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CO2022-109

RECEIVED

Aug 25 2022

STATE HEALTH PLANNING AND  
DEVELOPMENT AGENCY

089-U4508  
AL2021-016

August 25, 2022

Via Electronic Filing  
([shpda.online@shpda.alabama.gov](mailto: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 in Ownership; United Vascular of Huntsville, LLC; SHPDA ID 26227

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/Control form (the “Notice”) that we are filing pursuant to Chapter 401-1-7-.04, Rules and Regulations of the Alabama Certificate of Need Program (the “Rules”). The proposed change in ownership involves the transfer of 65%, in the aggregate, of the equity interest in United Vascular of Huntsville, LLC (the “CON Holder”) to Crestwood Healthcare, L.P. (“Crestwood”). The CON Holder operates an ambulatory surgery center located at 4700 Whitesburg Drive, Suite 300 in Huntsville, Alabama, within Madison County (the “ASC”). The completed Notice is attached hereto as Attachment 1.

### **Overview of Proposed Transaction**

The CON Holder is currently owned as follows: 35% by Valley Vascular Access Center, LLC; 50% by United Vascular, LLC; and 15% by HRC Access, LLC. In the proposed transaction, United Vascular, LLC and HRC Access, LLC (the “Seller Parties”) will sell all of their interests in the CON Holder to Crestwood (the “Proposed Transaction”). As a result of the Proposed Transaction, the CON Holder will be owned 35% by Valley Vascular Access Center, LLC and 65% by Crestwood. The Proposed Transaction is anticipated to occur effective on or after September 1, 2022 (following a determination by SHPDA). Organizational charts showing the ownership of the CON Holder before and after the Proposed Transaction are attached as Attachment 2. The Proposed Transaction will not result in a change in the EIN/tax ID, offered services, service area, name, or address of the ASC. Both before and after the Proposed Transaction, the entity operating the ASC and holding the CON is United

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*US practice conducted through McDermott Will & Emery LLP.*

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Vascular of Huntsville, LLC. Further, the Proposed Transaction does not constitute a change of ownership for Medicare purposes.

**Notice of Change of Ownership/Control form - Questions**

The Notice requests an attachment providing the following information:

1. Services to be Offered. The Proposed Transaction will not result in any new or additional services to those already authorized to be provided by the ASC.
2. New Beds. The Proposed Transaction will not result in the addition of new beds. Note that the ASC does not have any beds.
3. Conversion of Beds. The Proposed Transaction will not result in the conversion of beds. Note that the ASC does not have any beds.
4. Acquisition of Assets/Stock. As described above, the Proposed Transaction involves the transfer of 65% of the equity interest in the CON Holder from the Seller Parties (United Vascular, LLC and HRC Access, LLC) to Crestwood Healthcare, L.P.

**Requested Action**

Based upon the above description of the Proposed Transaction and a showing that there will be no change in offered 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 the Proposed Transaction. In accordance with the Rules, under separate cover

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and via overnight delivery, we are submitting 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 do not hesitate to reach out to me directly at (312) 984-2742 or [rbyrd@mwe.com](mailto:rbyrd@mwe.com). Thank you for your time and attention to this matter.

Sincerely,

A handwritten signature in blue ink that reads "Rachel Byrd". The signature is written in a cursive style with a large initial "R" and "B".

Rachel Byrd

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Will & Emery**

**Attachment 1**

Notice form

*See attached*

**NOTICE OF CHANGE OF OWNERSHIP/CONTROL**

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: 26227 089-U4508  
 (This can be found at [www.shpda.alabama.gov](http://www.shpda.alabama.gov), Health Care Data, ID Codes)

Name of Facility/Provider: United Vascular of Huntsville, LLC  
 (ADPH Licensure Name)

Physical Address: 4700 Whitesburg Drive, Suite 300  
Huntsville, Alabama 35802

County of Location: MADISON

Number of Beds/ESRD Stations: 0

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: United Vascular of Huntsville, LLC

Mailing Address: 4700 Whitesburg Drive, Suite 300  
Huntsville, Alabama 35802

Operator (Entity Name): United Vascular of Huntsville, LLC

**Part III: Acquiring Entity Information**

Name of Entity: United Vascular of Huntsville, LLC

Mailing Address: 4700 Whitesburg Drive, Suite 300  
Huntsville, Alabama 35802

Operator (Entity Name): United Vascular of Huntsville, LLC

Proposed Date of Transaction is on or after: 09/01/2022

**Part IV: Terms of Purchase**

Monetary Value of Purchase: \$ 5,395,000.00

Type of Beds: N/A

Number of Beds/ESRD Stations: 0

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

Projected Equipment Cost: \$ 0.00

Projected Construction Cost: \$ 0.00

Projected Yearly Operating Cost: \$ 3,000,000.00

Projected Total Cost: \$ 3,000,000.00

**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(s): United Vascular of Huntsville, LLC

Operator(s): United Vascular of Huntsville, LLC

Title/Date: Dom Ronga

*Domestic Ronga*  
*Domestic Ronga*  
*Domestic Ronga* 8/24/22

SWORN to and subscribed before me, this 24 day of August, 2022.

