

Holly S. Hosford

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205.521.8376

Bradley

CO2020-034
RECEIVED

Sep 03 2020

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

September 3, 2020

Via Electronic Filing
(shpda.online@shpda.alabama.gov)

Ms. Emily Marsal, Esq.
Executive Director
State Health Planning and Development Agency
100 North Union Street, Suite 870
Montgomery, Alabama 36104

RE: CO 2020-034; Bio-Medical Applications of Alabama, Inc. d/b/a BMA of East Mobile; Response to Request for Additional Information

Dear Ms. Marsal:

We received your letter dated August 31, 2020, requesting verification as to the current capacity of BMA of East Mobile (the "Clinic"). The Clinic currently operates twenty-nine (29) in-center hemodialysis stations. A copy of the Clinic's existing license is enclosed herein.

Should you have any questions or need further information, please feel free to contact me at the number or address listed above. Thank you in advance for your assistance with this matter.

Best regards,



Holly S. Hosford

Certificate # 22074

Alabama

STATE BOARD OF HEALTH

This is to certify that a license is hereby granted by the State Board of Health to
BIO-MEDICAL APPLICATIONS OF ALABAMA, INC.

to operate

BMA OF EAST MOBILE

as an

END STAGE RENAL DISEASE TREATMENT CENTER

This license is valid for the following location

1217 GOVERNMENT STREET • MOBILE, AL 36604



ESRD Stations: **29**

S4901

Facility Identification

Scott Harris, M.D.

Scott Harris, M.D.
State Health Officer

2020

This License shall expire December 31, 2020.

Holly S. Hosford

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Aug 11 2020

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DEVELOPMENT AGENCY

August 11, 2020

Via Electronic Filing
(shpda.online@shpda.alabama.gov)

Ms. Emily Marsal, Esq.
Executive Director
State Health Planning and Development Agency
100 North Union Street, Suite 870
Montgomery, Alabama 36104

RE: Change of Ownership; Bio-Medical Applications of Alabama, Inc. d/b/a BMA of East Mobile; SHPDA ID 097-D3821

Dear Ms. Marsal:

We respectfully submit to the State Health Planning and Development Agency (“SHPDA”) this letter as an attachment to the Notice of Change of Ownership form that we are filing pursuant to Chapter 410-1-7-.04, Rules and Regulations of the Alabama Certificate of Need Program (the “Rules”). The proposed change of ownership involves transfer of a twenty-nine (29) station ESRD facility and related assets located in Mobile County, Alabama (the “Facility”) from Bio-Medical Applications of Alabama, Inc. (“BMA”) to Fresenius Medical Care Mobile Area, LLC (“FMC”), an entity under “common ownership and control” as BMA, as such phrase is defined in CON Rule 410-1-11-.09(b).

I. Overview of Proposed Transaction.

The Facility is located at 1217 Government Street, Mobile, Mobile County, Alabama 36604. BMA is authorized to operate 24 in-center hemodialysis stations.

The following summarizes the transaction proposed to take place within five days of receipt of an ESRD facility license in the name of FMC issued by the Alabama Department of Public Health (“ADPH”) and responds to inquiries posed in the SHPDA Change of Ownership Application. The proposed transaction involves the acquisition by FMC of the Facility and its assets from BMA. In consideration for the assets being transferred, FMC will make a fair market value payment to BMA. Following the proposed transaction, the Facility will be referred to as Fresenius Kidney Care East Mobile.

II. SHPDA Requirements for Change of Ownership

Concerning the questions posed in the Change of Ownership Application, please note the following:

1. The Financial Scope of the Project. BMA will contribute the assets of the Facility to FMC in exchange for an equity membership interest in FMC. The Transaction does not involve new cost associated with the Facility exceeding the following expenditure thresholds: (i) \$3,024,899 for major medical equipment; (ii) \$1,209,958 for new annual operating costs; and (iii) \$6,049,799 for capital expenditures.

2. Services to be Offered. The contemplated transaction will not result in any new or additional services to those already authorized to be provided by the Facility.

3. Whether the Proposal will Include the Addition of Any New Beds. The contemplated transaction will not result in the addition of new beds.

4. Whether the Proposal will Involve the Conversion of Beds. The contemplated transaction will not result in the conversion of beds.

5. Whether the Assets and Stock (if any) will be acquired. As described more particularly above, FMC will acquire the Facility assets from BMA.

III. Requested Action

Based upon the above description of the proposed transaction and a showing that there will be no change in health services, conversion of beds, or increase or decrease in bed capacity, we respectfully request that you exercise your authority under Chapter 410-1-7-.04(2) of the Rules and determine that a Certificate of Need is not required for the consummation of this proposed transaction. In accordance with the Rules, I am enclosing with this request a check in the amount of \$2,500 made payable to the Alabama State Health Planning and Development Agency.

Should you have any questions or need further information, please feel free to contact me at the number or address listed above. Thank you in advance for your assistance with this matter.

