAL DATA (Give information for last 3 years for which complete data are available)			PROJECTED DATA (First 2 years after completion of project)	
	2021 (Total)	2022 (Total)	2023 (Total)	2026 (Total)	2027 (Total)
Revenue from Services to Patients					
Inpatient Services					
Routine (nursing service areas)	15,331,226	14,251,554	15,097,897	20,531,527	20,888,775
Other					
Outpatient Services	1,943,492	2,963,004	3,177,950	3,994,295	4,063,796
Emergency Services	22,153,199	20,079,458	20,038,050	26,594,093	27,056,830
Gross Patient Revenue	39,427,917	37,294,016	38,313,897	51,119,915	52,009,401
Deductions from Revenue					
Contractual Adjustments	26,783,384	25,658,283	26,896,356	34,587,734	35,189,561
Discount/Miscellaneous Allowances					
Total Deductions	26,783,384	25,658,283	26,896,356	34,587,734	35,189,561
NET PATIENT REVENUE (Gross patient revenue less deductions)	12,644,533	11,635,733	11,417,541	16,532,181	16,819,840
Other Operating Revenue					
NET OPERATING REVENUE	12,644,533	11,635,733	11,417,541	16,532,181	16,819,840
OPERATING EXPENSES					
Salaries, Wages, and Benefits	12,385,240	10,231,481	7,863,669	13,987,509	14,230,892
Physician Salaries and Fees	7,826,324	9,685,111	9,911,926	13,983,913	14,227,233
Supplies and other	2,284,249	2,230,611	2,417,405	3,586,185	3,648,584
Uncompensated Care (less recoveries) per State Health Plan 410-2-2-.06(d)	3,126,634	2,233,912	2,747,106	3,818,658	3,885,102
Other Expenses	104,019	318,106	(443,313)	208,902	212,537
Total Operating Expenses	25,726,466	24,699,221	22,496,793	35,585,167	36,204,348
NON-OPERATING EXPENSES					
Taxes					
Depreciation				641,714	641,714
Interest (other than mortgage)					
Existing Capital Expenditures					
Interest					
Total Non-Operating Expenses	0	0	0	641,714	641,714
TOTAL EXPENSES (Operating & Capital)	25,726,466	24,699,221	22,496,793	36,226,881	36,846,062
Operating Income (Loss)	(13,081,933)	(13,063,488)	(11,079,252)	(19,694,700)	(20,026,222)
Other Revenue (Expense) – Net					
NET INCOME (Loss)	(13,081,933)	(13,063,488)	(11,079,252)	(19,694,700)	(20,026,222)
Projected Capital Expenditure	N/A	N/A	N/A		
Interest	N/A	N/A	N/A		

STATEMENT OF COMMUNITY PARTNERSHIP FOR EDUCATION AND REFERRALS

- A. This section is declaration of those activities your organization performs outside of inpatient and outpatient care in the community and for the underserved population. Please indicate historical and projected data by expenditures in the columns specified below.

Services and/or Programs	Historical Data (total dollars spent in last 3 years)			Projected Data (total dollars budgeted for next 2 years)	
	FY21	FY22	FY23	FY25	FY26
Health Education (nutrition, fitness, etc.)	\$20,000	\$20,000	\$20,000	\$21,000	\$21,000
Community service workers (school nurses, etc.)	\$22,000	\$22,000	\$22,000	\$25,000	\$25,000
Health screenings	\$16,000	\$16,000	\$16,000	\$17,000	\$17,000
Other	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000
TOTAL	\$61,000	\$61,000	\$61,000	\$66,000	\$66,000

- B. Please describe how the new services specified in this project application will be made available to and address the needs of the underserved community. If the project does not involve new services, please describe how the project will address the underserved population in your community.

The BMCS ED provides an important point of entry for medically underserved residents of the service area, many of whom are uninsured and/or receive no primary medical care. The expansion of the ED will allow these patients to receive more timely and efficient treatment when presenting to the ED.

- C. Please briefly describe some of the current services or programs presented to the underserved in your community.

In addition to participation with local medical education resources, BMCS has developed a "Baptist Health Center for Wellbeing Business Plan" for community outreach to patients with complex medical needs. It includes a "CareAdvisor Program" intended to improve accessibility to medically underserved, low income, and underinsured residents of Central Alabama. A copy of this plan is included in Exhibit J.

EXHIBIT A
ACUTE CARE PATIENT ORIGIN DATA

FY21-23 BMCS	FY21	FY21	FY22	FY22	FY23	FY23
	IP		IP		IP	
SERVICE AREA	DISCHARGES	% of Total	DISCHARGES	% of Total	DISCHARGES	% of Total
PSA						
MONTGOMERY	9,382	54.7%	8,328	52.7%	8,292	53.9%
ELMORE	2,153	12.5%	2,026	12.8%	1,950	12.7%
AUTAUGA	1,568	9.1%	1,392	8.8%	1,406	9.1%
DALLAS	-	-	549	3.5%	-	-
PSA Total	13,103	76.3%	12,295	77.8%	11,648	75.8%
SSA						
DALLAS	605	3.5%	-	-	512	3.3%
LOWNDES	495	2.9%	487	3.1%	422	2.7%
PIKE	377	2.2%	332	2.1%	383	2.5%
BUTLER	362	2.1%	349	2.2%	335	2.2%
BULLOCK	295	1.7%	261	1.7%	219	1.4%
MACON	-	-	212	1.3%	197	1.3%
CRENSHAW	245	1.4%	218	1.4%	193	1.3%
LEE	-	-	156	1.0%	-	-
SSA Total	2,379	13.9%	2,015	12.8%	2,261	14.7%
PSA + SSA TOTAL	15,482	90.2%	14,310	90.6%	13,909	90.5%
TSA						
MACON	216	1.3%	-	-	-	-
LEE	117	0.7%	-	-	153	1.0%
CHILTON	138	0.8%	148	0.9%	108	0.7%
WILCOX	168	1.0%	133	0.8%	105	0.7%
TALLAPOOSA	102	0.6%	109	0.7%	94	0.6%
COVINGTON	64	0.4%	72	0.5%	84	0.5%
COFFEE	67	0.4%	55	0.3%	65	0.4%
BARBOUR	0	-	0	-	59	0.4%
TALLADEGA	0	-	48	0.3%	55	0.4%
JEFFERSON	0	-	43	0.3%	0	-
COOSA	0	-	42	0.3%	0	-
DALE	0	-	44	0.3%	0	-
TSA Total	872	5.1%	694	4.4%	723	4.7%
TOTAL SERVICE AREA	16,354	95.3%	15,004	95.0%	14,632	95.2%
Outside Service Area AL	595	3.5%	500	3.2%	502	3.3%
Out of State	215	1.3%	292	1.8%	242	1.6%
TOTAL ACUTE IP DISCHARGES	17,164	100.0%	15,796	100.0%	15,376	100.0%

EXHIBIT D
ACUTE CARE HOSPITALS WITH EMERGENCY DEPARTMENTS
IN BMCS ED SERVICE AREA

Acute Care Hospitals with Emergency Departments In BMCS ED Service Area						
Hospital	City	County	Beds (SUS)	ED Treatment Rooms	ED Visits	Year
BMC-South	Montgomery	Montgomery	300	51	50,619	2023
BMC-East	Montgomery	Montgomery	176	42	54,130	2023
Prattville Baptist Hospital	Prattville	Autauga	49	17	29,827	2023
Jackson Hospital	Montgomery	Montgomery	178	14	54,829	2023
Elmore Community Hospital	Wetumpka	Elmore	49	6	9,576	2023
Community Hospital	Tallassee	Elmore	37	4	7,179	2023

Note: (a) SUS – Set Up and Staffed

Source: Hospital Annual Reports

EXHIBIT F
SCHEMATIC DRAWINGS



DRAWINGS & LEGEND

- ☐ NEW REELS (30)
- ☒ SUPPORT FOR NEW UNIT
- ☐ INNOVATIONS ON EXISTING
- ☐ ED OR BUILDING THE NEW
- ☐ CIRCULATION

LEVEL 1 FLOOR PLAN

BAPTIST HEALTH SOUTH - ED EXPANSION
2105 EAST SOUTH BOULEVARD
MONTGOMERY, ALABAMA 36116

ADPH # B-24-044
OMC # ABHM740004

ISSUE	DATE
CONSTRUCTION DOCUMENTS	ISSUE DATE

DRAWN BY	Author
CHECKED BY	Checker

Goodwyn Mills Cawood, LLC
2400 5th Avenue South, Suite 200
Birmingham, AL 35233
T 205.879.4462
GMCNETWORK.COM

GMC

LAW OFFICES
MELTON, ESPY & WILLIAMS, P.C.
255 DEXTER AVENUE
MONTGOMERY, AL 36104

JOSEPH C. ESPY, III
JAMES E. WILLIAMS
J. FLYNN MOZINGO
C. MARK BAIN
BENJAMIN J. ESPY*
WILLIAM M. ESPY

* ALSO ADMITTED IN MISSISSIPPI

September 25, 2024

AL2024-038E
RECEIVED
Sep 25 2024

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

OAKLEY W. MELTON, JR.
(1927-2013)

MAILING ADDRESS:
P.O. DRAWER 5130
MONTGOMERY, AL 36103-5130
TELEPHONE (334) 263-6621
FAX (334) 269-9515

Via Electronic Mail at shpda.online@shpda.alabama.gov

Ms. Emily T. Marsal
Executive Director
State Health Planning and Development Agency
P.O. Box 303025
Montgomery, Alabama 36130-3025

**Re: Emergency CON Application for The Health Care Authority for Baptist Health,
an Affiliate of UAB Health System**

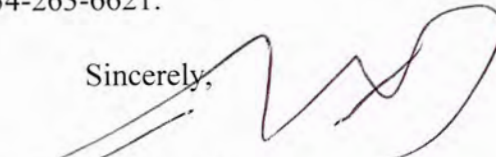
Dear Ms. Marsal:

Pursuant to Alabama Certificate of Need Program Rules and Regulations, r. 410-1-10-.01, The Health Care Authority for Baptist Health, an Affiliate of UAB Health System submits the attached Emergency Certificate of Need ("CON") Application to **immediately address** the urgent problem of overcrowding and boarding in the Emergency Department ("ED") of its acute care hospital Baptist Medical Center South located in Montgomery, Alabama ("BMCS"). Emergency review is made necessary by unforeseen events, which endanger the health and safety of patients.

As detailed in the CON Application, emergency review is necessary to (a) combat the significant, consistent ED overcrowding and ED boarding at BMCS; (b) ensure access to specialized health care services; and (c) maintain the quality and continuity of urgent and emergency medical services offered in the identified medical service area. This emergency request for CON approval does not involve new institutional health services or the addition of new inpatient hospital beds.

BMCS respectfully submits this CON Application for review and approval. Should you have any questions regarding this Application, please do not hesitate to contact me via email at jwilliams@mewlegal.com or by calling 334-263-6621.

Sincerely,



James Williams

JW/lmr

Rev. 6-16

ALABAMA
CERTIFICATE OF NEED APPLICATIONFiling Fee Remitted: \$ 25,276.00 tml

For Staff Use Only

Project # AL2024-038E

Date Rec. _____

INSTRUCTIONS: Please submit an electronic pdf copy of this completed form and the appropriate attachments to the State of Alabama, State Health Planning and Development Agency, in accordance with ALA. ADMIN. CODE r. 410-1-7-.06 (Filing of a Certificate of Need Application) and 410-1-3-.09 (Electronic Filing). Electronic filings meeting the requirements of the aforementioned rules shall be considered provisionally received pending receipt of the required filing fee and shall be considered void should the proper filing fee not be received by the end of the next business day. Refer to ALA. ADMIN. CODE r. 410-1-7-.06 to determine the required filing fee.

Filing fees should be remitted to: State Health Planning and Development Agency
100 North Union Street, Suite 870
Montgomery, Alabama 36104

or the fee may be submitted electronically via the payment portal available through the State Agency's website at www.shpda.alabama.gov.

PART ONE: APPLICANT IDENTIFICATION AND PROJECT DESCRIPTION

I. APPLICANT IDENTIFICATION (Check One) HOSPITAL (☒) NURSING HOME (☐)
OTHER (☐) (Specify) _____

A. Baptist Medical Center South

Name of Applicant (in whose name the CON will be issued if approved)

<u>2105 East South Boulevard</u>	<u>Montgomery</u>	<u>Montgomery</u>
Address	City	County
<u>Alabama</u>	<u>36116</u>	<u>(334) 288-2100</u>
State	Zip Code	Phone Number

B. _____

Name of Facility/Organization (if different from A)

_____	_____	_____
Address	City	County
_____	_____	_____
State	Zip Code	Phone Number

C. The Health Care Authority for Baptist Health, An Affiliate of UAB Health System (hereinafter "Baptist Health")

Name of Legal Owner (if different from A or B)

<u>301 Brown Springs Road, P.O. Box 244001</u>	<u>Montgomery</u>	<u>Montgomery</u>
Address	City	County
<u>Alabama</u>	<u>36117</u>	<u>(334) 747-4400</u>
State	Zip Code	Phone Number

D. Simeon F. Penton, Vice-President/General Counsel

Name and Title of Person Representing Proposal and with whom SHPDA should communicate

<u>301 Brown Springs Road, P.O. Box 244001</u>	<u>Montgomery</u>	<u>Montgomery</u>
Address	City	County

Alabama	36117	(334) 747-4410
State	Zip Code	Phone Number

I. APPLICANT IDENTIFICATION (continued)

E. Type Ownership and Governing Body

- | | | | |
|----|------------------------|---|--|
| 1. | Individual | () | |
| 2. | Partnership | () | |
| 3. | Corporate (for profit) | () | _____ |
| | | | Name of Parent Corporation |
| 4. | Corporate (non-profit) | () | _____ |
| | | | Name of Parent Corporation |
| 5. | Public | () | |
| 6. | Other (specify) | (<input checked="" type="checkbox"/> X) | <u>The Health Care Authority for Baptist Health, An Affiliate of UAB Health System</u> |

F. Names and Titles of Governing Body Members and Owners of This Facility

The Healthcare Authority for Baptist Health, An Affiliate of UAB Health System
 Agarwal, Anupam, MD
 Brock, Robert C. (Mike)
 Brown, Ronald C. Jr.
 Bularella, Dawn
 Burton, Gary
 Edwards, James (Jim)
 Henig, John A., Jr. - Secretary
 Lambiase, Louis, MD
 Miller, Kay
 Roy, J. Steven
 Ross, Quinton, Jr. Ed.D
 Tyner, W. Russell
 Wright, James, Ed.D - Chair

II. PROJECT DESCRIPTION

Project/Application Type (check all that apply)

- | | |
|---|---|
| <p>_____ New Facility
Type _____</p> <p>_____ New Service
Type _____</p> <p><u> X </u> Construction/Expansion/Renovation</p> <p>_____ Change in Service</p> | <p>_____ Major Medical Equipment
Type _____</p> <p>_____ Termination of Service or Facility</p> <p>_____ Other Capital Expenditure
Type _____</p> |
|---|---|

III. EXECUTIVE SUMMARY OF THE PROJECT (brief description)

Pursuant to Alabama Code Section 22-21-268, Baptist Medical Center South ("BMCS") seeks an Emergency Certificate of Need ("CON") to address immediately the urgent problem of overcrowding and boarding in the Emergency Department ("ED") of its acute care hospital located in Montgomery, Alabama. This emergency request for CON approval does not involve new institutional health services or the addition of new inpatient hospital beds.

Alabama Certificate of Need Rules and Regulations (r. 410-1-10-.01(1)) provide that any person may apply, without notice, for an emergency CON for the authorization of capital expenditures made necessary by unforeseen events, which endanger the health and safety of the patients. The significant, persistent overcrowding and boarding in the BMCS ED meets this threshold requirement.

In Alabama, a significant increase in ED visits has been compounded by the effects of an aging population. Hospital EDs are treating patients presenting with higher levels of acuity; more patients with mental health diagnoses; those suffering from addiction, and several other challenging social issues having an impact on their health and ultimate recovery including homelessness, abuse, and abandonment. These issues contribute to a more severe level of illness and the need for longer hospital stays.

BMCS has operated consistently at a high inpatient volume, with many patients having been admitted through the ED. As a Level II Trauma Center, the ED receives patients with complex medical conditions which may require the attention of several medical disciplines and transfer to an inpatient bed. The ED is often overcrowded with patients receiving their first round of care in the ED, but the ED often boards patients for whom a suitable inpatient bed is not readily available. The ED has experienced an increased volume of trauma evaluations for gunshot trauma and stabbing wounds. Such cases challenge the ability of the ED to manage its patient load.

To ease ED overcrowding, BMCS has frequently appropriated waiting rooms and corridors adjacent to the existing ED and expanded lobbies and other hospital common areas to accommodate patient overflow. As another means of alleviating overcrowding, the BMCS ED is sometimes placed on diversion. When this occurs, patient access to the Level II Trauma services may be constrained and the patient is exposed to greater health risk.

Patient boarding is another factor that has contributed to the ED overcrowding. Patient boarding occurs when patients who require admission to the hospital are held in the ED when there are no inpatient beds available. Every patient boarded in the ED effectively reduces the ED capacity by one treatment area. Moreover, maintaining these patients diverts resources that would otherwise be available for patients presenting to the ED for treatment. The ED is not the most appropriate environment for providing acute inpatient care.

BMCS proposes, in this application, to add thirty (30) treatment areas to its ED and to renovate the registration and waiting area. The additional capacity should reduce the overcrowding caused by the issues identified within this application. This expansion is intended to increase patient throughput and enhance operating efficiencies in the ED.

IV. COST

A. Construction (includes modernization expansion)

1.	Predevelopment	\$	_____
2.	Site Acquisition		_____
3.	Site Development		<u>1,412,503</u>
4.	Construction		<u>9,104,396</u>
5.	Architect and Engineering Fees		<u>1,044,755</u>
6.	Renovation		<u>430,650</u>
7.	Interest during time period of construction		_____
8.	Attorney and consultant fees		_____
9.	Bond Issuance Costs		_____
10.	Other _____		_____
11.	Other _____		_____

TOTAL COST OF CONSTRUCTION \$ 11,992,304

B. Purchase

1.	Facility	\$	_____
2.	Major Medical Equipment		<u>1,659,300</u>
3.	Other Equipment		<u>514,015</u>

TOTAL COST OF PURCHASE \$ 2,173,315

C. Lease

1.	Facility Cost Per Year _____ x _____ Years =	\$	_____
	Equipment Cost per Month _____ x _____ Months =		_____
2.	Land-only Lease Cost per Year _____ x _____ Years		_____

TOTAL COST OF LEASE(s) \$ _____
(compute according to generally accepted accounting principles)

TOTAL COST OF LEASE(s) \$ _____

D. Services

1.	_____ New Service	\$	_____
2.	_____ Expansion	\$	_____
3.	_____ Reduction or Termination	\$	_____
4.	_____ Other	\$	_____

FIRST YEAR ANNUAL OPERATING COST \$ 13,344,437

E. Total Cost of this Project (Total A through D) (should equal V-C on page A-4)

\$ 27,510,056

IV. COST (continued)

F. Proposed Finance Charges

- | | | | |
|----|--|----|-------|
| 1. | Total Amount to Be Financed | \$ | _____ |
| 2. | Anticipated Interest Rates | | _____ |
| 3. | Term of Loan | | _____ |
| 4. | Method of Calculating Interest on
Principal Payment | | _____ |

V. ANTICIPATED SOURCE OF FUNDING

A. Federal		Amount	Source
1.	Grants	\$ _____	_____
2.	Loans	_____	_____
B. Non-Federal			
1.	Commercial Loan	_____	_____
2.	Tax-exempt Revenue Bonds	_____	_____
3.	General Obligation Bonds	_____	_____
4.	New Earning and Revenues	<u>27,510,056</u>	<u>operations</u>
5.	Charitable Fund Raising	_____	_____
6.	Cash on Hand	_____	_____
7.	Other	_____	_____
C.	TOTAL (should equal IV-E on page A-3)	\$	<u>27,510,056</u>

VI. TIMETABLE

- | | | |
|----|-------------------------------|---------------|
| A. | Projected Start/Purchase Date | November 2024 |
| B. | Projected Completion Date | August 2024 |

PART TWO: PROJECT NARRATIVE

Note: In this part, please submit the information as an attachment. This will enhance the continuity of reading the application.