(Seal) **BENJAMIN TAYLOR BLUE**  
**NOTARY PUBLIC**  
**REG. #7687965**  
**COMMONWEALTH OF VIRGINIA**  
**MY COMMISSION EXPIRES JANUARY 31, 2024**

[Signature]  
Notary Public  
My Commission Expires: 01/31/2024

**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.

Purchaser(s): United Vascular of Huntsville, LLC [Signature]

Operator(s): United Vascular of Huntsville, LLC [Signature]

Title/Date: Dom Ronga [Signature] 8/24/22

SWORN to and subscribed before me, this 24 day of August, 2022.

(Seal) **BENJAMIN TAYLOR BLUE**  
**NOTARY PUBLIC**  
**REG. #7687965**  
**COMMONWEALTH OF VIRGINIA**  
**MY COMMISSION EXPIRES JANUARY 31, 2024**

[Signature]  
Notary Public  
My Commission Expires: 01/31/2022

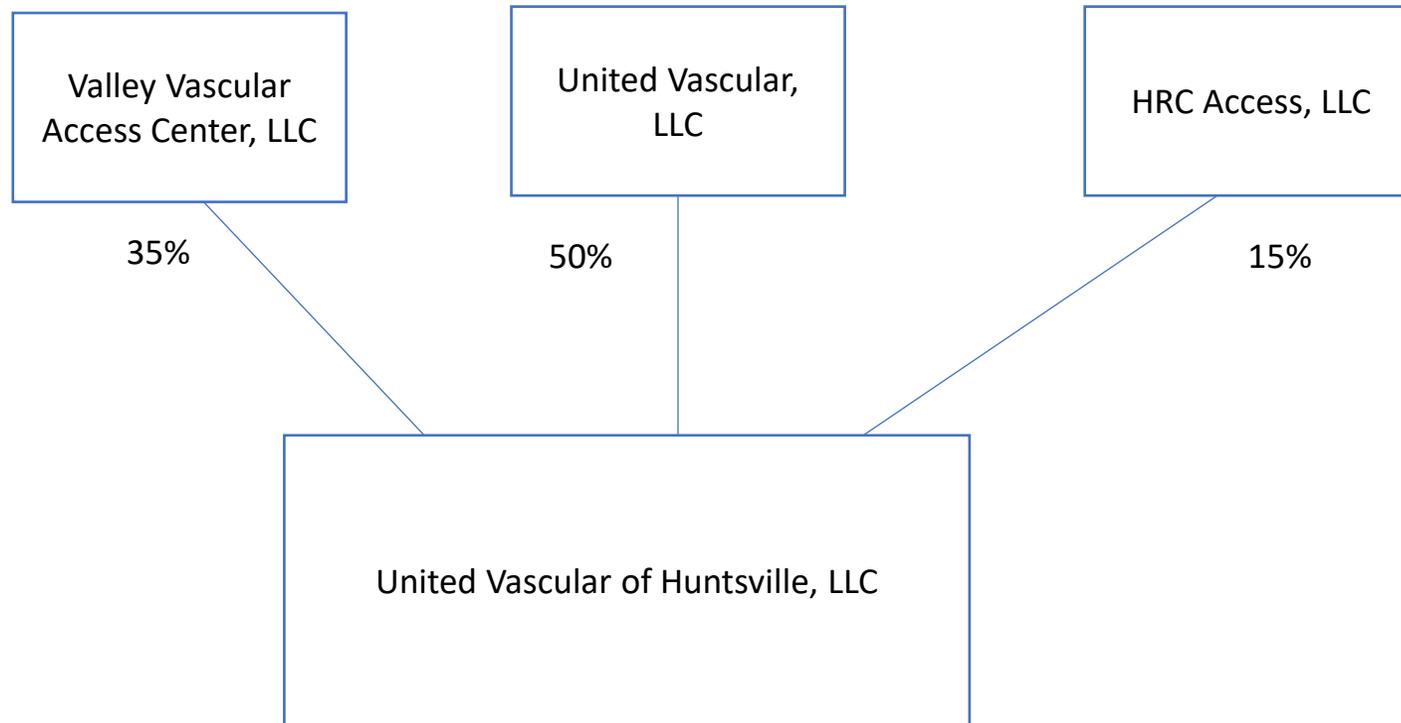
Author: Alva M. Lambert  
Statutory Authority: § 22-21-271(c), Code of Alabama, 1975  
History: New Rule

**Attachment 2**

Proposed Transaction Diagram

*See attached*

**Pre-Transaction Ownership  
United Vascular of Huntsville, LLC**



**Post-Transaction Ownership  
United Vascular of Huntsville, LLC**

