



Family of Urgent Care & Walk-in Centers

RV2023-012

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Jan 17 2023

STATE HEALTH PLANNING AND  
DEVELOPMENT AGENCY

January 9, 2023

State Health Planning and Development Agency  
100 North Union Street, Suite 870  
Montgomery, AL 36104

To Whom It May Concern:

Per SHPDA Rule 410-1-7-.02, following is the required information for reviewability determination related to a Rural Health Clinic certification in the state of Alabama (Advantage Family Care, Inc., dba Huntsville Hospital Urgent Care). Please note, this is an existing Clinic that is going through the certification process to become a Rural Health Clinic. This is a change in designation only. The designation change to Rural Health Clinic does not involve any new services, the addition of inpatient beds, the conversion/reclassification of beds, or the provision of any new institutional health services. This proposal will not exceed any of the Certificate of Need expenditure thresholds in effect at the time of this filing.

1. Name of company seeking the reviewability determination:

**Advantage Family Care, Inc., dba Huntsville Hospital Urgent Care**

2. Address and contact information for the authorized company representative seeking the determination:

<b>Authorized Representative:</b>	<b>John Reel, Controller</b>
<b>Address:</b>	<b>30 Burton Hills Blvd Suite 175 Nashville, TN 37215-6403</b>
<b>Phone Number:</b>	<b>(615) 301-6558</b>
<b>Email Address:</b>	<b>jreel@urgentteam.com</b>

3. Service area for the proposed service/equipment:

**Cullman County, AL**

4. Any new/additional services to be provided under the proposed project:

**None. The Clinic will continue to offer the same services as before becoming a Rural Health Clinic.**

30 Burton Hills Boulevard, Suite 175  
Nashville, Tennessee 37215  
p: 615-988-2000  
f: 615-891-1668  
urgentteam.com

5. Approximated costs of the proposed project for:
  - a. Equipment
  - b. First year annual operating costs
  - c. Capital costs, to include:
    - i. Leases
    - ii. Land/Building costs
    - iii. Construction cost

**None. The Clinic is requesting review due to its pending Medicare certification to become a Rural Health Clinic. This is an existing Clinic with a change in designation only. No costs will be incurred with the referenced Medicare certification.**

6. Disclosure of financial interest in the entity requesting the reviewability determination held by any other healthcare facilities or groups:

**Advantage Family Care, Inc. is 100% owned by Urgent Team Physician Services, LLC.**

7. Attestation by an officer, partner, or authorized agent of the company having knowledge of the facts disclosed in the reviewability request:

**See Page 3.**

Please consider the above information for the Reviewability Determination Request related to Rural Health Clinic certification for Advantage Family Care, Inc. dba Huntsville Hospital Urgent Care. Please let me or Jennifer Schmidt at (509) 232-2039 know if you have any questions or require additional information.

Sincerely,

  
John Reel  
Controller



**STATE HEALTH PLANNING AND DEVELOPMENT AGENCY**

100 NORTH UNION STREET, SUITE 870  
MONTGOMERY, ALABAMA 36104

**FACTUAL INFORMATION REQUIRED FOR REVIEWABILITY  
DETERMINATION REQUESTS (SHPDA Rule 410-1-7-.02)**

Any person may request for informational purposes only a determination as to the current reviewability of an anticipated project or determination of exemption for replacement equipment. Such request shall be submitted pursuant to the electronic filing requirements of SHPDA Rule 410-1-3-.09, disclosing full factual information, as more specifically identified below, and supplemented by any additional information or documentation which the Executive Director may deem necessary. SHPDA Rule 410-1-7-.02(1).

The following information must be included in all requests for reviewability determinations other than requests made pursuant to the Physician's Office Exemption (POE) or regarding End Stage Renal Disease (ESRD) stations, which must provide unique information specific to those providers:

1. Name of company seeking the reviewability determination.
2. Address and contact information for the authorized company representative seeking the determination.
3. Service area for the proposed service/equipment.
4. Any new/additional services to be provided under the proposed project.
5. Approximated costs of the proposed project for:
  - a. Equipment
  - b. First year annual operating costs
  - c. Capital costs, to include:
    - i. Leases
    - ii. Land/Building costs
    - iii. Construction costs
6. Disclosure of financial interests in the entity requesting the reviewability determination held by any other healthcare facilities or groups.
7. Attestation by an officer, partner or authorized agent of the company having knowledge of the facts disclosed in the reviewability request, utilizing the following form:

**Affirmation of Requesting Party:**

The undersigned, being first duly sworn, hereby make oath or affirm that he/she is [include position with entity requesting the determination], has knowledge of the facts in this request, and to the best of his/her/their information, knowledge and belief, such facts are true and correct.

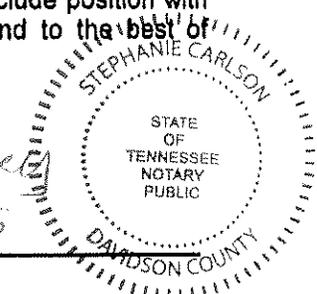
Affiant STEPHANIE CARLSON (SEAL)

SUBSCRIBED AND SWORN to before me this 16 day of JANUARY

[Signature]

My commission expires 9/8/25

Notary Public



Each determination must be accompanied by a \$1,000 filing fee submitted in accordance with SHPDA Rule 410-1-3-.09, Electronic Filing. Once deemed complete, notice of the request shall be published on the Agency's website for thirty (30) business days, and additional notice of the request shall be provided to the general distribution list maintained by the Agency. Any affected person may file comments with the Agency pursuant to SHPDA Rule 410-1-3-.09 regarding the issuance of the requested letter of non-reviewability. The Executive Director may provide a response to the request within forty-five (45) days of the request, unless additional time is needed to obtain additional information or to evaluate comments filed in opposition of the request.

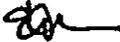
STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

100 NORTH UNION STREET, SUITE 870  
MONTGOMERY, ALABAMA 36104

MEMORANDUM

DATE: September 23, 2022

TO: Interested Parties

FROM: Emily T. Marsal   
Executive Director

SUBJECT: New Certificate of Need Application Fee and  
Monetary Threshold for Review  
Effective October 1, 2022

Section 22-21-271, Code of Alabama, 1975 and Rule 410-1-7-.06 of the *Alabama Certificate of Need Program Rules and Regulations* require that the maximum application fee be indexed for inflation along with the threshold for new institutional health services listed in §22-21-263, Code of Alabama, 1975. The United States Department of Labor Consumer Price Index (CPI) - All Urban Consumers, Professional Medical Services, averaged an increase of 2.4% for the months of September 2021 through August 2022 (series id CUUR0000SEMC, CUUS0000SEMC).

The expenditure threshold for major medical equipment will be increased from \$3,165,569.00 to \$3,241,543.00; the new annual operating cost will be increased from \$1,266,226.00 to \$1,296,615.00; and any other capital expenditure by or on behalf of a healthcare facility or health maintenance organization will be increased from \$6,331,138.00 to \$6,483,085.00.

Based on a 2.4% increase in the CPI, the maximum Certificate of Need filing fee will be increased from \$24,105.00 to \$24,684.00.

ETM/tml