The applicant should address the items that are applicable to the project.

I. MEDICAL SERVICE AREA

- A. Identify the geographic (medical service) area by county (ies) or city, if appropriate, for the facility or project. Include an 8 ½ x 11" map indicating the service area and the location of the facility.**

BMCS identifies the service area for its acute care services based on the ZIP Codes of patient residences. The service area consists of 18 counties within which BMCS is centrally located. The service area is divided further into primary, secondary, and tertiary service areas. The acute, primary service area consists of four counties – Montgomery, Elmore, Autauga, and Dallas – when combined, account for more than 75 percent of patient discharges. Furthermore, residents of Montgomery County account for more than 50 percent of BMCS discharges each year.

The acute, secondary service area consists of six counties – Lowndes, Pike, Butler, Bullock, Macon, and Crenshaw. Inpatient discharges for residents of these counties comprise more than 11 percent of total inpatient discharges. There are eight counties in the designated acute, tertiary service area – Lee, Chilton, Wilcox, Tallapoosa, Covington, Coffee, Barbour, and Talladega. Approximately 95 percent of acute care patients discharged from BMCS reside in the combined primary, secondary, and tertiary service areas. Fewer than two percent of acute care discharges reside outside the state of Alabama.

Information presented in Table 1 (see below) summarizes BMCS's inpatient discharges from the service area.

Table 1
BMCS Acute Care Service Area
Years ended September 30

Patient County	2021 Inpatient Discharges		2022 Inpatient Discharges		2023 Inpatient Discharges	
	Number	% Total	Number	% Total	Number	% Total
Primary Service Area						
Montgomery	9,382	54.7%	8,328	52.7%	8,292	53.9%
Elmore	2,153	12.5%	2,026	12.8%	1,950	12.7%
Autauga	1,568	9.1%	1,392	8.8%	1,406	9.1%
Dallas	605	3.5%	549	3.5%	512	3.3%
Total Primary Service Area	13,708	79.9%	12,295	77.8%	12,160	79.1%
Secondary Service Area						
Lowndes	495	2.9%	487	3.1%	422	2.7%
Pike	377	2.2%	332	2.1%	383	2.5%
Butler	362	2.1%	349	2.2%	335	2.2%
Bullock	295	1.7%	261	1.7%	219	1.4%
Macon	216	1.3%	212	1.3%	197	1.3%
Crenshaw	245	1.4%	218	1.4%	193	1.3%
Total Secondary Service Area	1,990	11.6%	1,859	11.8%	1,749	11.4%
Tertiary Service Area						
Lee	117	0.7%	156	1.0%	153	1.0%
Chilton	138	0.8%	148	0.9%	108	0.7%
Wilcox	168	1.0%	133	0.8%	105	0.7%
Tallapoosa	102	0.6%	109	0.7%	94	0.6%
Covington	64	0.4%	72	0.5%	84	0.5%
Coffee	67	0.4%	55	0.3%	65	0.4%
Barbour	0	0.0%	0	0.0%	59	0.4%
Talladega	0	0.0%	48	0.3%	55	0.4%
Total Tertiary Service Area	656	3.8%	721	4.6%	723	4.7%
Total Service Area	16,354	95.3%	14,875	94.2%	14,632	95.2%
Other Alabama	595	3.5%	629	4.0%	502	3.3%
Out of State	215	1.3%	292	1.8%	242	1.6%
Total Acute Care IP Discharges	17,164	100.0%	15,796	100.0%	15,376	100.0%

Source: BMCS Records

A detailed analysis of the service area for acute care services is provided in Exhibit A.

The service area for patients accessing emergency services at BMCS is more concentrated and occupies a smaller region than the service area for patients receiving acute care services. An analysis of emergency department encounters at BMCS for the past three years, based on ZIP Code and county of residence, shows that nearly 90 percent of these encounters represent residents of Montgomery, Autauga, Lowndes, and Elmore Counties. In total, residents of Montgomery County comprise more than 70 percent of emergency department encounters in recent years.

Table 2 (see below) summarizes the distribution of patients for the past three years. Detailed patient origin information by ZIP Code is provided in Exhibit B, which also includes a map of the ED service area.

Table 2
BMCS Emergency Department Service Area
Years ended September 30

Patient County	2021 ED Encounters		2022 ED Encounters		2023 ED Encounters	
	Number	% Total	Number	% Total	Number	% Total
Montgomery	36,653	73.4%	35,723	73.9%	33,751	74.4%
Elmore	3,304	6.6%	3,127	6.5%	2,846	6.3%
Autauga	2,158	4.3%	1,966	4.1%	1,855	4.1%
Lowndes	1,744	3.5%	1,594	3.3%	1,580	3.5%
Subtotal	43,859	87.9%	42,410	87.7%	40,032	88.2%
Total ED Encounters	49,907		48,357		45,369	

Source: BMCS Records

B. What population group(s) will be served by the proposed project? Define age groups, location and characteristics of the population to be served.

Based on the service area analysis, the primary population served by the BMCS ED consists of residents of Montgomery, Elmore, Autauga, and Lowndes Counties. The ED also provides services to residents of the broader acute care service area of BMCS. The proposed ED expansion should not alter the demographic profile of patients of the BMCS ED or BMCS medical services in total.

Table 3 (see below) illustrates the distribution of ED encounters by age cohort over the past three years. Table 4 (see below) demonstrates the distribution of inpatient acute care discharges by age cohort.

Table 3
BMCS Emergency Department
Encounters by Age Group
Years ended September 30

Age Cohort	2021 ED Encounters		2022 ED Encounters		2023 ED Encounters	
	Number	% Total	Number	% Total	Number	% Total
0 - 17 years	5,305	10.6%	6,835	14.1%	7,012	15.5%
18 - 44 years	23,086	46.3%	21,873	45.2%	19,148	42.2%
45 - 64 years	12,705	25.5%	11,733	24.3%	11,268	24.8%
65+ years	8,811	17.7%	7,916	16.4%	7,941	17.5%
Total ED Encounters	49,907	100.0%	48,357	100.0%	45,369	100.0%

Source: BMCS Records

Table 4
BMCS
Acute Care Utilization by Age Group
Years ended September 30

Age Cohort	2021 <i>Acute Care Discharges</i>		2022 <i>Acute Care Discharges</i>		2023 <i>Acute Care Discharges</i>	
	Number	% Total	Number	% Total	Number	% Total
0 - 18 years	1,395	7.9%	1,416	8.8%	1,456	9.2%
19 - 44 years	4,308	24.4%	4,150	25.7%	4,188	26.4%
45 - 64 years	5,622	31.9%	4,985	30.8%	4,637	29.2%
65+ years	6,308	35.8%	5,622	34.8%	5,612	35.3%
Total Acute Care Discharges	17,633	100.0%	16,173	100.0%	15,893	100.0%

Source: BMCS Records

There are two notable differences between Tables 3 and 4. First, the 19-44 age cohort utilizes emergency services more than any other age cohort. Second, the age 65+ cohort utilizes acute care inpatient services at a higher rate than any other age cohort.

Population data obtained from the University of Alabama, Center for Business and Economic Research (CBER) indicates that the population of the primary service area of the BMCS ED is expected to increase at approximately the same rate as the population of the state of Alabama during the current decade, 2020-2030. As discussed below, there are differences among the growth rates for the individual counties and the distinct population age cohorts.

In Table 5, the population estimates and projections for the four counties identified above, as the primary source of ED encounters at BMCS, are presented along with the same data for the state of Alabama. As the data in the first panel indicates, the rate of growth in the total populations of the four counties taken together approximates that of Alabama's growth rate. Montgomery County's population is projected to increase at a slower rate than the state of Alabama's projected population growth rate. Meanwhile, the population of Autauga and Elmore Counties is projected to increase at a faster rate than the state's projected population growth rate. However, Lowndes County is projected to lose nearly 15 percent of its total population in the decade following 2020.

The age 65+ cohort for both the entire state of Alabama and BMCS ED's service area are projected to increase at a rate greater than that of the state's total population. The second panel of Table 5 (see below) includes population estimates and projections for 2020 and 2030. The elderly population of Montgomery County is expected to increase at a slightly higher rate than the elderly population for the entire state of Alabama during the same time period. The elderly population of Autauga and Elmore Counties is projected to increase at an average annual rate of growth (AAGR) exceeding three percent from 2020 to 2030.

The final panel of Table 5 shows the impact of the differing rates of growth among the total population and the age 65+ cohort. The 65+ population in Alabama and the four-county service area is projected to make up a greater proportion of the total population in 2030 than it did in 2020. In fact, its proportion is anticipated to increase by three percent. Therefore, even in the absence of any change in the utilization rate of ED services by age cohort, the proportion of services directed at the elderly population will be substantially greater in 2030 than it was in 2020.

Table 5**BMCS Emergency Department****Population by County, 2020 and 2030**

County	Census 2020	Projected 2030	Change 2020-2030		AAGR 2020-2030
			Number	Percent	
<i>Alabama</i>	5,024,279	5,306,554	282,275	5.6%	0.5%
Montgomery	228,954	231,885	2,931	1.3%	0.1%
Autauga	58,805	66,099	7,294	12.4%	1.2%
Lowndes	10,311	8,821	-1,490	-14.5%	-1.5%
Elmore	87,977	98,632	10,655	12.1%	1.1%
Service Area	386,047	405,437	19,390	5.0%	0.5%

County Population Age 65+, 2020 and 2030

County	Census 2020	Projected 2030	Change 2020-2030		AAGR 2020-2030
			Number	Percent	
<i>Alabama</i>	851,293	1,067,787	216,494	25.4%	2.3%
Montgomery	33,914	41,547	7,633	22.5%	2.1%
Autauga	8,476	11,466	2,990	35.3%	3.1%
Lowndes	1,940	2,268	328	16.9%	1.6%
Elmore	13,651	18,850	5,199	38.1%	3.3%
Service Area	57,981	74,131	16,150	27.9%	2.5%

**Age 65+, as Percent of Total Population,
2020 and 2030**

	2020	2030	Change
<i>Alabama</i>	16.9%	20.1%	3.2%
Montgomery	14.8%	17.9%	3.1%
Autauga	14.4%	17.3%	2.9%
Lowndes	18.8%	25.7%	6.9%
Elmore	15.5%	19.1%	3.6%
Service Area	15.0%	18.3%	3.3%

*Source: U.S. Census Bureau and Center for Business and Economic Research,
The University of Alabama, August 2023*

- C. **If medical service area is not specifically defined in the State Health Plan, explain statistical methodologies or market share studies based upon accepted demographic or statistical data available with assumptions clearly detailed. If Patient Origin Study data is used, explain whether institution or county based, etc.**

The 2024-2027 Alabama State Health Plan (SHP) does not address separately hospital emergency rooms or access to emergency services. It does, however, identify “certain health care issues which warrant focused attention.” These include *Care of the Elderly and Chronically Ill* (r. 410-2-2-.03) and *Care for the Medically Indigent* (r. 410-2-2-.06). It is noted in the SHP that the elderly age group is one of the most rapidly growing age groups in the United States. This growth is attributable to increased longevity, and increased age is accompanied by increased incidence of chronic disease and disability.

Patient data by age cohort (presented above in Table 3) indicates that approximately 17 percent of the ED encounters are attributable to patients in the age 65+ cohort. As this age of population continues to grow, additional ED resources will be needed. The addition of thirty (30) new patient treatment areas in the BMCS ED will alleviate ED overcrowding and boarding and will ensure that BMCS will be equipped to deal with the future demands of an aging population.

- D. **Are there any other factors affecting access to the project?**

☒ **Geographic** ☒ **Economic** ☒ **Emergency** ☒ **Medically Underserved**

Please explain.

Geographic

As one of only two Level II Adult Trauma Centers in the state of Alabama, the BMCS ED offers the most comprehensive array of emergency services in the service area. BMCS is the state’s only trauma center between Mobile and Birmingham - playing a critical role in ensuring timely access to higher level emergency treatment. While the demand for emergency services has continued to increase over the past several years, related to the number of ED encounters and level of emergency services, BMCS has been challenged to accommodate this volume and the need for services in its existing ED treatment areas.

Recent data (see Table 6 below) indicates that BMCS was placed on diversion, on average, 72.3 times per month. When BMCS is placed on diversion status, the ED is unable to accept patient transfer requests from other hospitals within and outside its ED’s Primary Service Area. As a result, patients are denied immediate access to certain specialized, emergent health care services.

Table 6
BMCS ED Diversions by Month
July 2023 - July 2024

	Bed Capacity	Number	Avg per Day
July 2023	54	68	2.2
August 2023	56	150	4.8
September 2023	51	69	2.3
October 2023	34	116	3.7
November 2023	51	53	1.8
December 2023	37	97	3.1
January 2024	82	112	3.6
February 2024	67	58	2.0
March 2024	53	2	0.1
April 2024	49	81	2.7
May 2024	58	55	1.8
June 2024	49	44	1.5
July 2024	75	35	1.1
Total	716	940	2.4
Avg per Month	55.1	72.3	

A factor that inhibits the ability of BMCS to accept ED transfers is “patient boarding.” This concept occurs when a patient has been treated in the ED but cannot be transferred to an appropriate inpatient room. Such a patient will occupy a patient treatment area, thereby reducing the capacity of the ED to deal with patients arriving with urgent and emergency medical conditions.

ED overcrowding is often the result of patients who are boarding in the ED. These “boarders” are often managed in the ED for several hours to several days, resulting in fewer resources available for those patients, from the service area, who present seeking urgent and emergency treatment in the ED. The additional treatment capacity represented by the proposed Emergency ED Expansion Plan will have a significant positive impact on BMCS’s ability to efficiently manage its overcrowded ED.

Economic

The proposed Emergency ED Expansion Plan will expand the physical footprint and clinical capacity of the ED through the addition of thirty (30) treatment areas. The Emergency ED Expansion Project will benefit all patients presenting to BMCS seeking emergency medical services. For example, increasing the ED’s capacity will improve patient throughput in the ED, leading to additional access to emergency room services for medically complex patients in the service area.

Emergency

BMCS operates the only Level II Trauma Center in the service area. As a result, BMCS receives patients in the ED with severe levels of illness and significant injuries leading to extended hospital

stays. The growing incidence of injuries categorized as “penetrating,” (i.e., gun shots or stabbings) has contributed to the severity of cases presenting to the ED.

As an indication of the concerns that extend a patient’s stay in the ED, BMCS has captured recent “patient-arrival-to-provider” wait times by an Emergency Severity Index (see Table 7 below). These wait times are longer for patients who are classified as Emergency Severity Index Level 3. The key following Table 8 demonstrates that patients in Level 3 require several resources to attain stabilization.

Table 7
BMCS Emergency Department
Time, Arrival to Provider
by Emergency Severity Index

ESI Level	Median Wait (Hours)			
	2021	2022	2023	2024 YTD
1 - Resuscitation	-0.03	-0.03	-0.02	0.02
2 - Emergent	0.15	0.23	0.20	0.32
3 - Urgent	0.43	0.62	0.42	0.22
4 - Less Urgent	0.42	0.57	0.33	0.33
5 - Nonurgent	0.23	0.32	0.23	0.27

Note: 2024 YTD is through July 15, 2024.

Source: BMCS ED Records

Table 8
BMCS Emergency Department
Time, Arrival to Departure
by Emergency Severity Index

ESI Level	Median Arrival to Departure (Hours)			
	2021	2022	2023	2024 YTD
1 - Resuscitation	5.77	4.82	4.55	4.75
2 - Emergent	8.30	9.35	8.42	7.85
3 - Urgent	4.30	4.45	4.62	4.68
4 - Less Urgent	2.13	2.20	2.27	2.25
5 - Nonurgent	1.10	1.17	1.07	0.93

Note: 2024 YTD is through July 15, 2024.

Source: BMCS ED Records

Emergency Service Index, List

Level	Description
1	Immediate, life-saving intervention required without delay
2	High risk of deterioration, or signs of a time-critical problem
3	Stable, with multiple types of resources needed to investigate or treat (such as lab tests plus diagnostic imaging)
4	Stable, with only one type of resource anticipated (such as only an x-ray, or only sutures)
5	Stable, with no resources anticipated except oral or topical medications, or prescriptions

The increase in critically ill patients has led to ED overcrowding. To the extent multiple ED resources, including critical nursing, imaging, and diagnostic services, are required to treat a seriously injured and/or critically ill patient, such resources are diverted away from other less seriously injured and/or critically ill ED patients. Responding to several trauma or critically ill patients simultaneously prolongs the wait of patients who have not yet been seen, exacerbates the challenges of ED overcrowding, and creates challenges for critically ill patients waiting for an available bed in the hospital. In order to alleviate overcrowding in the ED, BMCS has designated waiting rooms and hallway beds, adjacent to the existing ED, to accommodate patient overflow. Overcrowding in the ED often has a negative clinical impact on both patients in the ED who are seriously ill and those who may be less critically ill and/or injured but waiting on an available bed.

Medically Underserved

BMCS is committed to ensuring that the medically underserved population in the state of Alabama receive equal access to all types of health care regardless of their ability to pay, including access to quality trauma and emergency room services. BMCS is a large provider of medical services to low-income, uninsured, and vulnerable populations, including the elderly and disabled, Medicare and Medicaid beneficiaries, and minority populations. BMCS provides a substantial amount of uncompensated care. For its most recently completed fiscal years, BMCS has provided \$83,641,574 in total charity and bad debt (FY22), \$83,419,292 (FY23), \$92,713,824 (FY24).

Every county in the state of Alabama has census tracts that are identified as Medically Underserved Areas (“MUAs”) or Medically Underserved Population (“MUPs”). (See Exhibit C). Upon approval of the proposed project, BMCS will continue to provide trauma and emergency medical services to medically underserved, underinsured, uninsured, and indigent residents in its service area.