Best regards,



Holly S. Hosford

Aug 11 2020

NOTICE OF CHANGE OF OWNERSHIP/CONTRSTATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

The following notification of intent is provided pursuant to all applicable provisions of ALA. CODE § 22-21-270 (1975 as amended) and ALA. ADMIN. CODE r. 410-1-7-.04. This notice must be filed at least twenty (20) days prior to the transaction.

Change in Direct Ownership or Control (of a vested Facility; ALA. CODE §§ 22-20-271(d), (e))

Change in Certificate of Need Holder (ALA. CODE § 22-20-271(f))

Change in Facility Management (Facility Operator)

Any transaction other than those above-described requires an application for a Certificate of Need.

Part I: Facility Information

SHPDA ID Number: **097-D3821**

(This can be found at www.shpda.alabama.gov, Health Care Data, ID Codes)

Name of Facility/Provider: **BMA of East Mobile (following closing will be Fresenius Kidney Care East Mobile)**

(ADPH Licensure Name)

Physical Address: **1217 Government Street**

Mobile, Alabama 36604

County of Location: **Mobile**

Number of Beds/ESRD Stations: **29 stations**

CON Authorized Service Area (Home Health and Hospice Providers Only). Attach additional pages if necessary. _____

Part II: Current Authority (Note: If this transaction will result in a change in direct ownership or control, as defined under ALA. CODE § 22-20-271(e), please attach organizational charts outlining current and proposed structures.)

Owner (Entity Name) of Facility named in Part I:

Bio-Medical Applications of Alabama, Inc.

Mailing Address:

920 Winter Street

Waltham, Massachusetts 02451

Operator (Entity Name):

Bio-Medical Applications of Alabama, Inc.

Part III: Acquiring Entity Information

Name of Entity:

Fresenius Medical Care Mobile Area, LLC

Mailing Address:

920 Winter Street

Waltham, Massachusetts 02451

Operator (Entity Name):

Fresenius Management Services, Inc.

Proposed Date of Transaction is on or after:

Upon approval of Change of Ownership License Application by ADPH

Part IV: Terms of Purchase

Monetary Value of Purchase:

See attached letter.

Type of Beds:

Number of Beds/ESRD Stations:

29 dialysis stations.

Financial Scope: to Include Preliminary Estimate of the Cost Broken Down by Equipment, Construction, and Yearly Operating Cost:

See attached letter.

Projected Equipment Cost: \$ _____

Projected Construction Cost: \$ _____

Projected Yearly Operating Cost: \$ _____

Projected Total Cost: \$ _____

On an Attached Sheet Please Address the Following:

- 1.) The services to be offered by the proposal (the applicant will state whether he has previously offered the service, whether the service is an extension of a presently offered service, or whether the service is a new service).
- 2.) Whether the proposal will include the addition of any new beds.
- 3.) Whether the proposal will involve the conversion of beds.
- 4.) Whether the assets and stock (if any) will be acquired.

Part V: Certification of Information

Current Authority Signature(s):

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

Owner: Ginine Brentar

Name and Title: Ginine Brentar, GVPO, Southeast Group

Date: 07-29-2020

SWORN to and subscribed before me, this 31st day of July, 2020

(Seal) A-84 Michele C. Deek
Notary Public

My Commission Expires:
My Commission Expires:
December 29, 2021

Acquiring Authority Signature(s):

I agree to be responsible for reporting of all services provided during the current annual reporting period, as specified in ALA. ADMIN. CODE r. 410-1-3-.12. The information contained in this notification is true and correct to the best of my knowledge and belief.

Owner: Ginine Brentar

Name and Title: Ginine Brentar, GVPO, Southeast Group

Date: 07-29-2020

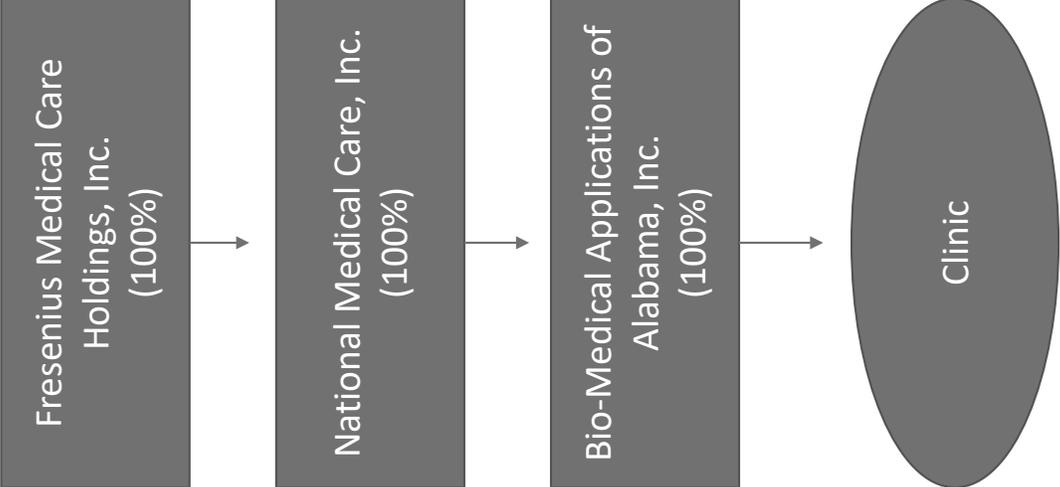
SWORN to and subscribed before me, this 31st day of July, 2020

