



RV2020-025  
**RECEIVED**  
Aug 18 2020  
STATE HEALTH PLANNING AND  
DEVELOPMENT AGENCY

**Madison Surgery Center**  
460 Lanier Road • Madison, Alabama 35758

August 17, 2020

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

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

RE: Request for Reviewability Determination  
Madison Surgery Center

Dear Mrs. Marsal:

Madison Surgery Center, L.L.C. ("MSC") operates a multi-specialty surgery center in Madison County, Alabama, in the city of Madison. The purpose of this letter is to request your determination, pursuant to rule 401-1-7-.02 of the Alabama Certificate of Need Program Rules & Regulations ("CON Rules"), that MSC does not require a Certificate of Need ("CON") from the State Health Planning and Development Agency to undertake the construction project described in this letter. In order to assist with this determination, we offer the following information.

MSC provides surgical services in a multi-specialty ambulatory surgery center located in Madison, Alabama. We are a AAAHC-Medicare accredited facility currently operating five (5) GI procedure rooms and five (5) Operating Rooms. Our Medical Staff of 76 physicians provided care for over 13,300 patients and performed over 26,490 procedures in 2019. MSC plans to undertake a construction project at its existing facility that will include the conversion of administrative space into additional operating rooms and other clinical space (the "Project"). The project will include relocating the current five (5) endoscopy procedure rooms and the administrative office to the second floor of the facility. This will allow for two additional operating suites, additional Post-Anesthesia Care Unit (PACU) bays (including bays specifically for pediatric post-op), an enlarged waiting room and additional supply and equipment storage capability on the first floor. The Project will allow MSC to meet the demand for surgical services at this facility that, in turn, will benefit both patients and clinicians in Madison County.

The proposed Project will not exceed any of the CON expenditure thresholds set forth in Section 410-1-2-.07 of the CON Rules, which effective October 1, 2019, are \$3,024,899 for major medical equipment, \$1,209,958 for new annual operating cost, and \$6,049,799 for other capital expenditures. MSC estimates that this Project will involve the following costs:

Construction Costs:	\$4,825,000
New Annual Operating Costs:	\$ 840,380
Major Medical Equipment:	\$1,106,741

MSC's proposed Project will result in neither an increase in the number of licensed inpatient beds nor a reclassification of beds. Further, the Project will not result in the implementation of a new institutional health service.

For these reasons, the proposed Project is not subject to CON review. *See* Ala. Code 1975, § 22-21-263; CON Rules 410-1-2-.07. We therefore respectfully request your determination that MSC is not required to obtain a CON in order to undertake the Project described in this letter. We appreciate your consideration of this request and welcome the opportunity to address any questions regarding this matter. A check for \$1,000.00 in payment for the applicable fee will be delivered to your office.

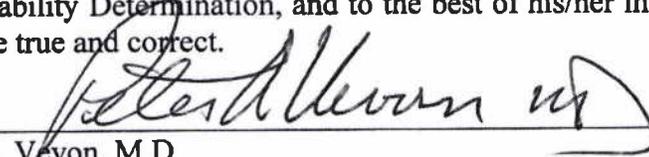
Sincerely,



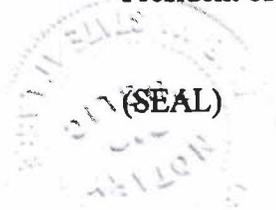
Peter A. Vevon, M.D.  
As President, MSC

Affirmation of Requesting Party:

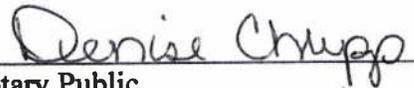
The undersigned, being first duly sworn, hereby makes oath or affirms that he/she, as President of Madison Surgery Center, L.L.C., has knowledge of the facts in the attached Request for Reviewability Determination, and to the best of his/her information, knowledge and belief, such facts are true and correct.

  
\_\_\_\_\_

Peter A. Vevon, M.D.  
President of Madison Surgery Center, L.L.C.



SUBSCRIBED AND SWORN to before me this 17<sup>th</sup> day of August 2020.

  
\_\_\_\_\_  
Notary Public  
My commission expires: 6/26/2022



**Madison Surgery Center**  
460 Lanier Road • Madison, Alabama 35758

RV2020-025  
**RECEIVED**  
**Sep 15 2020**  
STATE HEALTH PLANNING AND  
DEVELOPMENT AGENCY

September 14, 2020

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

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

RE: Response to Request for Additional Information  
Madison Surgery Center Request for Reviewability Determination

Dear Mrs. Marsal:

This is written in response to your August 28, 2020 letter requesting additional information relating to Madison Surgery Center, L.L.C.'s ("MSC") Request for Reviewability Determination filed on August 18, 2020.

First, you requested that we "[p]rovide the Agency with a disclosure of financial interests in the entity requesting the reviewability determination held by any other healthcare facilities or groups." MSC is owned by individual physicians. No other healthcare facilities or groups have any ownership interest in MSC.

Second, you requested that we "[p]rovide clarification as to the items in the proposed project requiring construction and those being relocated to other existing areas of the multi-specialty surgery center." MSC intends to relocate its five (5) existing gastroenterology procedure rooms and its administrative office to the second floor of the facility. By relocating the procedure rooms and administrative office to the second floor, space will be available on the first floor for the addition of two (2) operating suites, additional Post-Anesthesia Care Unit (PACU) bays (including bays specifically for pediatric post-op), an enlarged waiting room, and additional supply and equipment storage areas. The construction required for the renovation described will not exceed any of the CON expenditure thresholds set forth in Section 410-1-2-.07 of the CON Rules.

Please let me know if any additional information is needed in order to complete your review of MSC's Reviewability Determination Request.

Sincerely,

A handwritten signature in cursive script that reads "Peter A. Vevon, M.D." The signature is written in black ink and is positioned to the right of the word "Sincerely,".

Peter A. Vevon, M.D.  
As President, MSC