When BMCS is at capacity and inpatient beds are unavailable for ED patients requiring admission, the ED is forced to provide patient care in the overcrowded ED that would otherwise be administered in the inpatient setting. Keeping these patients in the ED for inpatient care diverts resources that would otherwise be available for patients presenting to the ED for treatment, including those patients arriving by ambulance. Due to overcrowding, ED staff may be forced to care for these inpatient eligible patients for several hours up to several days. The low turnover of acute care inpatient beds and the prolonged wait times in the ED has led to an increase in the number of critically ill patients leaving the ED without receiving treatment and/or without being seen.

Unfortunately, those who leave the ED without being seen, are frequently the most critically ill patients who are often underinsured or uninsured. Unfortunately, these patients, without receiving treatment upon their initial encounter, often return with a more severe illness, requiring a higher level of care.

II. HEALTH CARE REQUIREMENTS OF THE MEDICAL SERVICE AREA

A. What are the factors (inadequacies) in the existing health care delivery system which necessitate this project?

The primary objective of the Emergency ED Expansion Project is to increase the physical footprint and clinical capacity in the BMCS ED, mitigating ED overcrowding and ED boarding without increasing the number of CON-authorized inpatient beds.

Patients, health care providers, and hospitals in central Alabama rely on the emergency services at BMCS. When the ED is unavailable due to overcrowding or a high inpatient census, the BMCS ED must be placed on diversion. Ambulance diversion or hospital diversion is a permissible but inadequate remedy for ED overcrowding and ED boarding. Diversion assists a hospital with reducing the number of patients waiting to be seen in the ED – but only if these patients have arrived by ambulance or medical transport. Diversion does not provide relief for patients who arrive by personal vehicle or simply walk in the ED.

Over the past 13 months, the BMCS ED has been on diversion an average of 72 times per month, or 2.4 times per day. When the ED is on diversion, the community's access to emergency and/or trauma services is drastically affected. The addition of thirty (30) new treatment areas to the ED will offer significant relief to the frequent overcrowding at BMCS.

B. How will the project correct the inadequacies?

The proposed project will correct the inadequacies discussed above by increasing the physical footprint and clinical capacity of the ED. The expansion will increase the overall ability of BMCS to accommodate current patient demand, reduce ambulance diversion, and provide additional flexibility to accept transfers in the service area.

C. Why is your facility/organization the appropriate facility to provide the proposed project?

BMCS is the appropriate facility to provide the proposed project because it complies with all six of the review criteria in the Alabama State Health Plan ("SHP") (CON Rule 410-4-6-.09). As the only Level II trauma center in the service area, access to its emergency services is vital.

(1) Professional capability of the facility.

BMCS is accredited as a Level II Trauma Center and is the only such provider in Central Alabama. This designation confirms that BMCS has a broad complement of multi-disciplinary practitioners who have a broad range of professional accreditations.

(2) Management capability of the facility.

BMCS is committed to providing high quality clinical services. BMCS has been an affiliate of the University of Alabama at Birmingham ("UAB") health system since 2005. UAB is highly regarded for its clinical services and its commitment to its patients, community, and employees. As partners, UAB and BMCS will continue to collaborate and provide each other support to ensure that the residents of the state of Alabama receive quality trauma and emergency services.

(3) Adequate manpower, including health personnel and management personnel to offer the proposed service.

BMCS anticipates that it will hire additional physicians, nurses, and support staff to provide direct patient care and other services when the thirty (30) additional treatment areas become fully operational. BMCS expects to have no difficulty in recruiting qualified personnel necessary to staff the expanded ED.

(4) Evidence of the existence of the applicant's long-range planning program and an ongoing planning process.

See Part II, Section II, F below.

(5) Evidence of existing and ongoing monitoring of utilization and the fulfilling of unmet need or under met health needs in the case of expansion.

BMCS has excellent quality assurance and utilization review programs and continuously monitors the utilization of all its services, including ED services. The existing quality assurance and utilization review programs have robust and timely data available, detailing the types of services rendered by BMCS and maintaining records of patients treated. BMCS has an ongoing planning process which monitors the health care needs of service area residents. See Part VI, Statement of Community Partnership for Education and Referrals below for a description of some of the community programs and initiatives funded or operated by BMCS.

(6) Evidence of communication with all planning, regulatory, utility agencies, and organizations that influence the facility's destiny.

BMCS has communicated with all planning, regulatory, utility agencies, and organizations that influence BMCS's destiny. BMCS is licensed by the Alabama Department of Public Health, certified by the Centers for Medicare and Medicaid Services, and fully accredited by the Joint Commission. BMCS will continue to work with all organizations influencing its destiny to ensure that any regulatory requirements are satisfied.

D. Describe the need for the population served or to be served for the proposed project and address the appropriate sections of the State Health Plan and the Rules and Regulations under 410-1-6-.07. Provide information about the results of any local studies which reflect a need for the proposed project.

The 2024-2027 SHP does not address separately hospital emergency rooms or access to emergency services. However, the SHP does identify "certain health care issues which warrant focused attention." These include *Care of the Elderly and Chronically Ill* (r. 410-2-2-.03) and *Care for the Medically Indigent* (r. 410-2-2-.06). As noted in the SHP, the elderly age population is one of the most rapidly growing age groups in the United States. This growth is partly attributable to increased age longevity which is accompanied by increased incident of chronic disease and disability.

Patient data by age cohort, as presented above in Table 3, indicates that approximately 17 percent of the ED encounters are attributable to patients in the age 65+ cohort. The projected expansion of this age population will require additional ED resources. The addition of thirty (30) new patient treatment areas in the BMCS ED will ease overcrowding and ED boarding and will ensure that BMCS will be equipped to meet future demands of an aging population.

E. If the application is for a specialized or limited-purpose facility or service, show the incidence of the particular health problem.

The BMCS ED is not a specialized or limited-purpose facility.

F. Describe the relationship of this project to your long-range development plans, if you have such plans.

As BMCS's long term plans continue to evolve, the current proposal is not the result of the normal evolution of BMCS's long-range plan. The Emergency ED Expansion Project is presented due to the rapid emergence of a problem that requires immediate remediation. The proposed project has been reviewed and determined to be consistent with BMCS's long-range planning process and will be integrated into its facility plan as it continues to be developed.

III. RELATIONSHIP TO EXISTING OR APPROVED SERVICES AND FACILITIES

A. Identify by name and location the existing or approved facilities or services in the medical service area similar to those proposed in this project.

See Exhibit D, List of Acute Care Hospitals with Emergency Rooms and Freestanding Emergency Rooms in the service area.

B. How will the proposed project affect existing or approved services and facilities in the medical service area?

Patients, health care providers, and community hospitals in the service area already benefit from their proximity to BMCS, as a Level II Trauma Center. However, when the BMCS ED is overcrowded and treating boarders, access to BMCS is often impaired. The Emergency ED Expansion Project will improve access to existing emergency medical services for those in the service area.

Also, prolonged ED wait times limit ambulance service(s), which places a strain on rural hospitals without the specialty resources that BMCS possesses. Currently, these rural hospitals often have difficulty in transferring patients to BMCS who need a higher level of medical care.

The proposed expansion of the BMCS ED will reduce ED overcrowding and ED boarding. As a result, it can be anticipated that BMCS will be able to reduce the number of instances it is placed on diversion thus reducing the number of patient transfer denials.

C. Will there be a detrimental effect on existing providers of the service? Discuss methodologies and assumptions.

It is not expected that there will be a detrimental effect on existing ED providers. All of the EDs in the service area are challenged to accommodate the growing number and complexity of patients presenting for treatment. The primary purpose of the proposed ED expansion at BMCS is to improve access to the emergency medical services provided by BMCS. The goal of this ED expansion project is to improve patient convenience and access by increasing patient throughput, leading to successful medical outcomes for patients in the community and service areas. This project is not intended to expand the current service areas but to manage more effectively its existing patient base, which will benefit the patients of other providers who might find it necessary to transfer a patient to BMCS.

D. Describe any coordination agreements or contractual arrangements for shared services that are pertinent to the proposed project.

Not applicable.

E. List the new or existing ancillary and/or supporting services required for this project and briefly describe their relationship to the project.

No new institutional or ancillary health services are required for the emergency ED expansion. The existing ancillary and supporting services at BMCS will remain available.

IV. POTENTIAL LESS COSTLY OR MORE EFFECTIVE ALTERNATIVES

A. What alternatives to the proposed project exist? Why was this proposal chosen?

BMCS considered several initiatives (see below) to optimize the utilization of the existing facility and to improve patient flow and throughput within the BMCS ED.

Option 1. Maintain the *status quo*, using existing space and continuing to provide emergent medical services in the existing ED and overflow areas that were not designed to accommodate the volume of patients currently being treated or boarded. The current overcrowding conditions in the ED is intolerable for patients and staff.

Option 2. Provide more ED capacity through the utilization of temporary measures, such as mobile ED units. Even mobile units require a means of connecting power, water, sprinkler, sewer, data, and nurse call systems. They would also need to be located in an area reasonably proximate to the existing ED. Therefore, such measures offer a temporary solution for problems that are permanent in nature.

Option 3. Expand the existing ED, employing current standards of hospital construction. The site of the BMCS physical plan has ample space to accommodate such construction, which would be easily integrated into the existing emergency services while providing space for visitor parking, space for ambulance services, and patient flow. BMCS has received assurances from its architect that the construction of an additional thirty (30) treatment areas, together with modifications to entry points, patient waiting areas, and registration areas can be completed within 10 months of initiation.

After reviewing the options, BMCS determined that Option 3 was the most viable option, meeting criteria for cost-effectiveness and clinical efficacy. Option 3 can be implemented in a timely manner and can be implemented in such a way that would allow for any future expansions of BMCS's inpatient capacity.

B. How will this project foster cost containment?

The Emergency ED Expansion Project will reduce several inefficiencies created by ED overcrowding and ED boarding. Specifically, when the BMCS ED is at capacity and beds are unavailable for ED patients requiring inpatient admission, BMCS is forced to provide inpatient care in the ED that would otherwise be administered in the inpatient setting. Maintaining "boarders" in the ED for inpatient care is costly and diverts resources that would otherwise be available for patients arriving at the ED for emergency treatment. As a result, the ED may be required to care for these boarders in crowded conditions for several hours or days, resulting in the ED's sub-optimal use of staff, support services, supplies, and equipment. The Emergency ED Expansion Project will reduce these costly inefficiencies by expanding BMCS's physical footprint and clinical capacity.

C. How does the proposal affect the quality of care and continuity of care for the patients involved?

The proposed Emergency ED Expansion Project will have a positive impact on the quality and the continuity of care for the patients receiving treatment. As noted, many patients depart the ED without seeing a provider due to long wait times. Many of these patients are underinsured or uninsured and have complex diseases and/or serious injuries. As a result of these patients leaving

without seeing a provider, these patients are more likely to return with a more serious condition than the patient presented with upon their original encounter.

Approval of the current proposal will expand access to the specialized services offered by BMCS as a Level II Trauma Center and will reduce the “door-to-provider” wait times.

V. DESCRIBE COMMUNITY REACTION TO THE PROJECT (Attach endorsements if desired)

The proposed ED expansion is supported by the residents in the BMCS ED service areas as well as physicians and public officials. See Exhibit E, Letters of Support for the emergency ED expansion project.

VI. NON-PATIENT CARE

If appropriate, describe any non-patient care objectives of the facility, i.e., professional training programs, access by health professional schools and behavioral research projects which are designed to meet a national need.

BMCS has clinical affiliation agreements with numerous educational institutions, making its facility, resources, and staff available to train physicians, nurses, and technicians in many medical disciplines. An expanded emergency department will enhance opportunities for clinical affiliations and training. A list of education affiliations of BMCS is provided in Exhibit I.

VII. MULTI-AREA PROVIDER

If the applicant holds itself as a multi-area provider, describe those factors that qualify it as such, including the percentage of admissions which resides outside the immediate health service area in which the facility is located.

BMCS does not represent itself as a multi-area provider. Nearly 80 percent of BMCS's acute care inpatient admissions are residents of a four-county primary service area. Approximately 90 percent of ED encounters are residents of the primary service area.

VIII. HEALTH MAINTENANCE ORGANIZATION

If the proposal is by or on behalf of a health maintenance organization (HMO), address the rules regarding HMOs, and show that the HMO is federally qualified.

Not applicable. The current proposal is not by or on behalf of a health maintenance organization.

IX. ENERGY-SAVING MEASURES

Discuss as applicable the principal energy-saving measures included in this project.

Construction associated with the additional physical space to accommodate the expanded ED will be consistent with current architectural and engineering standards. It will be implemented in accordance with BMCS's extensive energy management program that supports its energy savings measures.

X. OTHER FACTORS

Describe any other factor(s) that will assist in understanding and evaluating the proposed project, including the applicable criteria found at 410-1-6 of the Alabama Certificate of Need Program Rules and Regulations which are not included elsewhere in the application.

The applicable criteria found in **CON r. 410.1.6 et seq.** are addressed throughout the application. The following information confirms that the BMCS Emergency ED Expansion Project is consistent with the applicable criteria.

CON Rule 410-1-6-.01, CON Criteria. The BMCS ED Expansion Project is consistent with all required criteria standards and supplemental review criteria required at the time this application was first submitted to SHPDA.

CON Rule 410-1-6-.02, State Health Plan. The application for a CON and the BMCS Emergency ED Expansion Project are consistent with SHP and SHPDA regulations.

CON Rule 410-1-6-.03, Applicant Long Range Development Plan. See Part II, Section II, F of this application.

CON Rule 410-1-6-.04, Availability of Alternatives. See Part II, Section IV, A – C, of this application.

CON Rule 410-1-6-.05, Need for the Project. The criteria outlined in Rule 410-1-6-.05 are discussed at length throughout this application. The application (a) demonstrates the financial feasibility of the proposal, (b) sets forth specific information showing the need for the Project throughout the application, (c) provides evidence that the project is consistent with BMCS's and the community's overall health and health-related plans in Part II, Section II, D, (d) provides evidence that the project is consistent with the need to meet non-patient care objectives such as teaching, Section VI, (e) offers evidence of review of the proposed facility expansion or capital expenditure when appropriate and requested by state agencies, and (f) demonstrates the reasonable potential of the project to meet licensure standards as the ED is already operating pursuant to the standards of the Alabama Department of Public Health.

CON Rule 410-1-6-.06, Additional Criteria for Determining Need. Each criterion outlined in Rule 410-1-6-.06 is discussed at length throughout Part II of this application.

CON Rule 410-6-.07, Access to the Facility or Service. See Part II, Section I, D and Part V of this application.

CON Rule 410-1-6-.08, Relationship of Existing Health Care System. See Part II, Section III, A – E, of this application.

CON Rule 410-1-6-.09, Appropriate Applicant. See Part II, Section II, C of this application.

CON Rule 410-1-6-.11, Access by Health Professional Schools. See Part II, Section VI, of this application.

CON Rule 410-1-6-.12, Special Needs of Multi-Area Providers. See Part II, Section VII, of this application.

CON Rule 410-1-6-.14, Construction Projects. The BMCS Emergency ED Expansion Project has been developed to maximize cost containment, protect the environment, and conserve energy. Construction costs associated with the proposed project are reasonable. BMCS will provide evidence of appropriate zoning upon request by SHPDA.

See Part I, Section IV, for a detailed cost estimate, Exhibit F for detailed information from the architect for the Project and for schematic drawings for the facility, which will meet all ADA building standards. See also Part III, below.

CON Rule 410-1-6-.15, Supplemental Review Criteria. The ED expansion and the hospital renovation will conform to local zoning ordinances and building codes, as applicable, and will comply with all applicable state statutes and regulations for the protection of the environment.

CON Rule 410-1-6-.16, Compliance with State Licensure Rules, Regulations, and Standards. The proposed project will be constructed and operated in compliance with the appropriate state licensure rules, regulations, and standards. See Part VI of this application.

CON Rule 410-1-6-.17, Past Performance of Existing Services and Facilities. BMCS has a long history of furnishing professional, quality health care service for its patients. See Part II, Section II, C, for a discussion of the quality of care furnished by BMCS and its dedication to its patients and employees.

Complete the following if construction/renovation is involved in this project. Indicate N/A for any questions not applicable.

PART FOUR: UTILIZATION DATA AND FINANCIAL INFORMATION

This part should be completed for projects under \$500,000.00 and/or those projects for ESRD and home health. If this project is not one of the items listed above, please omit Part Four and complete Part Five. Indicate N/A for any questions not applicable.

I.	UTILIZATION	Years:	20_____	20_____	20_____	20_____
			CURRENT		PROJECTED	
	A. ESRD					
	# Patients		_____	_____	_____	_____
	# Procedures		_____	_____	_____	_____
	B. Home Health Agency					
	# Patients		_____	_____	_____	_____
	# of Visits		_____	_____	_____	_____
	C. New Equipment					
	# Patients		_____	_____	_____	_____
	# Procedures		_____	_____	_____	_____
	D. Other					
	# Patients		_____	_____	_____	_____
	# Procedures		_____	_____	_____	_____

II. PERCENT OF GROSS REVENUE

Source of Payment	Historical			Projected	
	20____	20____	20____	20____	20____
ALL Kids					
Blue Cross/Blue Shield					
Champus/Tricare					
Charity Care (see note below)					
Medicaid					
Medicare					
Other commercial insurance					
Self pay					
Other					
Veterans Administration					
Workers' Compensation					
TOTAL	%	%	%	%	%

Note: Refer to the Healthcare Financial Management Association (HFMA) Principles and Practices Board Statement Number 15, Section II.

III. CHARGE INFORMATION

- A. List schedule of current charges related to this project.**
- B. List schedule of proposed charges after completion of this project. Discuss the impact of project cost on operational costs and charges of the facility or service.**

PART FIVE: UTILIZATION DATA AND FINANCIAL INFORMATION

This part should be completed for projects which cost over \$500,000.00 or which propose a substantial change in service, or which would change the bed capacity of the facility in excess of ten percent (10%), or which propose a new facility. ESRD, home health, and projects that are under \$500,000.00 should omit this part and complete Part Four.

I. PERCENT OF GROSS REVENUE

Source of Payment	Historical			Projected	
	2021	2022	2023	2026	2027
ALL Kids					
Blue Cross/Blue Shield	21%	23%	23%	23%	23%
Champus/Tricare	2%	1%	1%	1%	1%
Charity Care (see note below)	4%	3%	3%	3%	3%
Medicaid	15%	15%	15%	15%	15%
Medicare	50%	49%	50%	50%	50%
Other commercial insurance	3%	3%	3%	3%	3%
Self pay	2%	2%	1%	1%	1%
Other					
Veterans Administration	2%	3%	3%	3%	3%
Workers' Compensation	0%	0%	0%	0%	0%
TOTAL	100%	100%	100%	100%	100%

Note: Refer to the Healthcare Financial Management Association (HFMA) Principles and Practices Board Statement Number 15, Section II.

II. CHARGE INFORMATION

C. List schedule of current charges related to this project.

Exhibit G provides charge information for the emergency department services that are maintained currently and will continue to be maintained as a part of the Emergency Expansion Project.

D. List schedule of proposed charges after completion of this project. Discuss the impact of project cost on operational costs and charges of the facility or service.

