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**RURAL RV  
RECEIVED**

**Mar 05 2021**

STATE HEALTH PLANNING AND  
DEVELOPMENT AGENCY

March 5, 2021

**VIA ELECTRONIC FILING**

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

Re: Request for Reviewability Determination  
Cullman Regional Medical Center

Dear Ms. Marsal:

Our firm represents Cullman Regional Medical Center, an acute care hospital located at 1912 Alabama Highway 157, Cullman, Alabama 35058 ("CRMC"). CRMC is located in Cullman County which is a Micropolitan Statistical Area and satisfies the statutory exemption found in Section 22-21-263(a)(4) of the Code of Alabama (1975) with respect to acute care hospitals classified as rural by the Office of Management and Budget. CRMC is a sole community hospital and is the only acute care hospital in Cullman County.

The purpose of this letter is to request your determination, pursuant to Section 410-1-7-.02 of the Alabama Certificate of Need Program Rules & Regulations ("Regulations"), that the re-opening of a second catheterization lab (which will also be classified as a multi-purpose room) at CRMC for vascular surgery and for diagnostic and interventional cardiac catheterizations on CRMC's campus does not require CRMC to obtain a Certificate of Need ("CON") from the State Health Planning and Development Agency. We are requesting this determination because the re-opening of the second catheterization laboratory does not involve a new service at CRMC or expenditures above CON expenditure thresholds.

The scope of the proposed project will not exceed any of the CON expenditure thresholds specified in Section 410-1-2-.07 of the Regulations, of \$3,079,347 for major medical equipment, of \$1,231,738 for new annual operating costs, or of \$6,158,695 for capital expenditures, as currently adjusted for CPI. CRMC represents that the proposed project will not exceed the following approximate costs:

Total Renovation/Construction Cost:	\$ 200,000
Total Equipment Cost:	\$ 1,500,000
Total Incremental Annual Operating Cost:	\$ 1,200,000

Hon. Emily Marsal  
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As a point of reference, CRMC's existing catheterization lab has performed over 1,000 cardiac catheterization procedure equivalents in each of the last two years as calculated as in accordance with Section 410-2-3-.03(b) of the Regulations. CRMC is therefore eligible to expand its cardiac catheterization service under Section 410-2-3-.03(b)(3) of the Regulations. Please see **Exhibit A** with CRMC's two most recent SHPDA annual reports along with a chart which contains a calculation of the total number of cardiac catheterization procedure equivalents for validation of this utilization. Furthermore, CRMC is the only facility that provides catheterization services in Cullman County.

This project will not involve the addition of inpatient beds or the conversion of one classification of beds into another classification of beds. Further, this project will not result in the provision of any new institutional health services.

It is our understanding that as a rural hospital, CRMC is not required to pay a filing fee in connection with this request for a letter of non-reviewability.

Accordingly, based on the above, we respectfully request your determination that CRMC is not required to obtain a CON in order to complete the proposed project. We appreciate your consideration of this request. Feel free to contact me if you need further information or have any questions.

Sincerely,

Colin H. Luke

Hon. Emily Marsal  
March 5, 2020  
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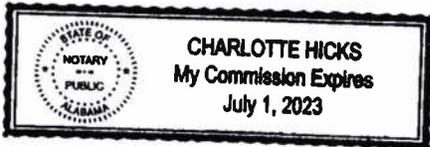
The undersigned, being first duly sworn, hereby makes oath or affirms that she is the Chief Operating Officer for Cullman Regional Medical Center, has knowledge of the facts in this request, and to the best of her information, knowledge and belief, such facts are true and correct.

Affiant: Nesha Donaldson  
Nesha Donaldson

SUBSCRIBED AND SWORN to before me this 5<sup>th</sup> day of March, 2021.

Charlotte Hicks  
Notary Public

My commission expires:



(SEAL)



EXHIBIT A

Cullman Regional Medical Center performed 1,338 cardiac catheterization procedure equivalents in 2020 and 1,839 cardiac catheterization procedure equivalents in 2019. All of the procedure equivalents were performed in Cullman’s sole authorized catheterization lab. Therefore, Cullman Regional is eligible to expand its existing cardiac catheterization services pursuant to Ala. Admin. Code r. 410-2-3-.03. For more information, please see the following charts and the attached annual reports.