(Seal) Michele C. Deek
Notary Public

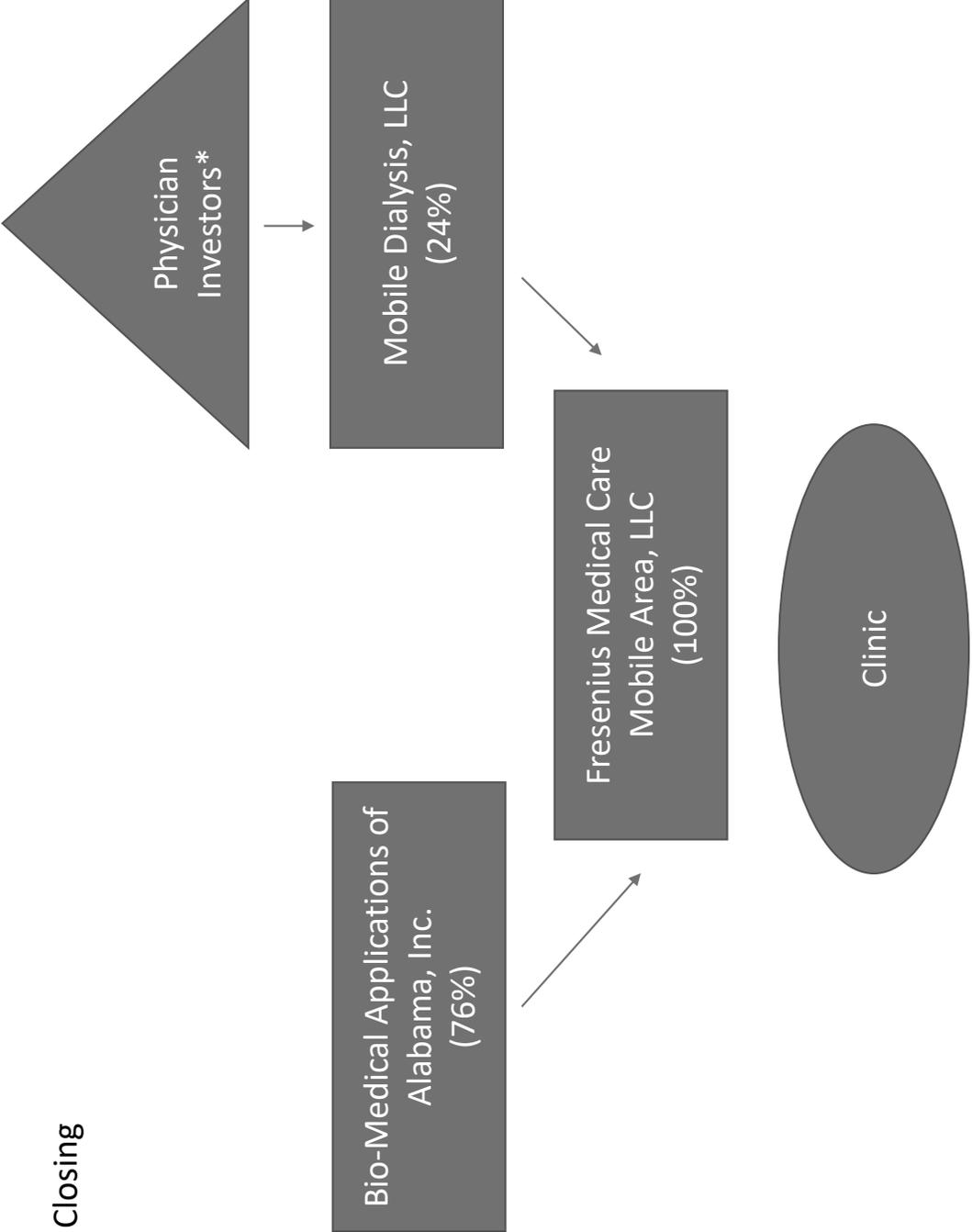
My Commission Expires:
My Commission Expires:
December 29, 2021

Author: Alva M. Lambert
Statutory Authority: § 22-21-271(c), Code of Alabama, 1975
History: New Rule

Ownership Prior to Closing



Ownership After Closing



*Physician Investors in Mobile Dialysis, LLC	Membership Interest
Douglas A. Amare, M.D.	10%
J. Michael Nipper, M.D.	10%
M. Craig Kleinmann, D.O.	10%
Stephen P. Wilber, M.D.	10%
W. Bibb Lamar III, M.D.	10%
Christopher D. Mire, M.D.	10%
Jonathan B. Cole, M.D.	10%
R. Sellors Meador, M.D.	10%
Jesse M. Corbello, M.D.	10%
Ryan Tulowitzki, M.D.	10%