The proposed Emergency Expansion Project will have no impact on BMCS's current pricing or reimbursement for emergency room services. The charges for emergency room services will not change after completion of the proposed project.

III. INPATIENT UTILIZATION DATA

A. Historical Data

Give information for last three (3) years for which complete data is available.

OCCUPANCY DATA

Occupancy	Number of Beds			Admissions or Discharges			Total Patient Days			Percentage (%)		
	2021	2022	2023	2021	2022	2023	2021	2022	2023	2021	2022	2023
Medicine & Surgery	319	319	315	11,646	10,301	10,768	74,972	65,985	71,561	67%	67%	68%
Obstetrics	31	31	31	989	911	979	3,019	2,712	3,223	3%	3%	3%
Pediatrics												
Psychiatry	60	60	60	1,855	1,826	1,736	13,690	12,659	11,907	12%	13%	11%
Other	72	72	76	2,110	1,949	1,905	20,880	17,814	18,177	19%	18%	17%
TOTALS	482	482	482	16,600	14,987	15,388	112,561	99,170	104,868	100%	100%	100%

B. Projected Data

Give information to cover the first two (2) years of operation after completion of project.

OCCUPANCY DATA

Occupancy	Number of Beds		Admissions or Discharges		Total Patient Days		Percentage (%)	
	1st Year	2nd Year	1st Year	2nd Year	1st Year	2nd Year	1st Year	2nd Year
Medicine & Surgery	315	315	11,426	12,118	75,934	80,533	70%	71%
Obstetrics	31	31	979	979	3,223	3,223	6%	6%
Pediatrics								
Psychiatry	60	60	1,963	1,982	13,462	13,462	12%	12%
Other	76	76	1,905	1,905	18,177	18,177	12%	11%
TOTALS	482	482	16,273	16,984	110,796	115,529	100%	100%

IV. OUTPATIENT UTILIZATION DATA

A. HISTORICAL DATA

	Number of Outpatient Visits			Percentage of Outpatient Visits		
	2021	2022	2023	2021	2022	2023
Clinical	209,095	220,877	225,700	60%	59%	60%
Diagnostic	123,118	138,828	134,773	35%	37%	36%
Rehabilitation	9,486	8,856	5,956	3%	2%	2%
Surgical	9,571	8,847	9,257	3%	2%	2%

B. PROJECTED DATA

	Number of Outpatient Visits		Percentage of Outpatient Visits	
	1st year	2nd year	1st year	2nd year
Clinical	235,282	240,487	60%	61%
Diagnostic	138,857	140,245	36%	35%
Rehabilitation	6,136	6,198	2%	2%
Surgical	9,537	9,633	2%	2%

V. A. ORGANIZATION FINANCIAL INFORMATION

STATEMENT OF INCOME AND EXPENSE	HISTORICAL DATA (Give information for last 3 years for which complete data are available)			PROJECTED DATA (First 2 years after completion of project)	
	2021 (Total)	2022 (Total)	2023 (Total)	2026 (Total)	2027 (Total)
Revenue from Services to Patients					
Inpatient Services					
Routine (nursing service areas)	922,681,490	889,306,087	848,078,481	915,358,810	933,208,306
Other					
Outpatient Services	750,238,193	813,221,334	872,124,324	908,800,520	926,522,130
Emergency Services	101,596,432	86,773,764	83,442,234	96,156,189	98,031,235
Gross Patient Revenue	1,774,516,115	1,789,301,184	1,803,645,039	1,920,315,519	1,957,761,671
Deductions from Revenue					
Contractual Adjustments	1,078,595,125	1,075,238,510	1,074,731,816	1,114,365,768	1,136,095,900
Discount/Miscellaneous Allowances					
Total Deductions	1,078,595,125	1,075,238,510	1,074,731,816	1,114,365,768	1,136,095,900
NET PATIENT REVENUE (Gross patient revenue less deductions)	695,920,990	714,062,674	728,913,223	805,949,751	823,665,771
Other Operating Revenue	2,375,856	2,594,312	4,068,935	2,760,743	2,814,577
NET OPERATING REVENUE	698,296,846	716,656,986	732,982,158	808,710,494	824,480,348
OPERATING EXPENSES					
Salaries, Wages, and Benefits	200,433,303	232,624,228	212,992,865	241,656,142	246,368,437
Physician Salaries and Fees	30,811,518	34,619,012	36,228,832	43,081,949	43,922,047
Supplies and other	205,078,849	214,138,884	215,467,818	237,867,144	242,505,554
Uncompensated Care (less recoveries) per State Health Plan 410-2-2-.06(d)	91,431,669	83,641,574	83,419,292	86,785,119	88,477,429
Other Expenses	120,742,527	122,305,534	126,279,310	145,624,028	148,463,697
Total Operating Expenses	648,497,866	687,329,230	674,388,116	755,014,382	769,737,163
NON-OPERATING EXPENSES					
Taxes					
Depreciation	19,756,632	20,894,740	20,842,343	22,382,015	22,818,465
Interest (other than mortgage)	6,594,633	6,137,093	8,707,129	9,765,786	9,956,219
Existing Capital Expenditures				N/A	N/A
Interest				N/A	N/A
Total Non-Operating Expenses	26,521,265	27,031,833	29,549,472	32,147,801	32,774,683
TOTAL EXPENSES (Operating & Capital)	674,849,131	714,361,064	703,937,588	787,162,183	802,511,846
Operating Income (Loss)	23,499,040	2,295,922	29,044,570	19,775,281	20,160,899
Other Revenue (Expense) -- Net	82,000,243	(26,998,950)	32,478,672	55,182,265	56,258,319
NET INCOME (Loss)	105,499,284	(24,703,027)	61,523,242	76,730,575	78,226,821
Projected Capital Expenditure	N/A	N/A	N/A		
Interest	N/A	N/A	N/A		

C. PROJECT SPECIFIC FINANCIAL INFORMATION

STATEMENT OF INCOME AND EXPENSE	HISTORICAL DATA (Give information for last 3 years for which complete data are available)			PROJECTED DATA (First 2 years after completion of project)	
	2021 (Total)	2022 (Total)	2023 (Total)	2026 (Total)	2027 (Total)
Revenue from Services to Patients					
Inpatient Services					
Routine (nursing service areas)				7,699,323	7,833,291
Other					
Outpatient Services				1,497,861	1,523,923
Emergency Services				9,972,785	10,146,311
Gross Patient Revenue				19,169,969	19,503,525
Deductions from Revenue					
Contractual Adjustments				12,970,400	13,196,085
Discount/Miscellaneous Allowances					
Total Deductions				12,970,400	13,196,085
NET PATIENT REVENUE (Gross patient revenue less deductions)				6,199,569	6,307,440
Other Operating Revenue					
NET OPERATING REVENUE				6,199,569	6,307,440
OPERATING EXPENSES					
Salaries, Wages, and Benefits				5,245,316	5,336,584
Physician Salaries and Fees				5,243,967	5,335,212
Supplies and other				1,344,819	1,368,219
Uncompensated Care (less recoveries) per State Health Plan 410-2-2-.06(d)				1,431,997	1,456,913
Other Expenses				78,338	79,701
Total Operating Expenses				13,344,437	13,576,629
NON-OPERATING EXPENSES					
Taxes					
Depreciation				641,714	641,714
Interest (other than mortgage)					
Existing Capital Expenditures				N/A	N/A
Interest				N/A	N/A
Total Non-Operating Expenses				641,714	641,714
TOTAL EXPENSES (Operating & Capital)				13,986,151	14,218,343
Operating Income (Loss)				(7,786,582)	(7,910,903)
Other Revenue (Expense) – Net					
NET INCOME (Loss)				(7,786,582)	(7,910,903)
Projected Capital Expenditure	N/A	N/A	N/A		
Interest	N/A	N/A	N/A		

STATEMENT OF COMMUNITY PARTNERSHIP FOR EDUCATION AND REFERRALS

- A. This section is declaration of those activities your organization performs outside of inpatient and outpatient care in the community and for the underserved population. Please indicate historical and projected data by expenditures in the columns specified below.

Services and/or Programs	Historical Data (total dollars spent in last 3 years)			Projected Data (total dollars budgeted for next 2 years)	
	FY22	FY23	FY24	FY25	FY26
Health Education (nutrition, fitness, etc.)	\$20,000	\$20,000	\$20,000	\$21,000	\$21,000
Community service workers (school nurses, etc.)	\$22,000	\$22,000	\$22,000	\$25,000	\$25,000
Health screenings	\$16,000	\$16,000	\$16,000	\$17,000	\$17,000
Other	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000
TOTAL	\$61,000	\$61,000	\$61,000	\$66,000	\$66,000

- B. Please describe how the new services specified in this project application will be made available to and address the needs of the underserved community. If the project does not involve new services, please describe how the project will address the underserved population in your community.

The BMCS ED provides an important point of entry for medically underserved residents of the service area, many of whom are uninsured and/or receive no primary medical care. The expansion of the ED will allow these patients to receive more timely and efficient treatment when presenting to the ED.

- C. Please briefly describe some of the current services or programs presented to the underserved in your community.

In addition to participating with local medical education resources, BMCS has developed a "Baptist Health Center for Wellbeing Business Plan" for community outreach to patients with complex medical needs. It includes a "CareAdvisor Program" intended to improve accessibility to medically underserved, low income, and underinsured residents of central Alabama. A copy of this plan is included in Exhibit J.

PART SIX: ACKNOWLEDGEMENT AND CERTIFICATION BY THE APPLICANT

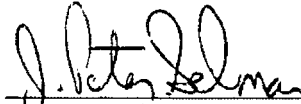
I. ACKNOWLEDGEMENT

In submitting this application, the applicant understands and acknowledges that:

- A. The rules, regulations and standards for health facilities and services promulgated by the SHPDA have been read, and the applicant will comply with same.
- B. The issuance of a Certificate of Need ("CON") will depend on the approval of the CON Review Board, and no attempt to provide the service or incur an obligation will be made until a bona fide certificate of need is issued.
- C. The CON will expire in twelve (12) months after date of issuance, unless an extension is granted pursuant to the applicable portions of the SHPDA rules and regulations.
- D. The CON is not transferrable, and any action to transfer or assign the certificate will render it null and void.
- E. The applicant will notify the SHPDA when a project is started, completed, or abandoned.
- F. The applicant shall file a progress report on each active project every six (6) months until the project is completed.
- G. The applicant must comply with all state and local building codes, and failure to comply will render the certificate of need null and void.
- H. The applicants and their agents will construct and operate in compliance with appropriate state licensure rules, regulations, and standards.
- I. Projects are limited to the work identified in the CON as issued.
- J. Any expenditure in excess of the amount approved on the CON must be reported to the SHPDA and may be subject to review.
- K. The applicant will comply with all state statutes for the protection of the environment.
- L. The applicant is not presently operating with a probational (except as may be converted by this application) or revoked license.

I. CERTIFICATION

The information contained in this application is true and correct to the best of my knowledge and belief.



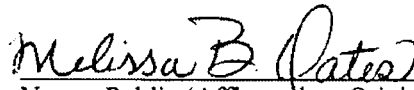
Signature of Applicant

J. Peter Selman, CEO BMCS

Applicant's Name and Title

(Type or Print)

25th day of September 2024



Notary Public (Affix seal on Original)



Author: Alva M. Lambert

Statutory Authority: §§ 22-21-267, -271, -275, Code of Alabama, 1975

History: Amended: March 19, 1996; July 25, 2002; Filed: July 22, 2013; effective August 26, 2013.

TABLE OF EXHIBITS

BAPTIST MEDICAL CENTER SOUTH ED EXPANSION

EXHIBIT	DESCRIPTION
A	Acute Care Patient Origin Data
B	Emergency Department Patient Origin Data and Map of ED Service Area
C	MUAs and MUPs by County
D	Acute Care Hospitals with Emergency Departments
E	Letters of Support
F	Schematic Drawings
G	Current and Proposed Charges
H	Assumptions for Financial Projections
I	Educational Affiliations
J	Baptist Health Center for Wellbeing Business Plan

EXHIBIT A
ACUTE CARE PATIENT ORIGIN DATA

FY19-23 BMCS	FY21	FY21	FY22	FY22	FY23	FY23
SERVICE AREA	IP	% of Total	IP	% of Total	IP	% of Total
DISCHARGES	DISCHARGES	DISCHARGES	DISCHARGES	DISCHARGES	DISCHARGES	DISCHARGES
PSA						
MONTGOMERY	9,382	54.7%	8,328	52.7%	8,292	53.9%
ELMORE	2,153	12.5%	2,026	12.8%	1,950	12.7%
AUTAUGA	1,568	9.1%	1,392	8.8%	1,406	9.1%
DALLAS	-	-	549	3.5%	-	-
PSA Total	13,103	76.3%	12,295	77.8%	11,648	75.8%
SSA						
DALLAS	605	3.5%	-	-	512	3.3%
LOWNDES	495	2.9%	487	3.1%	422	2.7%
PIKE	377	2.2%	332	2.1%	383	2.5%
BUTLER	362	2.1%	349	2.2%	335	2.2%
BULLOCK	295	1.7%	261	1.7%	219	1.4%
MACON	-	-	212	1.3%	197	1.3%
CRENSHAW	245	1.4%	218	1.4%	193	1.3%
LEE	-	-	156	1.0%	-	-
SSA Total	2,379	13.9%	2,015	12.8%	2,261	14.7%
PSA + SSA TOTAL	15,482	90.2%	14,310	90.6%	13,909	90.5%
TSA						
MACON	216	1.3%	-	-	-	-
LEE	117	0.7%	-	-	153	1.0%
CHILTON	138	0.8%	148	0.9%	108	0.7%
WILCOX	168	1.0%	133	0.8%	105	0.7%
TALLAPOOSA	102	0.6%	109	0.7%	94	0.6%
COVINGTON	64	0.4%	72	0.5%	84	0.5%
COFFEE	67	0.4%	55	0.3%	65	0.4%
BARBOUR	0	-	0	-	59	0.4%
TALLADEGA	0	-	48	0.3%	55	0.4%
JEFFERSON	0	-	43	0.3%	0	-
COOSA	0	-	42	0.3%	0	-
DALE	0	-	44	0.3%	0	-
TSA Total	872	5.1%	694	4.4%	723	4.7%
TOTAL SERVICE AREA	16,354	95.3%	15,004	95.0%	14,632	95.2%
Outside Service Area AL	595	3.5%	500	3.2%	502	3.3%
Out of State	215	1.3%	292	1.8%	242	1.6%
TOTAL ACUTE IP DISCHARGES	17,164	100.0%	15,796	100.0%	15,376	100.0%

EXHIBIT B
EMERGENCY DEPARTMENT PATIENT ORIGIN DATA
AND
MAP OF ED SERVICE AREA

BMCS ED SERVICE AREA		FY21		FY22		FY23	
PATIENT ZIP	PATIENT COUNTY	ED ENCOUNTERS	% of TOTAL	ED ENCOUNTERS	% of TOTAL	ED ENCOUNTERS	% of TOTAL
PSA							
36116	MONTGOMERY	11,357	22.8%	11,195	23.2%	10,585	23.4%
36108	MONTGOMERY	6,139	12.3%	5,852	12.1%	5,571	12.3%
36105	MONTGOMERY	4,161	8.3%	4,137	8.6%	3,885	8.6%
36111	MONTGOMERY	3,474	7.0%	3,359	6.9%	3,113	6.9%
36117	MONTGOMERY	2,362	4.7%	2,247	4.6%	2,315	5.1%
36110	MONTGOMERY	1,684	3.4%	1,745	3.6%	1,547	3.4%
36109	MONTGOMERY	1,721	3.4%	1,657	3.4%	1,482	3.3%
36104	MONTGOMERY	1,558	3.1%	1,481	3.1%	1,385	3.1%
36106	MONTGOMERY	1,510	3.0%	1,383	2.9%	1,339	3.0%
36067	AUTAUGA	1,244	2.5%	1,059	2.2%	1,050	2.3%
36107	MONTGOMERY	1,101	2.2%	1,049	2.2%	936	2.1%
36040	LOWNDES	869	1.7%	797	1.6%	810	1.8%
36092	ELMORE	887	1.8%	835	1.7%	763	1.7%
PSA Total		38,077	76.3%	36,796	76.1%	34,801	76.7%
SSA							
36054	ELMORE	715	1.4%	599	1.2%	599	1.3%
36066	AUTAUGA	707	1.4%	663	1.4%	588	1.3%
36043	MONTGOMERY	559	1.1%	479	1.0%	500	1.1%
36701	DALLAS	531	1.1%	517	1.1%	452	1.0%
36022	ELMORE	459	0.9%	424	0.9%	404	0.9%
36064	MONTGOMERY	290	0.6%	334	0.7%	337	0.7%
36037	BUTLER	399	0.8%	353	0.7%	324	0.7%
36081	PIKE	292	0.6%	290	0.6%	302	0.7%
36089	BULLOCK	348	0.7%	338	0.7%	297	0.7%
36093	ELMORE	327	0.7%	310	0.6%	290	0.6%
36078	ELMORE	381	0.8%	386	0.8%	286	0.6%
36069	MONTGOMERY	263	0.5%	256	0.5%	266	0.6%
36025	ELMORE	239	0.5%	237	0.5%	240	0.5%
36752	LOWNDES	225	0.5%	183	0.4%	222	0.5%
36703	DALLAS	231	0.5%	235	0.5%	205	0.5%
36032	LOWNDES	254	0.5%	211	0.4%	202	0.4%
36047	LOWNDES	219	0.4%	233	0.5%	182	0.4%
36785	LOWNDES	177	0.4%	170	0.4%	164	0.4%
36083	MACON	166	0.3%	176	0.4%	162	0.4%
36036	MONTGOMERY			167	0.3%	149	0.3%
36024	ELMORE			139	0.3%		
36046	MONTGOMERY	173	0.3%	154	0.3%		
SSA Total		6,955	13.9%	6,854	14.2%	6,171	13.6%
PSA + SSA Total		45,032	90.2%	43,650	90.3%	40,972	90.3%
TSA							
36024	ELMORE	154	0.3%			136	0.3%
36079	PIKE	123	0.2%	139	0.3%	134	0.3%
36046	MONTGOMERY					131	0.3%
36003	AUTAUGA	122	0.2%	108	0.2%	124	0.3%
36041	CRENSHAW	136	0.3%	108	0.2%	111	0.2%
36049	CRENSHAW	127	0.3%	126	0.3%	100	0.2%
36726	WILCOX	116	0.2%	85	0.2%	71	0.2%
35045	CHILTON	85	0.2%	75	0.2%	68	0.1%
36080	ELMORE	72	0.1%	121	0.3%	67	0.1%
36033	BUTLER	76	0.2%	82	0.2%	64	0.1%
36052	MONTGOMERY	69	0.1%	67	0.1%	64	0.1%
36051	AUTAUGA	85	0.2%	95	0.2%	64	0.1%
36020	ELMORE	70	0.1%	76	0.2%	61	0.1%
36075	MACON	66	0.1%	61	0.1%	60	0.1%
36088	MACON	39	0.1%	55	0.1%	59	0.1%
36120	MONTGOMERY	42	0.1%	70	0.1%	57	0.1%
36761	DALLAS	76	0.2%	62	0.1%	51	0.1%
36775	DALLAS	36	0.1%	40	0.1%	49	0.1%
35010	TALLAPOOSA	57	0.1%	61	0.1%	49	0.1%
36010	PIKE	61	0.1%	76	0.2%	48	0.1%
36042	CRENSHAW	50	0.1%	35	0.1%	47	0.1%
36767	DALLAS	50	0.1%	46	0.1%	46	0.1%
36830	LEE	48	0.1%	37	0.1%	45	0.1%
36053	BULLOCK	54	0.1%	51	0.1%	44	0.1%
36027	BARBOUR					43	0.1%
36029	BULLOCK	59	0.1%	54	0.1%	38	0.1%
36035	PIKE	44	0.1%	39	0.1%	38	0.1%
36759	DALLAS					35	0.1%
36115	MONTGOMERY			27	0.1%	35	0.1%
36125	MONTGOMERY	44	0.1%	31	0.1%	34	0.1%
36832	LEE			26	0.1%	33	0.1%
36091	CHILTON	64	0.1%	42	0.1%	32	0.1%
36456	BUTLER			37	0.1%	32	0.1%
35150	TALLADEGA					31	0.1%
36401	CONECUH	44	0.1%	44	0.1%	30	0.1%
36749	AUTAUGA			41	0.1%	29	0.1%
36801	LEE			38	0.1%	29	0.1%
36036	MONTGOMERY	136	0.3%				
36420	COVINGTON			28	0.1%		
36099	CRENSHAW	31	0.1%				
35046	CHILTON			30	0.1%		
36768	WILCOX			30	0.1%		
36360	DALE	38	0.1%				
36853	TALLAPOOSA	32	0.1%	29	0.1%		
36123	MONTGOMERY			33	0.1%		
35211	JEFFERSON	32	0.1%	31	0.1%		
36866	MACON	46	0.1%	36	0.1%		
36301	HOUSTON			38	0.1%		
36330	COFFEE	36	0.1%				
TSA Total		2,420	4.8%	2,310	4.8%	2,189	4.8%
TOTAL SERVICE AREA		47,452	95.1%	45,960	95.0%	43,161	95.1%
Outside Service Area AL		1,702	3.4%	1,514	3.1%	1,432	3.2%
Out of State		753	1.5%	883	1.8%	776	1.7%
TOTAL BMCS ED ENCOUNTERS		49,907	100.0%	48,357	100.0%	45,369	100.0%