<b>2020</b>	<b>Inpatient</b>	<b>Outpatient</b>	<b>Combined</b>
Diagnostic Catheterizations	362 x 1 (PE) = 362	561 x 1 (PE) = 561	923
Therapeutic / Interventional Catheterizations	80 x 2 (PE) = 160	116 x 2 (PE) = 232	392
Pacemaker Implants	4 x 1 (PE) = 4	19 x 1 (PE) = 19	23
<b><u>Total</u></b>	556	812	<b>1,338</b>

<b>2019</b>	<b>Inpatient</b>	<b>Outpatient</b>	<b>Combined</b>
Diagnostic Catheterizations	665 x 1 (PE) = 665	754 x 1 (PE) = 754	1,419
Therapeutic / Interventional Catheterizations	130 x 2 (PE) = 260	65 x 2 (PE) = 130	390
Pacemaker Implants	17 x 1 (PE) = 17	13 x 1 (PE) = 13	30
<b>Total</b>	942	897	<b>1,839</b>

Note: “PE” stands for “procedure equivalents” as used in Ala. Admin. Code. r. 410-2-3-.03.

Note: The above data comes from Cullman Regional Medical Center’s 2019 and 2020 Annual Reports.

THIS REPORT IS DUE ON OR BEFORE DECEMBER 15, 2020

## STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

**MAILING ADDRESS (U.S. Posta. Service)**  
 PO BOX 303025  
 MONTGOMERY AL 36130-3025  
 TELEPHONE: (334) 242-4103  
[www.shpda.alabama.gov](http://www.shpda.alabama.gov)

**STREET ADDRESS (Commercial Carrier)**  
 100 NORTH UNION STREET STE 870  
 MONTGOMERY AL 36104  
 FAX: (334) 242-4113  
[bradford.williams@shpda.alabama.gov](mailto:bradford.williams@shpda.alabama.gov)

### 2020 ANNUAL REPORT FOR HOSPITALS AND RELATED FACILITIES

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- Submit

043-6530320  
  
 CULLMAN REGIONAL MEDICAL CENTER

<b>Mailing Address:</b>	PO BOX 1108	CULLMAN	AL	35058
	STREET ADDRESS	CITY	STATE	ZIP
<b>Physical Address:</b>	1912 AL HWY 157	CULLMAN	AL	35058
	STREET ADDRESS	CITY		ZIP
<b>County of Location:</b>	CULLMAN			
<b>Facility Telephone:</b>	(256) 737-2598	<b>Facility Fax:</b>	(256) 737-2596	
	(AREA CODE) & TELEPHONE NUMBER		(AREA CODE) & TELEPHONE NUMBER	
This reporting period is	10/1/2019	through	9/30/2020	or for <b>partial</b> year of operation beginning
	and ending			a period of _____ days.

MONTH DAY MONTH DAY  
 Data for the agency's fiscal year, other than the time frame specified, may be provided, but no more than 12 months of consecutive data should be reported. *If there was a change in ownership during the reporting period, data for the full year should be reported by the current owner.*

**We hereby affirm and attest that the reported information has been verified, and to the best of our knowledge, the information contained in the following pages of this report is a true and accurate representation of the services, equipment, and utilization of this facility.**

JADA HAGA		10/19/2020
PRINTED NAME OF PREPARER	SIGNATURE OF PREPARER	DATE
(256) 737-2569	ACCOUNTING MANAGER	JADA.HAGA@CULLMANREGIONAL.COM
DIRECT TELEPHONE NUMBER	TITLE OF PREPARER	E-MAIL ADDRESS

**A member of administration MUST also sign below verifying the accuracy of the information contained herein, as reported by the preparer listed above; and must be separate from the preparer.**

NESHA DONALDSON		10/19/20
PRINTED NAME OF ADMINISTRATION OFFICIAL	SIGNATURE OF ADMINISTRATION OFFICIAL	DATE
(256) 737-2598	COO	NESHA.DONALDSON@CULLMANREGIONAL.COM
DIRECT TELEPHONE NUMBER	TITLE OF ADMINISTRATION OFFICIAL	E-MAIL ADDRESS

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Entered: _____	Final Scan: _____	Audited: _____

THIS REPORT IS DUE ON OR BEFORE DECEMBER 15, 2020

**G. CARDIAC PROCEDURES**

Classify the total invasive cardiac procedures into one of the following inpatient or outpatient categories. Do not count Swan/Ganz insertions performed in other areas of your facility. Report the **TOTAL NUMBER OF PHYSICAL PROCEDURES PERFORMED BY THE LAB(S)**, NOT the number of procedures billed by the hospital (billing code numbers).