Baptist Medical Center South Emergency Department Service Area

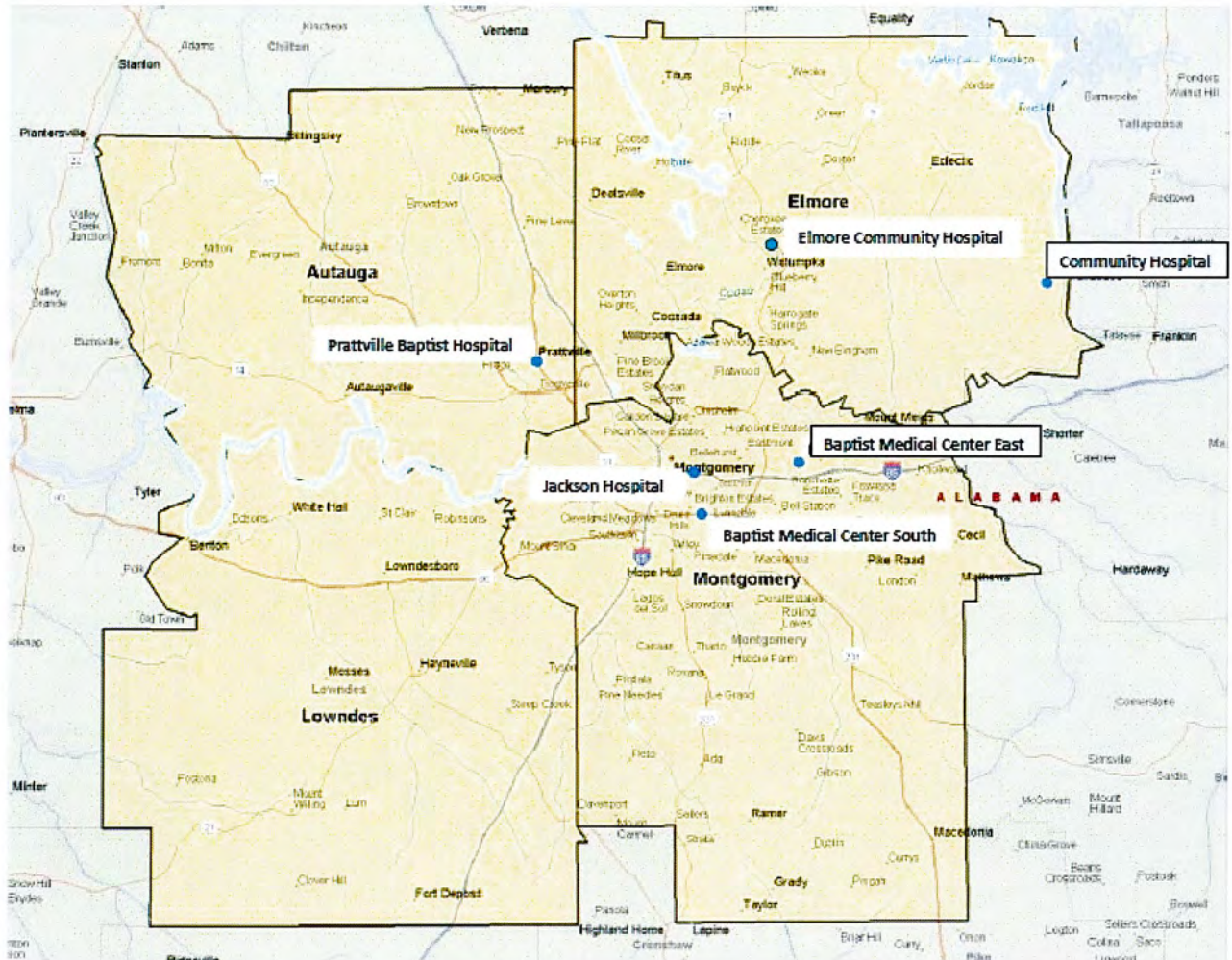


EXHIBIT C
MUAs AND MUPs BY COUNTY

Medically Underserved Areas/Populations (MUA/Ps)



EXHIBIT D
ACUTE CARE HOSPITALS WITH EMERGENCY DEPARTMENTS
IN BMCS ED SERVICE AREA

Acute Care Hospitals with Emergency Departments In BMCS ED Service Area						
Hospital	City	County	Beds (SUS)	ED Treatment Rooms	ED Visits	Year
BMC-South	Montgomery	Montgomery	300	51	50,619	2023
BMC-East	Montgomery	Montgomery	176	42	54,130	2023
Jackson Hospital	Montgomery	Montgomery	178	14	54,829	2023
Prattville Baptist Hospital	Plattville	Autauga	49	17	29,827	2023
Jackson Hospital	Montgomery	Montgomery	178	14	54,829	2023
Elmore Community Hospital	Wetumpka	Elmore	49	6	9,576	2023
Community Hospital	Tallassee	Elmore	37	4	7,179	2023

Note: (a) SUS – Set Up and Staffed

Source: Hospital Annual Reports

EXHIBIT E
LETTERS OF SUPPORT



Baptist Medical Center South

2105 East South Boulevard
PO Box 11010
Montgomery, AL 36111-0010
Tel.: 334-286-2100

September 9, 2024

Emily T. Marsal
Executive Director
State Health Planning & Development Agency
100 North Union Street, Suite 870
Montgomery, Alabama 35104

Re: Baptist Medical Center South Emergency Room Expansion Project

Dear Ms. Marsal:

I understand that Baptist Medical Center South will be submitting a Certificate of Need application requesting approval to expand its Emergency Department. As Chief of Staff and Director of the Montgomery Family Medicine Residency Program, I urge you to approve this much needed expansion.

The current Emergency Department does not have sufficient capacity to accommodate the high volume of patients who seek care. The lack of capacity in the Emergency Department has not only put a significant strain on the care provided in our community, but also on the physicians and staff who are providing such care. A hallway bed is not ideal for providing direct emergency care, having sensitive conversations with a patient, or preventing the spread of contagious illnesses among patients. The lack of capacity not only affects the number of patients we are able to treat, but also affects the care provided.

Baptist Medical Center South's Emergency Department serves Montgomery and the entire Central Alabama region. As the region's only Level II trauma center, access to its services is critical for patients who present directly for emergency treatment as well as patients who are transferred from smaller hospitals who require a higher level of care than can be provided locally. Not expanding our capacity to meet our community's demand for quality emergency services would have a significant impact on our community.

For these reasons, I ask for your favorable consideration of this application.

Sincerely,

A handwritten signature in blue ink that reads "V. Gupta, MD" with a stylized flourish at the end.

Vikas Gupta, M.D.
Chief of Staff, Baptist Medical Center South

September 9, 2024

Emily T. Marsal
Executive Director
State Health Planning & Development Agency
100 North Union Street, Suite 870
Montgomery, Alabama 35104

Re: Baptist Medical Center South Emergency Room Expansion Project

Dear Ms. Marsal:

I fully support Baptist Medical Center South's Certificate of Need application requesting approval to expand its Emergency Department. As a trauma surgeon, who practices at Baptist Medical Center South, I see the imminent need to expand the Emergency Department every day. As the access to trauma services in our region is becoming more limited and the need for trauma services has significantly increased, these additional beds are essential to providing critical care in our community.

Currently, the Emergency Department does not have sufficient capacity to accommodate the high volume of patients who seek care. Baptist Medical Center South's Emergency Department serves Montgomery and the entire Central Alabama region. As the region's only Level II trauma center, access to these services is critical for patients who present directly for emergency treatment as well as patients who are transferred from smaller/rural hospitals who require a higher level of care than can be provided locally.

As patients are treated in hallways, the current overcrowded conditions and lack of additional rooms sometimes require that the Emergency Department go on diversion or close to transfers from other hospitals, which restrict access to needed emergency treatment.

I ask for your favorable consideration of this application.

Sincerely,


John Mark Vermillion, M.D.



Baptist Medical Center South

2105 East South Boulevard
PO Box 11010
Montgomery, AL 36111-0010
Tel.: 534-286-2100

September 10, 2024

Emily T. Marsal
Executive Director
State Health Planning & Development Agency
100 North Union Street, Suite 870
Montgomery, Alabama 35104

Re: Baptist Medical Center South Emergency Room Expansion Project

Dear Ms. Marsal:

I understand that Baptist Medical Center South will be submitting a Certificate of Need application requesting approval to expand its Emergency Department. As the Baptist Medical Center South Emergency Department Director, I strongly urge you to approve this much needed expansion.

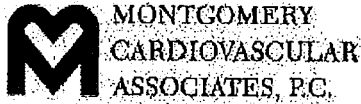
The current Emergency Department does not have sufficient capacity to accommodate the high volume of patients who seek care. As the region's only Level II trauma center, its limited space currently restricts the number of patients that may received emergency treatment in addition to placing enormous pressure and stress on our staff to provide the necessary level of care to patients in the hallways. As the Emergency Department Director, I witness our staff's daily struggles with walking patients in a crowded Emergency Department, maintaining a patient's privacy when explaining treatment and diagnoses to a patient in a hallway bed, and addressing patient and staff safety when patients with a propensity to violence are in a hallway bed. The additional space would alleviate a lot of these issues and allow our staff to continue to provide the appropriate level of emergency care to our community.

Therefore, on behalf of the Emergency Department leaders and staff, I encourage you to approve this request for expansion.

Sincerely,

A handwritten signature in blue ink, appearing to read "Wes Kelley", is written over the printed name.

Wes Kelley
Emergency Department Director, Baptist Medical Center South



H Forrest Flemming, MD
Paul B Moore, MD
Wynne Crawford, MD
R Eric Crum, MD

Amy B Cooper, MD
Scott W Sims, MD
Ashwini Sharma, MD
John O. Kolawole, MD

September 10, 2024

Emily T. Marsal
Executive Director
State Health Planning & Development Agency
100 North Union Street, Suite 870
Montgomery, Alabama 35104

Re: Baptist Medical Center South Emergency Room Expansion Project

Dear Ms. Marsal:

I understand that Baptist Medical Center South will be submitting a Certificate of Need application requesting approval to expand its Emergency Department. As a physician who practices at Baptist Medical Center South and a member of the Baptist Medical Center South Advisory Board, I cannot stress the importance of this expansion for the hospital and the residents of our region.

The current Emergency Department does not have sufficient capacity to accommodate the high volume of patients who seek care. As President of Montgomery Cardiology Associates, P.C., my cardiology practice provides emergency cardiology coverage for the Emergency Department. As part of such coverage, we see a large number of patients, who live throughout Montgomery and the entire Central Alabama region, who are experiencing cardiac events. As the region's only Level II trauma center, our current Emergency Department does not have the capacity to meet our community's needs.

The current overcrowded conditions sometimes require that the Emergency Department go on diversion or close to transfers from other hospitals, which restrict access to needed emergency treatment, leading to an increase in patients not receiving the necessary care for their cardiac-related emergency(ies). Furthermore, a hallway bed is not ideal for treating a patient with a cardiac-related emergency. The additional space will assist in more patients being seen in a more personalized and private setting.

Therefore, I ask for your favorable consideration of this application.

Sincerely,

A handwritten signature in black ink, appearing to read 'Paul B. Moore', written over a horizontal line.

Paul B. Moore, M.D.
President, Montgomery Cardiology Associates, P.C.
Baptist Medical Center South Advisory Board Member





Baptist Medical Center South

2105 East South Boulevard
PO Box 11010
Montgomery, AL 36111-0010
Tel.: 554-286-2100

September 9, 2024

Emily T. Marsal
Executive Director
State Health Planning & Development Agency
100 North Union Street, Suite 870
Montgomery, Alabama 35104

Re: Baptist Medical Center South Emergency Room Expansion Project

Dear Ms. Marsal:

I understand that Baptist Medical Center South will be submitting a Certificate of Need application requesting approval to expand its Emergency Department. As the Medical Director at Baptist Medical Center South Emergency Department, I strongly urge you to approve this much needed and timely expansion.

Currently, the Emergency Department lacks sufficient capacity to accommodate the high volume of patients who seek care. Unfortunately, as a result of the limited space available in the Emergency Department, we are forced to go on diversion or deny transfers from other hospitals, which restricts access to patients in need of emergency treatment. Furthermore, we continue to be forced to place patients in hallway beds for long periods of their stay because we do not have the necessary beds available. These overcrowded conditions often create secondary issues for staff including, but not limited to individualized treatment of the patient, accommodating patient visitors, and patient privacy.

As the region's only Level II trauma center, it is very important that we provide the necessary facility and services to accommodate our community's need for emergency services. This additional space is necessary for our providers and staff to continue to provide the quality emergency services to our community and region. Therefore, I ask for your favorable consideration of this application.

Sincerely,

A handwritten signature in blue ink, appearing to read "John Sullivan", with a stylized flourish at the end.

John Sullivan, M.D.



City of **Montgomery**, *Alabama*

September 19, 2024

Emily T. Marsal
Executive Director
State Health Planning & Development Agency
100 North Union Street, Suite 870
Montgomery, Alabama 35104

Re: Baptist Medical Center South Emergency Room Expansion Project

Dear Ms. Marsal:

As Mayor of the City of Montgomery, I am proud to write in support of Baptist Medical Center South's Certificate of Need application to expand its Emergency Department. The Emergency Department needs additional space to serve all patients who require emergent care in our community. As the region's only Level II trauma center, ensuring that Baptist Medical Center South has the necessary resources, including the capacity to treat members of our community in the Emergency Department, is essential to the well-being of the tri-county area.

As Mayor, I am critically aware of the degree to which our community relies on Baptist Medical Center South for specialized emergency care. I know the Emergency Department is frequently at capacity, resulting in long wait times for patients seeking care. Unfortunately, these issues often result in members of our community leaving the hospital without being seen or driving a substantial distance to another facility to receive such treatment – placing their health at a significant risk. Treating the emergent needs of our citizens adequately is an essential part of improving our community's access to health care. Patients can remain in the community with a larger Emergency Department to receive needed care. As our community continues to grow, we must meet its growing healthcare needs.

On behalf of our community, I ask that you approve this much-needed project for the citizens of our region.

Sincerely,

Steven L. Reed

**WILL BARFOOT**

State Senator District 25
11 South Union Street, Suite 730
Montgomery, Alabama 36130
Telephone: (334) 261-0895
Email: will.barfoot@alsenate.gov

ALABAMA STATE SENATE

11 SOUTH UNION STREET, 7TH FLOOR
MONTGOMERY, ALABAMA 36130-4600

COMMITTEES:

Judiciary-Chair
Agriculture, Conservation, & Forestry
Banking & Insurance
Transportation & Energy
Veterans, Military Affairs, & Public
Safety

September 10, 2024

Emily T. Marsal
Executive Director
State Health Planning & Development Agency
100 North Union Street, Suite 870
Montgomery, Alabama 35104

Re: Baptist Medical Center South Emergency Room Expansion Project

Dear Ms. Marsal:

I am writing in support of Baptist Medical Center South's Certificate of Need application to expand its Emergency Department. The Emergency Department needs additional space to be able to serve all the patients who require emergent care in our community. As the region's only Level II trauma center, ensuring that Baptist Medical Center South has the necessary resources, including the capacity to treat members of our community in the Emergency Department, is essential to the well-being of the tri-county area.

Our community relies on Baptist Medical Center South for specialized emergency care. I am aware that the Emergency Department is frequently at capacity, resulting in long wait times for patients seeking care. Unfortunately, these issues often result in members of our community leaving the hospital without being seen or driving a substantial distance to another facility to receive such treatment – placing their health at a significant risk. Being able to adequately treat the emergent needs of our citizens is an essential part of improving our community's access to health care. With a larger Emergency Department, patients can remain in the community to receive needed care. As our community continues to grow, it is essential that we meet its growing health care needs.

As a leader in our community, I ask that you approve this much needed project for the citizens of our region.

Sincerely,

A handwritten signature in black ink, reading "Will Barfoot".

Will Barfoot
Alabama State Senator, District 25



REPRESENTATIVE PHILLIP ENSLER

ALABAMA STATE HOUSE 11 SOUTH UNION STREET

MONTGOMERY, ALABAMA 36130

334-235-9814

PHILLIP.ENSLE@ALHOUSE.GOV

September 10, 2024

Emily T. Marsal
Executive Director
State Health Planning & Development Agency
100 North Union Street, Suite 870
Montgomery, Alabama 35104

Re: Baptist Medical Center South Emergency Room Expansion Project

Dear Ms. Marsal:

I am writing in support of Baptist Medical Center South's Certificate of Need application to expand its Emergency Department. The Emergency Department needs additional space to be able to serve all of the patients who require emergent care in our community. As the region's only Level II trauma center, ensuring that Baptist Medical Center South has the necessary resources, including the capacity to treat members of our community in the Emergency Department, is essential to the well-being of the tri-county area.

Our community relies on Baptist Medical Center South for specialized emergency care. I am aware that the Emergency Department is frequently at capacity, resulting in long wait times for patients seeking care. Unfortunately, these issues often result in members of our community leaving the hospital without being seen or driving a substantial distance to another facility to receive such treatment – placing their health at a significant risk. Being able to adequately treat the emergent needs of our citizens is an essential part of improving our community's access to health care. With a larger Emergency Department, patients can remain in the community to receive needed care. As our community continues to grow, it is essential that we meet its growing health care needs.

As a leader in our community, I ask that you approve this much needed project for the citizens of our region.

Sincerely,

A handwritten signature in cursive script that reads "Phillip Ensler".

Phillip Ensler



**ALABAMA
HOUSE OF REPRESENTATIVES**

11 SOUTH UNION STREET, MONTGOMERY, ALABAMA 36130

REP. PATRICE "PENNI" MCCLAMMY
DISTRICT 76
POST OFFICE BOX 251624
MONTGOMERY, ALABAMA 36125

CELL: 334-414-7345
EMAIL: patricemcclammy@aol.com

September 10, 2024

Emily T. Marsal
Executive Director
State Health Planning & Development Agency
100 North Union Street, Suite 870
Montgomery, Alabama 35104

Re: Baptist Medical Center South Emergency Room Expansion Project

Dear Ms. Marsal:

I am writing in support of Baptist Medical Center South's Certificate of Need application to expand its Emergency Department. The Emergency Department needs additional space to be able to serve all of the patients who require emergent care in our community. As the region's only Level II trauma center, ensuring that Baptist Medical Center South has the necessary resources, including the capacity to treat members of our community in the Emergency Department, is essential to the well-being of the tri-county area.

Our community relies on Baptist Medical Center South for specialized emergency care. I am aware that the Emergency Department is frequently at capacity, resulting in long wait times for patients seeking care. Unfortunately, these issues often result in members of our community leaving the hospital without being seen or driving a substantial distance to another facility to receive such treatment – placing their health at a significant risk. Being able to adequately treat the emergent needs of our citizens is an essential part of improving our community's access to health care. With a larger Emergency Department, patients can remain in the community to receive needed care. As our community continues to grow, it is essential that we meet its growing health care needs.

As a leader in our community, I ask that you approve this much needed project for the citizens of our region.

Sincerely,

A handwritten signature in blue ink that reads "Patrice McClammy". The signature is fluid and cursive.

Patrice McClammy



ALABAMA STATE SENATE

ALABAMA STATE HOUSE

11 SOUTH UNION STREET - ROOM 738
MONTGOMERY, ALABAMA 36130-4600
STATE HOUSE: 334.261.9001

ALABAMA

Kirk Hatcher

STATE SENATOR 26TH DISTRICT
P.O. BOX 6213
MONTGOMERY, ALABAMA 36106
kirk.hatcher@alsenate.gov

Committees:

Finance & Taxation Education
Education Policy
Confirmations
Banking & Insurance
Fiscal Responsibility & Economic Development (Local)
Veterans, Military Affairs & Public Safety
County & Municipal Government

September 10, 2024

Emily T. Marsal
Executive Director
State Health Planning & Development Agency
100 North Union Street, Suite 870
Montgomery, AL 36104

RE: Baptist Medical Center South Emergency Room Expansion Project

Dear Ms. Marsal,

I am writing in support of Baptist Medical Center South's Certificate of Need application to expand its Emergency Department. The Emergency Department needs additional space to be able to serve all the patients who require emergent care in our community. As the region's only Level II trauma center, ensuring that Baptist Medical Center South has the necessary resources, including the capacity to treat member of our community in the Emergency Department, is essential to the well-being of the tri-county area.

Our community relies on Baptist Medical Center South for specialized emergency care. I am aware that the Emergency Department is frequently at capacity, resulting in long wait times for patients who are seeking care. Unfortunately, these issues often result in members of the community leaving the hospital without care or being forced to drive a substantial distance to another hospital which places their health at risk. Being able to adequately treat the emergent needs of our citizens is an essential part of improving our community's access to health care. With a larger Emergency Department, patients can remain in the community to receive needed care. As our community continues to grow, it is essential that we meet its growing health care needs.

As a leader in our community, I ask that you approve this much needed project for the citizens of our region.

Sincerely,


Kirk Hatcher



City of **Montgomery**, Alabama

**Office of the
CITY COUNCIL**

September 10, 2024

Emily T. Marsal
Executive Director
State Health Planning & Development Agency
100 North Union Street, Suite 870
Montgomery, Alabama 35104

Re: Baptist Medical Center South Emergency Room Expansion Project

Dear Ms. Marsal:

I am writing in support of Baptist Medical Center South's Certificate of Need application to expand its Emergency Department. The Emergency Department needs additional space to be able to serve all of the patients who require emergent care in our community. As the region's only Level II trauma center, ensuring that Baptist Medical Center South has the necessary resources, including the capacity to treat members of our community in the Emergency Department, is essential to the well-being of the tri-county area.

Our community relies on Baptist Medical Center South for specialized emergency care. I am aware that the Emergency Department is frequently at capacity, resulting in long wait times for patients seeking care. Unfortunately, these issues often result in members of our community leaving the hospital without being seen or driving a substantial distance to another facility to receive such treatment – placing their health at a significant risk. Being able to adequately treat the emergent needs of our citizens is an essential part of improving our community's access to health care. With a larger Emergency Department, patients can remain in the community to receive needed care. As our community continues to grow, it is essential that we meet its growing health care needs.

As a leader in our community, I ask that you approve this much needed project for the citizens of our region.

Sincerely,

Charles W. Jinright, Councillor
District 9



Steven L. Reed, Mayor

City Council Members

Cornelius "CC" Calhoun, President
Glen O. Pruitt, Jr., President Pro Tem

Julie T. Beard
Ed Grimes

Charles W. Jinright

Marche Johnson

Oronde K. Mitchell

Franetta D. Riley

Andrew Szymanski



City of **Montgomery**, Alabama

Office of the
CITY COUNCIL

September 10, 2024

Emily T. Marsal
Executive Director
State Health Planning & Development Agency
100 North Union Street, Suite 870
Montgomery, Alabama 35104

Re: Baptist Medical Center South Emergency Room Expansion Project

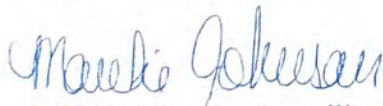
Dear Ms. Marsal:

I am writing in support of Baptist Medical Center South's Certificate of Need application to expand its Emergency Department. The Emergency Department needs additional space to be able to serve all of the patients who require emergent care in our community. As the region's only Level II trauma center, ensuring that Baptist Medical Center South has the necessary resources, including the capacity to treat members of our community in the Emergency Department, is essential to the well-being of the tri-county area.

Our community relies on Baptist Medical Center South for specialized emergency care. I am aware that the Emergency Department is frequently at capacity, resulting in long wait times for patients seeking care. Unfortunately, these issues often result in members of our community leaving the hospital without being seen or driving a substantial distance to another facility to receive such treatment – placing their health at a significant risk. Being able to adequately treat the emergent needs of our citizens is an essential part of improving our community's access to health care. With a larger Emergency Department, patients can remain in the community to receive needed care. As our community continues to grow, it is essential that we meet its growing health care needs.

As a leader in our community, I ask that you approve this much needed project for the citizens of our region.

Sincerely,


Marche Johnson, Councillor
District 3



Steven L. Reed, Mayor

City Council Members
Cornelius "CC" Calhoun, President
Glen O. Pruitt, Jr., President Pro Tem
Julie T. Beard
Ed Grimes
Charles W. Jinright
Marche Johnson
Oronde K. Mitchell
Franetta D. Riley
Andrew Szymanski

EXHIBIT F
SCHEMATIC DRAWINGS

ISSUE	DATE
ADPH PRELIMINARY SUBMITTAL	ISSUE DATE
DRAWN BY	APPROVED
CHECKED BY	CHECKED

Goodwyn Mills Cawood, LLC
Birmingham, AL 35233
T 205.879.4462
9MCMETWORK.COM



1 BAPTIST SOUTHER EXPANSION - CONCEPT PLAN
SCALE: 3/8" = 1'-0"

29810

23817

23818

EXHIBIT G

CURRENT AND PROPOSED CHARGES

Baptist Medical Center South
Charge Master as of 9/1/2024
Emergency Department only

Charge Description Master	DESCRIPTION	UB-92 Code	HCPCS	PRICE
31770001	CAST, SHORT ARM CHILD	271	L3764	\$103.15
31770003	CAST, SHORT LEG CHILD	271		\$117.45
31770005	CAST, CLAVICLE CHILD	270		\$52.10
31770015	NASAL BALLOON, NOZ-STOP	272		\$139.70
31770018	CONCEPT CAUTERY	272		\$37.15
31770021	SPLINT FINGER (ALL SIZES)	270		\$22.30
31770022	PAD ARTIC GEL MED/LG	270		\$3,168.75
31770023	PAD ARTIC GEL UNIVERSAL	270		\$958.75
31770032	ENDOTRACHEAL TUBES, ALL SZ	272		\$24.50
31770048	SPLINT, HIP LENGTH ADULT	271		\$238.30
31770050	SPLINT, ELBOW YOUTH & ADULT	270		\$73.60
31770051	SPLINT, ACROMIO-CLAVICLE	270		\$103.15
31770052	POST-OP SHOE	270		\$43.65
31770053	POSTERIOR LEG SPLINT (PLAST)	270		\$42.85
31770055	PRECUT SPLINT SUPPLIES	270		\$50.00
31770060	E/R SUTURE SET	272		\$91.90
31770061	TRAY, VAG EXAM SET	270		\$34.25
31770062	POST OP SHOE W/INNER CUSH	270		\$52.10
31770067	SOLUTION IRRIGATION NS	270		\$15.00
31770069	BOOT WALKING NEXTEP	274	L4386	\$193.00
31770070	QUICKCLOT 4X4	272		\$79.23
31770071	COMBAT GAUZE	272		\$157.30
31770081	MIDLINE BASIC TRAY	272		\$232.37
31770085	MIDLINE TRAY W/CHG DRG-115	278	C1751	\$374.00
31770087	CATH/CANN ARTERY CUTDOWN	450	36625	\$124.00
31770088	CATH RADIAL ARTERY	272		\$47.00
31770089	ARTERIAL CATH/CANN, PERCUTANEOUS	450	36620	\$150.00
31770091	UNA BOOT	271		\$17.80
31770095	PELVIC BINDER - GC-2000	271		\$709.50
31770097	BAIR HUGGER-DISPOSABLE	270		\$142.40
31770098	ENEMA KIT-DISP	270		\$4.50
31770099	PLEURAVAC-DISPOSABLE	272		\$108.00
31770105	ACCUCATH KIT	272		\$172.00
31770117	EYE SHIELD, FOX	270		\$9.05
31770152	STERI-STRIPS, ALL SIZES	272		\$8.35
31770197	CATHETER COUDE, ALL SIZES	270		\$46.65
31770200	EXT TEMP PACEMAKER	270		\$196.80
31770202	DEFIB ELECTRODES	271		\$67.90
31770203	AIR STIRRUP	274	L4350	\$78.05
31770206	CATHETER, MULTI LUMEN	272		\$224.75
31770207	CLAVICLE STRAP, MEEK	274	L3670	\$35.10
31770212	GASTROSTOMY TUBE, MIC	272		\$114.35
31770214	INTRAOSSEOUS NEEDLE	270		\$22.30
31770217	MORGAN LENS	272		\$39.05
31770218	NASAL PACKING	272		\$17.10
31770219	NORMOTHERMIC IV FLUID SET	272		\$184.30
31770220	PACING ELECTRODES, ADULT	272		\$123.95
31770222	NASAL PACK, RHINOROCKET	272		\$26.90
31770223	SKIN STAPLER	270		\$84.05
31770226	PULSAVAC WOUND IRRIGATION SET-DIS	272		\$121.00
31770227	SURGICEL	272		\$36.95
31770228	TRAUMA KIT, ARROW	272		\$90.35
31770229	CATHETER, WORD	272		\$49.35
31770230	WRIST SPLINT, COCKUP	271	L3908	\$16.35
31770231	BRAINSCOPE ELECTRODES	272		\$650.00

Baptist Medical Center South
Charge Master as of 9/1/2024
Emergency Department only

Charge Description Master	DESCRIPTION	UB-92 Code	HCPCS	PRICE
31770233	BRAINSCOPE EEG	740	9581652	\$411.00
31770234	BRAINSCOPE-2+ TESTS,1ST 30MIN	918	96138	\$835.00
31770285	TRAY SUTURE REMOVAL	272		\$36.95
31770300	SLIT LAMP/RUST RING REMOVER	270		\$67.90
31770301	SUTURE SILK	272		\$6.75
31770302	SUTURE ETHILON	272		\$38.70
31770303	SUTURE VICRYL	272		\$8.80
31770304	SUTURE PROLENE	272		\$9.50
31770305	SUTURE CHROMIC	272		\$17.55
31770306	SUTURE MONOCRYL	272		\$19.10
31770307	SUTURE PLAIN GUT	272		\$17.10
31770308	SUTURE ETHIBOND EXCEL	270		\$8.95
31770313	TRAY LUMBAR PUNCTURE, ALL SIZES	272		\$64.65
31770500	E/R LEVEL I VISIT	450	99281	\$145.50
31770501	E/R LEVEL II VISIT	450	99282	\$189.50
31770502	E/R LEVEL III VISIT	450	99283	\$307.50
31770503	E/R LEVEL IV VISIT	450	99284	\$429.50
31770504	E/R LEVEL V VISIT	450	99285	\$621.50
31770505	E/R LEVEL I VISIT W/PROCEDURE	450	9928125	\$145.50
31770506	E/R LEVEL II VISIT W/PROCEDURE	450	9928225	\$189.50
31770507	E/R LEVEL III VISIT W/PROCEDURE	450	9928325	\$307.50
31770508	E/R LEVEL IV VISIT W/PROCEDURE	450	9928425	\$429.50
31770509	E/R LEVEL V VISIT W/PROCEDURE	450	9928525	\$621.50
31770510	E/R CRITICAL CARE 1ST 30-74 MIN	450	99291	\$827.00
31770511	E/R CRITICAL CARE EA ADDL 30 MIN	450	99292	\$335.00
31770512	E/R CRIT CARE 1ST 30-74MIN W/PROC	450	9929125	\$827.00
31770521	TRIAGE ONLY	450		\$52.50
31770552	PULSE OXIMETER PROBE	270		\$81.85
31770553	QUICK CATH FOR UA	300	P9612	\$96.45
31770601	TRAY, MINOR SURGERY	272		\$393.40
31770602	NOSE BLEED SUPPLIES DISP	270		\$43.06
31770604	TRAY, OPEN THORACOTOMY	270		\$468.20
31770605	LAVAGE KIT, ED	272		\$70.30
31770708	THORAKLEX	272		\$133.20
31770717	LEG BAG, URINARY	272		\$21.80
31770725	TEGADERM, ALL SIZES	272		\$5.15
31770780	SOLUTION IV, ALL SIZES	258		\$102.80
31770897	COLLAR PHILADELPHIA, ALL SIZES	274	L0172	\$195.35
31770902	COLLAR CERVICAL FOAM, ALL SIZES	274	L0120	\$73.10
31770982	SLING, ALL SIZES	270	A4565	\$4.15
31771008	TRAY CATHETER STRAIGHT ALL SIZES	270		\$80.85
31771010	TRAY CATHETER W/DRNG BAG ALL SIZE	272		\$118.40
31771014	TUBE LEVIN ALL SIZES	270		\$92.15
31771034	CAST FIBERGLASS, ALL SIZES	270		\$177.75
31771050	CATH FOLEY TEMP-SENSING	272		\$93.17
31771051	CATHETER FOLEY 5CC, ALL SIZES	272		\$36.00
31771052	CATHETER KIT FEMALE (QUICK CATH)	272		\$5.15
31771056	IRRIGATION OF BLADDER	450	51700	\$237.00
31771057	INSERT BLADDER CATH,QUICK	450	51701	\$113.00
31771058	INSERT BLADDER CATH,SIMPLE	450	51702	\$158.00
31771059	INSERT BLADDER CATH,COMPLEX	450	51703	\$231.00
31771060	OP-IRRIGATION OF BLADDER	361	51700	\$237.00
31771061	OP-INSERT BLADDER CATH,QUICK	361	51701	\$113.00
31771062	OP-INSERT BLADDER CATH,SIMPLE	361	51702	\$158.00
31771066	CATHETER 3 WAY, ALL SIZES	272		\$56.20

Baptist Medical Center South
Charge Master as of 9/1/2024
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Charge Description Master	DESCRIPTION	UB-92 Code	HCPCS	PRICE
31771100	TRIPLE LUMEN CATHETER	272	C1751	\$268.40
31771103	SHOULDER IMMOBILIZER, ALL SIZES	274	L3670	\$93.65
31771169	SLING & SWATHE, UNIVERSAL	270	A4565	\$93.65
31771183	TUBE SALEM SUMP, ALL SIZES	270		\$95.10
31771203	INJECTION(THERAPEUTIC), SC/IM	450	96372	\$89.20
31771204	INJECTION(THERAPEUTIC), IV	450	96374	\$183.00
31771205	INJECTION (ANTIBIOTIC), IM	450	96372	\$89.20
31771231	OP INJECTION THERAPEUTIC IV	940	96374	\$183.00
31771232	OP INJECTION THERAPEUTIC SC/IM	940	96372	\$89.20
31771233	CATH CHEST THORACIC, ALL SIZES	270		\$38.05
31771242	AVULSION OF NAIL PLATE	450	11730	\$234.00
31771255	EPIDURAL BLOOD PATCH	450	62273	\$882.95
31771258	SPLINT CLAVICLE, ALL SIZES	271		\$47.15
31771262	VACCINE ADMINISTRATION	771	90471	\$89.20
31771264	SUPRAPUBIC CATHETER CHANGE	450	51705	\$352.45
31771265	OP VACCINE ADMINISTRATION	771	90471	\$89.20
31771266	TRAY CHEST TUBE SCV25CTBHB(DISP)	272		\$199.75
31771269	ER OXYGEN THERAPY	270		\$65.10
31771277	INFUSION THERAPY (IV) 1ST HOUR	450	96365	\$318.95
31771278	INFUSION THERAPY (IV) ADDL HOUR	450	96366	\$86.85
31771279	OP INFUSION THERAPY(IV) 1ST HOUR	260	96365	\$318.95
31771280	OP INFUSION THERAPY(IV)ADDL HOUR	260	96366	\$86.85
31771300	INJ,CASIRIVIMAB/IMDEVIMAB	771	M0243	\$596.00
31771301	INFUSION, SOTROVIMAB	771	M0247	\$596.00
31771959	NEEDLE HUBER	272		\$15.35
31772000	BRONCHOSCOPY	360		\$1,110.45
31772001	CARDIOVERSION ELECTRIC,EXT	450	92960	\$624.30
31772003	CENTRAL LINE/CUTDOWN	450	36556	\$2,720.00
31772004	CHEST TUBE INSERTION	450	32551	\$1,719.50
31772006	EMERGENCY DELIVERY	450	59409	\$3,254.05
31772008	FB REMOVAL EAR	450	69200	\$113.00
31772009	GASTROSTOMY TUBE CHANGE	450	43762	\$739.30
31772010	GASTRIC LAVAGE	450	43753	\$268.00
31772011	I&D ABCESS	450	10060	\$250.00
31772013	INTRAOSSEOUS INFUSION	450	36680	\$340.00
31772014	INTUBATION	450	31500	\$1,267.91
31772019	LUMBAR PUNCTURE	450	62270	\$880.20
31772020	CTRL ANT NOSEBLEED SMPL ANY MTHD	450	30901	\$192.85
31772024	REMOVE IMPACTED EAR WAX-INSTR LT	450	69210LT	\$96.65
31772026	TRACHEOSTOMY/TRANSTRACHEAL	450	31603	\$1,302.00
31772027	ABD PARACENTESIS W/O IMG	450	49082	\$1,095.35
31772034	THORACOTOMY WITH HEART MASSAGE	450	32160	\$1,732.50
31772228	ER US ABDOMEN LIMITED	402	76705	\$606.65
31772230	US BLADDER SCAN	402	51798	\$121.00
31772508	ER LVL 4 W/PROC & TRAUMA ACTIVATN	450	9928425	\$997.00
31772509	ER LVL 5 W/PROC & TRAUMA ACTIVATN	450	9928525	\$1,189.00
31772512	E/R CRIT CARE W/PROC/TRAUMA ACTIV	450	9929125	\$1,396.00
31772513	ER-TRAUMA ACTIVATION-PRE ARRIVAL	682	G0390	\$2,043.00
31772649	POST-OP KNEE SPLINT	274	L1830	\$75.25
31772650	DRAIN CEREBRO SPINAL FLUID	450	62272	\$591.00
31773000	I&D ABSCESS COMPLEX/MULTIPLE	450	10061	\$341.00
31773001	I&D ABSCESS ISCHIO &OR PERIRECTAL	450	46040	\$2,210.00
31773002	I&D BREAST ABSCESS-DEEP	450	19020	\$2,560.65
31773003	DRAIN BLADDER W/CATH INSERTION	450	51102	\$2,730.95
31773005	DRAIN PILONIDAL CYST- SIMPLE	450	10080	\$601.00