	PERFORMED IN CON-AUTHORIZED CATHETERIZATION LAB		PERFORMED IN ELECTROPHYSIOLOGY LAB		OTHER LOCATION (specify)	
	Inpatient Procedures	Outpatient Procedures	Inpatient Procedures	Outpatient Procedures	Inpatient Procedures	Outpatient Procedures
<b>Heart Catheterization Diagnostic</b>	362	561				
<b>Heart Catheterization Therapeutic/ Interventional</b> (Including PTCA, directional coronary atherectomy, rotational atherectomy and similar complex therapeutic procedures)	80	116				
<b>Pediatric Catheterization</b>	0	0				
<b>Electrophysiology Diagnostic</b>	0	0	0	0	0	0
<b>Electrophysiology Therapeutic</b>	0	0	0	0	0	0
<b>Pacemaker Implants (permanent)</b>	4	19	0	0	0	0
<b>Other (specify below)</b> TEE/LOOP/CARDIOVERSION	0	0	0	0	65	111
<b>TOTAL PROCEDURES</b>	146	696	0	0	65	111
<b>TOTAL PATIENTS (cases)</b>	229	404	0	0	49	83
<b>TOTAL NUMBER OF CON AUTHORIZED CATH LABS:</b>	<b>INPATIENT</b>	<b>OUTPATIENT</b>	<b>INPATIENT</b>	<b>OUTPATIENT</b>	<b>INPATIENT</b>	<b>OUTPATIENT</b>
			1			

THIS REPORT IS DUE ON OR BEFORE DECEMBER 16, 2019

## STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

*MAILING ADDRESS (U.S. Postal Service)*  
 PO BOX 303025  
 MONTGOMERY AL 36130-3025  
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### 2019 ANNUAL REPORT FOR HOSPITALS AND RELATED FACILITIES

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043-6530320

CULLMAN REGIONAL MEDICAL CENTER

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	STREET ADDRESS	CITY	STATE	ZIP
<b>Physical Address:</b>	1912 AL HWY 157	CULLMAN	AL	35058
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<b>County of Location:</b>	CULLMAN			
<b>Facility Telephone:</b>	(256) 737-2598	<b>Facility Fax:</b>	(256) 737-2596	

This reporting period is (AREA CODE) & TELEPHONE NUMBER 10/1/2018, through 9/30/2019; or for **partial** year of operation beginning \_\_\_\_\_ and ending \_\_\_\_\_ a period of \_\_\_\_\_ days.

Data for the agency's fiscal year, other than the time frame specified, may be provided, but no more than 12 months of consecutive data should be reported. *If there was a change in ownership during the reporting period, data for the full year should be reported by the current owner.*

*We hereby affirm and attest that the reported information has been verified, and to the best of our knowledge, the information contained in the following pages of this report is a true and accurate representation of the services, equipment, and utilization of this facility.*

JADA HAGA		11/12/2019
PRINTED NAME OF PREPARER	SIGNATURE OF PREPARER	DATE
(256) 737-2569	ACCOUNTING MANAGER	JADA.HAGA@CULLMANREGIONAL.COM
DIRECT TELEPHONE NUMBER	TITLE OF PREPARER	E-MAIL ADDRESS

*A member of administration **MUST** also sign below verifying the accuracy of the information contained herein, as reported by the preparer listed above; and must be separate from the preparer.*

NESHA DONALDSON		11/13/19
PRINTED NAME OF ADMINISTRATION OFFICIAL	SIGNATURE OF ADMINISTRATION OFFICIAL	DATE
(256) 373-2598	COO	NESHA.DONALDSON@CULLMANREGIONAL.COM
DIRECT TELEPHONE NUMBER	TITLE OF ADMINISTRATION OFFICIAL	E-MAIL ADDRESS

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	Inpatient Procedures	Outpatient Procedures	Inpatient Procedures	Outpatient Procedures	Inpatient Procedures	Outpatient Procedures
Heart Catheterization Diagnostic	665	754				
Heart Catheterization Therapeutic/ Interventional (Including PTCA, directional coronary atherectomy, rotational atherectomy and similar complex therapeutic procedures)	130	65				
Pediatric Catheterization	0	0				
Electrophysiology Diagnostic	0	0	0	0	0	0
Electrophysiology Therapeutic	0	0	0	0	0	0
Pacemaker Implants (permanent)	17	13	0	0	0	0
Other (specify below)						
TEE/LOOPS/CARDIOVERSION	0	0	0	0	103	96
<b>TOTAL PROCEDURES</b>	812	832	0	0	103	96
<b>TOTAL PATIENTS (cases)</b>	354	411	0	0	60	61
<b>TOTAL NUMBER OF CON AUTHORIZED CATH LABS:</b>	<b>INPATIENT</b>	<b>OUTPATIENT</b>	<b>INPATIENT</b>	<b>OUTPATIENT</b>	<b>INPATIENT</b>	<b>OUTPATIENT</b>
			1			