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31773006	DRAIN PILONIDAL CYST- COMPLICAT	450	10081	\$1,834.35
31773007	REMOVE IMPACTED EAR WAX-LAVAGE LT	450	69209LT	\$119.00
31773008	REMOVE IMPACTED EAR WAX-LAVAGE RT	450	69209RT	\$119.00
31773009	REMOVE IMPACTED EAR WAX-LAVAGE BI	450	6920950	\$238.00
31773010	INC&REMOVAL FB SUBQ TISS SMPL	450	10120	\$341.00
31773011	INC&REMOVAL FB FROM SKIN/SUBQ DEP	450	10121	\$2,357.15
31773013	REMOVE IMPACTED EAR WAX-INSTR RT	450	69210RT	\$96.65
31773014	REMOVE IMPACTED EAR WAX-INSTR BIL	450	6921050	\$194.00
31773020	DRAINAGE HEMATOMA/FLUID	450	10140	\$1,835.00
31773025	PUNCTURE DRAINAGE OF LESION	450	10160	\$341.00
31773035	DEBRIDE OPEN WOUND<=20SQCM-INI	450	97597	\$360.10
31773037	DEBRIDEMENT-SKIN AND SC TISSUE	450	11042	\$860.00
31773039	DEBRIDE-SKIN,SC,MUSCLE,AND BONE	450	11044	\$1,483.70
31773044	REMOVE NAIL PLATE, ADD-ON	450	11732	\$186.85
31773045	DRAIN SUBUNGUAL HEMATOMA	450	11740	\$240.00
31773047	REMOVE NAIL BED/FINGER TIP	450	26236	\$3,083.00
31773050	REPAIR OF NAIL BED	450	11760	\$536.00
31773055	EXCISION OF SKIN OF NAIL FOLD	450	11765	\$341.00
31773060	RPR SMPL SUPF S/N/AX/G/T 2.5CM/<	450	12001	\$244.00
31773061	SMPL RPR S/N/AX/G/T 2.6-7.5CM	450	12002	\$300.00
31773063	SMPL RPR S/N/AX/G/T 7.6-12.5CM	450	12004	\$353.00
31773064	SMPL RPR S/N/AX/G/T 12.6-20.0CM	450	12005	\$452.00
31773065	RPR SMPL SPFC S/N/AX/G/T20.1-30CM	450	12006	\$551.00
31773066	RPR SMPL SPFC S/N/AX/G/T >30CM	450	12007	\$649.00
31773070	RPR SMPL SUPF F/E/E/N/L/M 2.5CM<	450	12011	\$244.00
31773072	RPR SMPL F/E/E/N/L/M 2.6-5CM	450	12013	\$280.00
31773073	RPR SMPL F/E/E/N/L/M 5.1-7.5CM	450	12014	\$316.00
31773074	RPR SMPL F/E/E/N/L/M 7.6-12.5CM	450	12015	\$353.00
31773075	RPR SMPL F/E/E/N/L/M 12.6-20CM	450	12016	\$452.00
31773076	RPR SMPL SPFC F/E/E/N/L/M 20.1-30	450	12017	\$551.00
31773077	RPR SMPL SUPFC F/E/E/N/L/M >30CM	450	12018	\$649.00
31773080	DEHISCENCE WOUND SIMPLE CLOSURE	450	12020	\$547.00
31773081	DEHISCENCE WOUND WITH PACKING	450	12021	\$365.00
31773090	RPR INTERM S/A/T/E 2.5 CM/<	450	12031	\$341.90
31773091	RPR INTERM S/A/T/E 2.6 CM-7.5CM	450	12032	\$444.00
31773093	RPR INTERM S/A/T/E 7.6 CM-12.5CM	450	12034	\$546.00
31773094	RPR INTERM S/A/T/E 12.6CM-20CM	450	12035	\$649.00
31773095	RPR INTERM S/A/T/E 20.1-30CM	450	12036	\$1,020.00
31773096	RPR INTERM S/A/T/E >30CM	450	12037	\$2,114.00
31773100	RPR INTRM N/H/F/XTRNL GNT 2.5CM/<	450	12041	\$341.90
31773101	RPR N/H/F/XTRNL GENT 2.6CM-7.5CM	450	12042	\$649.00
31773102	INCISE EXT HEMORRHOID, THROMBOSED	450	46083	\$550.80
31773103	RPR N/H/F/XTRNL GENT 7.6CM-12.5CM	450	12044	\$772.00
31773104	RPR N/H/F/XTRNL GENT 12.6CM-20CM	450	12045	\$895.00
31773107	RPR INTERM N/H/F/EXT GENT 20.1-30	450	12046	\$1,020.00
31773108	REPAIR LIP-COMPLEX	450	40654	\$1,485.00
31773109	EXC H-F-NK-SP B9+MARG 0.5 <	450	11420	\$1,529.90
31773110	RPR INTRM F/E/E/N/L/M&MUC 2.5CM<	450	12051	\$341.00
31773111	RPR F/E/E/N/L/M&MUC 2.6-5.0CM	450	12052	\$379.00
31773112	RPR F/E/E/N/L/M&MUC 5.1-7.5CM	450	12053	\$433.00
31773113	RPR F/E/E/N/L/M&MUC 7.6-12.5CM	450	12054	\$487.00
31773114	RPR F/E/E/N/L/M&MUC 12.6-20.0CM	450	12055	\$541.00
31773115	ANOSCOPY-REMOVE FB	450	46608	\$1,251.80
31773120	RPR CPLX TRUNK 1.1 - 2.5 CM	450	13100	\$536.00
31773121	RPR CPLX TRUNK 2.6 - 7.5 CM	450	13101	\$1,020.00

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31773122	RPR CPLX TRUNK ADDL 5.0 CM/<	450	13102	\$436.00
31773125	DRAINAGE OF SCROTUM ABSCESS	450	55100	\$2,561.00
31773130	RPR CPLX S/A/L 1.1 CM-2.5 CM	450	13120	\$536.00
31773131	RPR CPLX S/A/L 2.6 CM-7.5 CM	450	13121	\$1,020.00
31773132	I&D ABSCESS, BARTHOLIN'S GLAND	450	56420	\$374.10
31773133	RPR CPLX S/A/L ADDL 5.0 CM/<	450	13122	\$436.00
31773135	INJ ANES OTH PRPH NRV/BRANCH	450	64450	\$591.00
31773136	BLOCK FOR PAIN - DENTAL OR TMJ	450	64400	\$357.05
31773140	REMOVE FB FROM EYE W/SLIT LAMP	450	65222	\$194.50
31773141	RPR CPLX F/N/AX/G/H/F 2.6-7.5CM	450	13132	\$1,020.00
31773142	RPR CPLX F/N/AX/G/H/F 1.1 -2.5CM	450	13131	\$510.00
31773143	RPR CPLX F/N/AX/G/H/F ADDL 5.0 CM	450	13133	\$436.00
31773145	REMOVE FB FROM EYE W/O SLIT LAMP	450	65220	\$340.00
31773150	RPR CLPX E/N/E/L 1.1-2CM	450	13151	\$833.75
31773151	RPR CPLX E/N/E/L 1.1 CM-2.5 CM	450	13151	\$833.75
31773152	RPR CPLX E/N/E/L 2.6 CM-7.5 CM	450	13152	\$1,020.00
31773153	DRAIN EXTERNAL EAR LESION, SIMPLE	450	69000	\$601.00
31773154	RPR CPLX E/N/E/L ADDL 5.0 CM/<	450	13153	\$436.00
31773160	VACCINE ADMINISTRATION, ADDL	771	90472	\$61.60
31773162	INITIAL TREATMENT OF BURN(S)	450	16000	\$171.00
31773165	BURN CARE - SMALL	450	16020	\$573.00
31773170	IV INFUSION FOR HYDRATION FRST HR	450	96360	\$318.95
31773171	IV INFUSION FOR HYDRATION ADDL HR	450	96361	\$57.90
31773172	BURN CARE - MED	450	16025	\$353.00
31773173	REMOVE SKIN TAGS 1-14	450	11200	\$171.00
31773175	BURN CARE - LARGE	450	16030	\$352.00
31773181	IV INFUSION CONCURRENT MED	450	96368	\$57.90
31773182	TX/PROPH/DG ADDL SEQ IV INF	450	96367	\$61.00
31773186	I&D POSTOP WOUND INFECTION	450	10180	\$2,425.00
31773187	RPR TONGUE LACER <2.5CM	450	41250	\$378.00
31773190	IV PUSH SEQUENTIAL	450	96375	\$126.30
31773191	REMOVAL FB MUSC/TDN SHTH SMPL	450	20520	\$1,384.00
31773192	REMOVAL FB MUSC/TDN SHTH DP/COMP	450	20525	\$3,075.90
31773193	INJ SNGL TENDON SHEATH/LIGAMENT	450	20550	\$369.00
31773195	EXTERNAL PACING	450	92953	\$556.00
31773196	REPAIR LIP-VERMILION ONLY	450	40650	\$1,051.54
31773200	INJECT/ASPIRATE JOINT - SMALL	450	20600	\$356.25
31773205	INJECT/ASPIRATE JOINT - MEDIUM	450	20605	\$458.00
31773210	INJECT/ASPIRATE JOINT - LARGE	450	20610	\$348.52
31773212	ASPIRATE/INJECT GANGLION CYST	450	20612	\$356.25
31773240	REMOVAL FB SHOULDER SUBQ	450	23330	\$1,384.00
31773242	REMOVAL FB SHOULDER, DEEP	450	23333	\$3,083.00
31773245	CLTX CLAVICLE FX WITHOUT MANIP	450	23500	\$270.30
31773250	CLTX CLAVICLE FX W/ MANIPULATION	450	23505	\$1,954.00
31773252	CLTX CLAVICLE FX W/MANIP BIL	450	2350550	\$1,954.00
31773253	CLTX DISLOC TMJ, INIT OR SUBSEQ	450	21480	\$327.50
31773258	CLTX DISLOC SHOULDER W/MANIP NO A	450	23650	\$270.95
31773259	CLTX DISLOC SHOULDER W/FX W/MANIP	450	23665	\$1,372.00
31773260	CLTX HUMEROUS FX W/O MANIP	450	23600	\$270.30
31773261	CLTX DISLOC SHOULDER W/MANIP & AN	450	23655	\$2,145.37
31773263	CLTX OF DISLOC ELBOW NO ANES, BIL	450	2460050	\$406.40
31773264	CLTX POST HIP ARTHOPL DISL NO ANE	450	27265	\$274.64
31773265	TREAT HUMERUS FRACTURE	450	23605	\$1,954.00
31773267	CLTX HUMRS FX W/MANIP BIL	450	2360550	\$1,954.00
31773270	TREAT SHOULDER DISLOCATION BIL	450	2365050	\$270.30

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31773275	REMOVAL FB UPPER ARM/ELBW AREA SQ	450	24200	\$1,384.00
31773276	REMOVAL FB UPPR ARM/ELBW AREA DEP	450	24201	\$2,425.00
31773278	CLTX DISLOC ELBOW W/ANES	450	24605	\$2,259.15
31773280	CLTX OF DISLOC ELBOW NO ANES	450	24600	\$270.30
31773281	CLTX NURSE MAID ELBOW W/MANIP	450	24640	\$270.95
31773282	CLTX NURSE MAID ELBOW W/MANIP BIL	450	2464050	\$406.40
31773285	CLTX RADIAL HEAD/NECK FX WO MANIP	450	24650	\$270.30
31773286	CLTX RADIAL HEAD/NECK FX W/MANIP	450	24655	\$1,372.00
31773290	CLTX ULNAR FX-PROX END,W/O MANIP	450	24670	\$270.30
31773293	CLTX HAND FX-EA BONE W/MANIP BIL	450	2660550	\$406.40
31773295	REMOVAL FB FOREARM/WRIST DEEP	450	25248	\$3,204.40
31773300	CLTX FOREARM W/O MANIPULATION	450	25500	\$270.30
31773302	CLTX FOREARM W/O MANIPULATION BIL	450	2550050	\$270.30
31773305	CLTX FOREARM WITH MANIPULATION	450	25505	\$1,372.00
31773307	CLTX FOREARM W/MANIPULATION BIL	450	2550550	\$1,971.00
31773310	CLTX WRIST WITH MANIPULATION	450	25605	\$1,372.00
31773311	CLTX RAD/ULNAR SHAFT FX W/MANIP	450	25565	\$1,372.00
31773312	CLTX WRIST W/MANIPULATION BIL	450	2560550	\$1,791.00
31773315	CLTX HAND DISLOC CARPALS W/MANIP	450	25660	\$270.30
31773317	CLTX HAND DISLOC CARPLS W/MANI BL	450	2566050	\$270.30
31773320	CLTX DSTL WRIST DISLOC W/MANIP	450	25675	\$270.30
31773322	CLTX DIS WRIST DISLOC W/MANIP BIL	450	2567550	\$270.30
31773325	DRAINAGE OF FINGER ABSCESS -SIMP	450	26010	\$237.30
31773326	DRAINAGE OF FINGER ABSCESS,COMPL	450	26011	\$1,834.35
31773330	CLTX HAND FX-EA BONE W/O MANIP	450	26600	\$270.95
31773331	CLTX HAND FX-EA BONE WO MANIP BIL	450	2660050	\$270.95
31773335	CLTX HAND FX-EA BONE W/MANIP	450	26605	\$270.30
31773340	CLTX CARP/MTCRPL DISLC THMB W/MNP	450	26641	\$270.30
31773345	CLTX CARP/MCRPL FX DISLTHMB W/MNP	450	26645	\$1,372.00
31773350	CLTX CARP/MTCRPL DISL THMB MNP EA	450	26670	\$270.30
31773355	TREAT KNUCKLE DISLOCATION	450	26700	\$270.30
31773365	CLTX PHL FX PROX/MID PX/F/T W/MNP	450	26725	\$270.30
31773375	CLTX FINGERS ARTICL SURF JT W/MAN	450	26742	\$1,372.00
31773376	OPEN TREAT FINGER FRACTURE, EACH	450	26765	\$4,244.10
31773380	CLTX DSTL PHLFX FNGR/THMB WO MNP	450	26750	\$270.30
31773385	CLTX DSTL PHLFX FNGR/THMB W/MNP	450	26755	\$270.30
31773390	CLTX IPHAL JT DISLC SINGL W/MANIP	450	26770	\$270.30
31773397	CLTX HIP SOCKET FX W/O MANIP BIL	450	2722050	\$270.30
31773400	CLTX FEMUR FX-NECK W/O MANIP	450	27230	\$270.30
31773402	CLTX FEMUR FX-NECK W/O MANIP BIL	450	2723050	\$270.30
31773405	CLTX HIP DISLOC-TRAUMATIC WO ANE	450	27250	\$270.30
31773407	CLTX HIP DISLOC-TRAUMA WO ANE BIL	450	2725050	\$270.30
31773410	REMOVL FB DP THIGH REGION/KNEE ARE	450	27372	\$3,075.90
31773415	CLTX KNEE FX W/O MANIPULATION	450	27520	\$270.30
31773417	CLTX KNEE FX W/O MANIPULATION BIL	450	2752050	\$270.30
31773420	CLTX KNEE DISLOCATION W/O ANE	450	27550	\$270.30
31773425	CLTX PATELLAR DISLOC W/O ANE	450	27560	\$270.30
31773427	CLTX PATELLAR DISLOC W/O ANE BIL	450	2756050	\$270.30
31773430	FX CARE FEMUR W/MANIPULATION	450	27599	\$270.30
31773431	CLTX FEMORAL SHAFT FX W/MANIP	450	27502	\$1,954.00
31773432	FX CARE FEMUR W/MANIPULATION BIL	450	2759950	\$270.30
31773435	I&D LEG/ANKLE DEEP ABSC/HEMATOMA	450	27603	\$2,561.00
31773436	I&D ABSCESS-VULV/PERINEAL	450	56405	\$374.10
31773437	TREATMENT OF PRIAPISM	450	54220	\$410.55
31773440	CLTX TIBIAL SHAFT FX W/O MANIP	450	27750	\$270.30

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31773442	CLTX TIBIAL SHAFT FX WO MANIP BIL	450	2775050	\$270.30
31773444	CLTX POST HIP ARTHOPL DISL W/ANE	450	27266	\$2,084.88
31773445	CLTX TIBIAL SHAFT FX W/MANIP	450	27752	\$1,954.00
31773447	CLTX TIBIAL SHAFT FX W/MANIP BIL	450	2775250	\$1,954.00
31773450	CLTX ANKLE FX W/O MANIPULATION	450	27808	\$270.30
31773452	CLTX ANKLE FX WO MANIPULATION BIL	450	2780850	\$270.30
31773455	CLTX ANKLE FX WITH MANIPULATION	450	27810	\$1,372.00
31773457	CLTX ANKLE FX W/MANIPULATION BIL	450	2781050	\$1,791.00
31773460	CLTX PROX TIB/FIB DISLOC, WO ANE	450	27830	\$270.30
31773462	CLTX PROX TIB/FIB DISL WO ANE BIL	450	2783050	\$270.30
31773465	CLTX ANKLE DISLOCATION-NO ANE	450	27840	\$294.00
31773467	CLTX ANKLE DISLOCATION-NO ANE BIL	450	2784050	\$294.00
31773470	REMOVAL FB FOOT SUBQ	450	28190	\$800.00
31773475	REMOVAL FB FOOT DEEP	450	28192	\$2,357.15
31773480	TREAT FOOT FX W/O MANIPULATION	450	28450	\$270.30
31773485	TREAT FOOT FX W/MANIPULATION	450	28455	\$2,058.00
31773490	CLTX METATARSAL FX W/O MANIP EA	450	28470	\$270.30
31773505	CLTX GREAT TOE FX WITH MANIP	450	28495	\$270.30
31773510	CLTX TOE FX EXCPT BIG TOE W/O MAN	450	28510	\$449.00
31773515	CLTX TOE FX EXCPT BIG TOE W/MANIP	450	28515	\$449.00
31773520	CLTX META/SOPHLNGL JT DISL-NO ANE	450	28630	\$270.30
31773521	DRAINAGE OF EYELID ABSCESS	450	67700	\$409.77
31773522	APPL CAST-HAND & LOWER FOREARM	450	29085	\$192.00
31773524	APPL SPLINT-FINGER-STATIC	450	29130	\$170.15
31773525	CLTX IPHAL JT DISLC W/O ANE	450	28660	\$270.30
31773526	DENTAL SURGERY PROCEDURE	450	41899	\$353.02
31773527	APPL CAST-SHORT ARM	450	29075	\$348.85
31773530	APPL CAST-LONG ARM	450	29065	\$348.00
31773535	APPL SPLINT-LONG ARM	450	29105	\$203.00
31773540	APPL SPLINT-SHORT ARM-STATIC	450	29125	\$169.80
31773542	APPL SPLINT-SHORT ARM-STATIC BIL	450	2912550	\$169.80
31773545	STRAPPING -SHOULDER	450	29240	\$169.80
31773547	STRAPPING -SHOULDER BIL	450	2924050	\$169.80
31773548	STRAPPING -ELBOW OR WRIST	450	29260	\$170.15
31773549	STRAPPING -HAND OR FINGER	450	29280	\$170.15
31773551	APPL CAST-LONG LEG	450	29345	\$348.85
31773556	APPL LONG LEG CAST BRACE	450	29358	\$348.85
31773562	APPL CAST-SHORT LEG BIL	450	2940550	\$360.51
31773564	APPL CAST-SHORT LEG	450	29405	\$360.51
31773570	APPL SPLINT-SHORT LEG	450	29515	\$169.80
31773572	APPL SPLINT-SHORT LEG BIL	450	2951550	\$169.80
31773573	APPL SPLINT-LONG LEG	450	29505	\$170.15
31773574	APPL SPLINT-LONG LEG BIL	450	2950550	\$255.25
31773575	STRAPPING -HIP	450	29520	\$169.80
31773580	STRAPPING -KNEE	450	29530	\$169.80
31773585	STRAPPING -TOE	450	29550	\$169.80
31773586	STRAPPING- ANKLE &/OR FOOT	450	29540	\$170.15
31773595	WEDGING OF CAST	450	29740	\$506.00
31773600	STRAPPING-HUMERUS	450	29799	\$169.80
31773602	STRAPPING -CLAVICLE BIL	450	29799	\$169.80
31773605	REMOVAL OF FB FROM NOSE	450	30300	\$113.00
31773606	RMVL/REV BODY/GAUNTLET/BOOT CAST	450	29700	\$230.00
31773607	RMVL/REV FULL FOOT OR LEG CAST	450	29705	\$230.00
31773610	TRACHEOSTOMY TUBE CHANGE	450	31502	\$351.65
31773616	LARYNGOSCOPY DIRECT-EXCEPT NEWBOR	450	31525	\$2,429.45

Baptist Medical Center South
Charge Master as of 9/1/2024
Emergency Department only

Charge Description Master	DESCRIPTION	UB-92 Code	HCPCS	PRICE
31773619	NASAL/SINUS ENDO-CNTRL OF HEMORRH	450	31238	\$2,402.45
31773620	CRICOTHYROIDOTOMY	450	31605	\$1,273.55
31773621	LARYNGOSCOPY INDIRECT, DIAGNOSTIC	450	31505	\$170.00
31773623	ER THORACENTESIS W/O IMAGING	450	32554	\$895.00
31773634	COLLECT BLOOD FRM VENOUS DEVICE	450	36591	\$109.00
31773635	DECLOT VASC DEVICE BY THROMB AGNT	450	36593	\$357.40
31773640	INS CVC NONTUNNELED <5 YRS	450	36555	\$2,720.00
31773646	PICC LINE >= 5 YRS	450	36569	\$1,795.00
31773660	DRAINAGE OF MOUTH LESION	450	40800	\$671.00
31773665	DRAINAGE OF GUM LESION	450	41800	\$326.70
31773670	DRAINAGE OF TONSIL ABSCESS	450	42700	\$326.70
31773675	REMOVAL OF FB FROM PHARYNX	450	42809	\$340.00
31773680	G-TUBE-REPOSITION	450	43761	\$1,087.20
31773685	DRAINAGE OF RECTAL ABSCESS	450	45005	\$2,506.70
31773700	DBRD ECZMT/INFCT SKN UP 10% BSA	450	11000	\$536.00
31773712	EXC FACE-MM B9+MARG 0.5CM OR <	450	11440	\$914.35
31773713	I&D PERIANAL ABSCESS, SUPERFICIAL	450	46050	\$1,564.25
31773720	INJ 1/MLT TRIGGER PNT 1/2 MUSC	450	20552	\$369.00
31773725	INJ 1/MLT TRIGGER PNT 3/> MUSC	450	20553	\$357.05
31773735	APPL SPLINT-FINGER-DYNAMIC	450	29131	\$170.15
31773775	PERICARDIOCENTESIS, INITIAL	450	33016	\$1,437.00
31773785	RMVL EMBEDD FB VESTBU MOUTH SMPL	450	40804	\$774.00
31773811	CTRL POST NOSEBLEED SMPL ANY MTHD	450	30905	\$192.85
31773812	NASAL CAUT/PCKG,ANTER,BIL	450	3090150	\$192.85
31773813	ABLATE INF TURBINATE SPRF UNI/BI	450	30801	\$1,302.00
31773815	NASAL CAUT/PCKG,ANTER,CPLX	450	30903	\$192.85
31773820	NASAL CAUT/PCKG,POST,SUBSEQ	450	30906	\$209.00
31773822	INJ(S), SNGL TENDON ORIG/INSERTN	450	20551	\$427.00
31773825	OP VACCINE ADMINISTRATION, ADDL	771	90472	\$61.60
31773840	OP IV INFUSION FOR HYDRAT ADDL HR	260	96361	\$57.90
31773855	OP IV PUSH SEQUENTIAL	260	96375	\$126.30
31773856	INSERTION OF CHEST TUBE BIL	450	3255150	\$1,971.60
31773860	MOD CS,SAME PHYS,< 5 YRS, INIT 15	370	99151	\$55.15
31773861	MOD CS,SAME PHYS, >5 YRS, INIT 15	370	99152	\$49.60
31773862	MOD CS SAME PHYS, EACH ADDL 15	370	99153	\$22.05
31773863	MOD CS,DIFF PHYS,< 5 YRS, INIT 15	370	99155	\$55.15
31773864	MOD CS,DIFF PHYS, >5 YRS, INIT 15	370	99156	\$110.00
31773867	EXCISION OF NAIL	450	11750	\$664.00
31773868	IV PUSH-ADDL SEQ SAME DRUG >30MIN	450	96376	\$57.90
31773870	REMOVE INTRAUTERINE DEVICE	450	58301	\$274.00
31773871	REPAIR TONGUE LACERATION-COMPLEX	450	41252	\$1,051.54
31773874	EXC FACE-MM B9+MARG 1.1-2 CM	450	11442	\$1,529.90
31773875	CLTX HUMERAL SHAFT FX W/O MANIP	450	24500	\$250.00
31773876	CLTX HUMERAL SHAFT FX W/MANIP	450	24505	\$1,372.00
31773878	CLTX MANDIBULAR FX W/INTERDENTAL	450	21453	\$5,630.00
31773879	CLTX TRIMALLEOLAR ANKLE FX W/MANI	450	27818	\$1,372.00
31779004	MINOR PROCEDURE	450		\$500.00
31779701	DERMABOND PEN	272		\$116.50
31779997	IV INJECTION,BEBTELOVIMAB	771	M0222	\$596.00

EXHIBIT H
ASSUMPTIONS FOR FINANCIAL PROJECTIONS

Assumptions for Financial Projections

Organization Assumptions

Year 1 Volumes: Budget Year 2025 (BY25) projections, adjusted for additional ED visits

Year 2 Volumes: Projected Year 1 volume, using average year-over-year escalator for BMCS based on increase in adjusted patient days from FY24 (actual) to FY25 (budget).

Depreciation: Based on 15-year estimated useful life.

ED Only Assumptions

Year 1 Volume: Based on FY25 ED Budget, increased by 8,652 visits to account for increase in patients due to additional treatment space.

Year 2 Volume: Based on organization escalator derived from FY21-FY23 year-over-year average increase.

Contractual Allowances

Contractual allowances based on actual FY21, FY22, and FY23 contractual allowances, bad debt, and charity percentages to calculate ED Project Specific figures. BY25 outpatient percentage of Gross Revenue to project the Contractual, Bad Debt, and Charity for the ED projected years.

Percentage of Gross Revenue by Year					
	FY21	FY22	FY23	Average	BY25
Contractual Adjustment Pct of Gross	67.93%	68.80%	70.20%	68.98%	67.66%
Bad Debt Pct of Gross	6.31%	4.36%	5.66%	5.44%	1.17%
Charity Pct of Gross	1.62%	1.63%	1.51%	1.59%	6.30%

EXHIBIT I
EDUCATIONAL AFFILIATIONS

The following is a list of local Schools/Universities, and Community partners that utilize the Baptist South Emergency Department as part of their clinical objectives:

- Alabama State University- Social Work
- Auburn University- Nursing Undergrad and Graduate, Pharmacy
- Auburn Montgomery- Nursing Undergrad and Graduate, Exercise Science
- Central Alabama Community College- Nursing, Phlebotomy
- Faulkner University- Physician Assistant, Rehab Therapy, and Social Work
- Haynes- EMT/ Paramedic
- Herzing University-Nursing
- Jacksonville State University-Nursing
- Lurleen B. Wallace- Nursing
- Maxwell Air Force Base- Nursing, EMT
- Montgomery Public Schools- Health Sciences
- Prattville Fire Department-EMT/Paramedic
- Samford-Nursing graduate program
- South University- Nursing, Rehab services
- Southern Union-Nursing, EMT/Paramedic, Radiology
- Trenholm State- Nursing, Respiratory Therapy, Radiology
- Troy State (Montgomery and Troy Campuses)-Nursing undergraduate and graduate, Social Work
- Tuskegee University-Nursing
- University of Alabama-Nursing, Social Work
- University of Alabama-Birmingham- Nursing
- Wallace State Community College (Selma and Dothan campuses)- Nursing

Institute for Patient Safety and Medical Simulation

Serves:

Alabama HOSA	Student Convention
Alabama HOSA	Teacher Convention
Alabama State University	Physical Therapy, Occupational Therapy, Speech Therapy, Health Information Management
Alabama State University	Healthcare Career Exploration
Alabama State University	Scholars Program
Auburn University Montgomery	School of Nursing
Brewbaker Technical High School	HOSA
Community	Scouts of America - Healthcare Explorers
Community Elementary Schools	First Grade
Community Leadership	Leadership Montgomery
Community Leadership	Leadership Autauga
Community Leadership	Leadership Autauga- Youth
Faulkner University	Physician's Assistant
Healthcare Educators of Alabama	Educators from around the state
Johnson Abernathy Graetz (JAG) High School	HOSA
Maxwell Air Force Base	Skills training
Maxwell Air Force Base	Clinical Site
Montgomery Public Schools	Career Discovery
Montgomery/Selma Family Practice Residency	Physicians
South University	School of Nursing
Troy University Montgomery	School of Nursing
University of Alabama Birmingham	School of Medicine
University of Alabama Birmingham	Residency

EXHIBIT J

BAPTIST HEALTH CENTER FOR WELLBEING BUSINESS PLAN

Baptist Health Center for Wellbeing Business Plan

September 20, 2015

Prepared by:

Kelly Benson, RN
Transitional Care Manager

I. Program Rationale:

People with multiple health and social needs are high consumers of health care services, and are thus drivers of high health care costs. The elevated cost of care in this population offers a tremendous opportunity to understand the individuals and their priorities and needs, and to craft a service delivery plan that meets their needs more effectively at a significantly lower cost. The Baptist Health Center for Wellbeing is dedicated to improving the health of the community by offering a broad spectrum of wellness services. Our nurses, registered dietitians, health educators, and support staff help individuals initiate lifestyle change and realistic health goals through workshops, courses, and one-on-one counseling. This requires a relationship focused on learning about the needs of the individual, such as life and health goals; past treatment

experiences and preferences; and the strengths and resources of the individual as well as the barriers they face.

II. Project Goals:

1. Our team of health care professionals will work together to ensure patients' health needs are being met and that the right care is being delivered in the right place, at the right time, and by the right person.
2. Provide an avenue for timely outpatient follow-up for patients at high risk for emergency room visits and re-hospitalization, thereby reducing readmission rates.
3. Bridge the communication gap between inpatient and outpatient providers in the immediate post hospitalization period.
4. We are engaged in improving the health and wellbeing of our community by partnering with area businesses, non-profit and civic organizations to extend the reach of Baptist Health services outside the walls of the traditional hospital setting and to create a culture of wellness for everyone.
5. The first step is to identify those individuals who could benefit most from our services. The question can be posed as: Who is failing to seek primary care? The question is posed this way because we can view most hospitalizations as failures of preventive primary care. A blunt assessment can be a simple scan of the most frequent users of hospital-based services — that is, individuals who visit the emergency room frequently and whose illnesses often warrant inpatient care.

III. Programs:

Community Case Management:

Collaboration and integration across the care continuum are key success factors for providing an optimal experience for patients with complex needs. The Department believes that to provide integrated seamless care the inherent competencies and capabilities of the acute, sub-acute and community sectors must be leveraged. It is imperative that we establish effective working relationships with other programs including, but not limited to, Emergency Department Care Coordination, General Practice Liaison Units, Diabetes Management Initiatives, and Post-Acute Care.

The role of the Community Case Manager (CCM) involves working with the patients to develop an individualized support plan and assist to implement that plan. Community case managers will work closely to assure ongoing patient support with the process and outcomes of services and available resources. The role of family in the circle of support in managing chronic illness is very important.

The community case managers are an extension of the over-all case management system for Baptist Health. A great deal of support will be available through access to information systems, resources, training and education, and quality assurance to assure that the department has the same resources and access as their team members in the system. It is imperative that the community case managers strive to maintain quality relationships with community supports and community providers. This will facilitate access to services for the people they represent.

CCM will leverage patient population by utilizing sophisticated predictive modeling software which can further identify individuals who are likely to drive high future health care costs, as distinct from those whose illnesses require acute care for a given episode.

They assist with:

- Managing physical health problems
- Connecting patient's with other community services
- Dietary education
- Safe medicine use
- Education on specific illnesses and treatments
- Emotional support
- Monitoring of client progress through structured follow-up phone calls

The Center for Diabetes:

The Center for Diabetes is an excellent resource for those with diabetes in central Alabama. Certified diabetes educators who are both registered nurses and registered dietitians teach one-on-one and in small groups about all aspects of diabetes management including blood glucose testing, medication, diet and exercise. Certified insulin pump instructors provide insulin pump therapy. Special programs for those with gestational diabetes are offered. The Center for Diabetes education program offers courses to help patients with diabetes get on track to effective disease management. Basic Carb counting classes provide patient education regarding blood sugar control and covers: carbs and blood sugar, high-carb foods, label reading, sugar-free vs. carb-free, carb targets, designing your plate, fiber and fat, time savers and exercise.

The Baptist Health Center for Diabetes utilizes a comprehensive approach to education regarding all aspects of diabetes care. Each patient's education plan is based on the foundational principles of knowledge and skills needed to manage their disease state and/or optimize their health. Instructors individualize their teaching methods and adapt the education provided to meet each patient's needs for the best outcome. All patients with diabetes seen by the clinical instructors will be followed up after instruction is completed to determine the patient's progress in implementing their new knowledge, skills and behaviors.

CareAdvisor Program:

The CareAdvisor program was established to address issues of limited accessibility and availability of primary and specialty health care to the medically underserved, low income, uninsured residents of central Alabama. This partnership provides coordinated health care services that include preventive and comprehensive primary health care, immediate medical care for minor emergencies, specialty physician services, and hospital based inpatient and outpatient services. The program provides health care to residents with limited access to care, facilitates cooperation among health care providers in the community, helps promote volunteerism among providers, and conserves valuable resources by reducing unnecessary Emergency Department visits and decreasing inpatient hospitalizations.

Enrollment into the CareAdvisor program qualifies patients for the following services:

- Clinic visits at Montgomery Family Medicine Residency Program
- Care for authorized ED/inpatient/outpatient services within the Baptist System

- Limited durable medical equipment
- Medical specialty consultations
- Medication assistance through Baptist Tower Pharmacy
- Nursing case management
- Social work case management

Pulmonary Rehabilitation Clinic:

The Pulmonary Rehabilitation Program is comprised of a multi-disciplinary team of specialists who provide rehabilitative care to people who have chronic pulmonary disease and their families. The goals of the program are to improve the quality of life of individuals with chronic pulmonary disease by meeting the following objectives:

- To provide the individual with a better understanding of the disease process
- To assist the individual in developing methods to cope with his/her disease
- To promote and maintain improvement in physical capabilities
- To develop in the individual a perception of well-being

The Pulmonary Rehabilitation program has numerous components, which include but are not limited to the following:

- Education sessions discussing breathing techniques, disease processes, respiratory medications, oxygen therapy, exercise techniques
- Exercise reconditioning sessions
- Oxygen dosing (when appropriate)
- Nutrition education session
- Energy conservation techniques
- Individualized session regarding results of tests, program recommendations, exercise prescription, and to respond to any questions from the patient
- Recommend to physician any changes or additional tests that are deemed necessary (O2 therapy, overnight oximetry, ABG's, and medication changes, etc.)

V. Conclusion:

Collaborating with individuals with multiple health and social needs will help us to reshape the health care system, with benefits gained by all — not just those experiencing vulnerability. As health care costs decline and individuals stabilize their health and reestablish their roles in the community, all of us benefit as our most vulnerable neighbors regain participatory roles in community life. When the care system offers individuals a genuine opportunity to gain ongoing support through a partnering relationship with a team member dedicated to aligning a diverse care plan with the individual's own health and life goals, drawing on their assets and fostering

their self-care skill development, the care system can be an integral part of the individual's health journey.