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**HEALTH FACILITIES COMMISSION**  
**OCTOBER 23, 2024**  
**APPLICATION REVIEW**

NAME OF PROJECT: Sumner Regional Medical Center

PROJECT NUMBER: CN2407-019

ADDRESS: Unaddressed site at the intersection of North Sage Road and Maiden Road, north of Maiden Road and west of North Sage Road  
White House (Robertson County), TN 37188

LEGAL OWNER: Sumner Regional Medical Center, LLC  
555 Hartsville Pike  
Gallatin (Sumner County), TN 37066

OPERATING ENTITY: N/A

CONTACT PERSON: John Wellborn, Consultant, Development Support Group  
(615) 665-2022

DATE FILED: August 1, 2024

PROJECT COST: \$20,630,528

PURPOSE FOR FILING: Establishment of a freestanding emergency department (FSED)

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*Note to Commission members: This staff review is an analysis of the statutory criteria of Need, Consumer Advantage Attributed to Competition, and Quality Standards, including data verification of the original application and, if applicable, supplemental responses submitted by the applicant. Any Health Facilities Commission Staff comments will be presented as a "Note to Commission members" in bold italic.*

**PROJECT DESCRIPTION:**

This application is for the establishment of a freestanding emergency department (FSED) located at an unaddressed site at the intersection of North Sage Road and Maiden Road, north of Maiden Road and west of North Sage Road, White House (Robertson County), Tennessee 37188. The service area for the project includes the following nine ZIP Codes: 37075 - Hendersonville (Sumner County); 37048 - Cottontown (Sumner County); 37049 -

Cross Plains (Robertson County); 37072 - Goodlettsville (Sumner and Davidson Counties); 37073 - Greenbrier (Robertson County); 37141 - Orlinda (Robertson County); 37148 - Portland (Sumner County); 37172 Springfield (Robertson County); and 37188 - White House (Robertson County).

*Note to Commission members: This Certificate of Need application has been placed on the Health Facilities Commission meeting agenda for October 23, 2024, for consideration under simultaneous review with CN2407-020 - TriStar Hendersonville Medical Center under Commission Rule 0720-10-.02(3).*

### **Executive Summary**

- If approved, the applicant projects the proposed project will open for service in December 2025.
- The proposed Freestanding Emergency Department (FSED) will be a satellite of Sumner Regional Medical Center a 167-bed acute care hospital.
- The new facility will open with six-treatment rooms (with two additional shelled rooms), spaces for X-Ray, CT scanning and a laboratory services.
- The proposed FSED is located approximately 17.7 miles to the southwest of the host hospital, Sumner Regional Medical Center, in Gallatin (Sumner County), TN 37066. The White House location is close to I-65 and near to the Sumner County border.
- The proposed FSED will treat patients 24/7, as a branch of its host hospital's emergency department. It will provide all six levels of emergency room care, including trauma care, and will treat both pediatric and adult patients.
- The applicant states that all its medical staff will be Board-certified and Board-eligible emergency care physicians and its clinical staff will be trained and experienced in emergency care.
- There are three existing emergency departments operating within the proposed service area: TriStar Hendersonville Medical Center (Hendersonville, Sumner County), TriStar Northcrest Medical Center (Springfield, Robertson County), and TriStar Portland FSED (Portland, Sumner County). The host hospital for the proposed FSED in White House is located in Gallatin, Sumner County and is not within the project service area.
- The nearest emergency departments, TriStar Portland FSED (12.6 miles northeast); TriStar Hendersonville Medical Center, (13.1 miles southeast); Highpoint Health – Sumner Station FSED (14.6 miles southeast); TriStar Northcrest Medical Center (14.7 miles west) are all located more than 12 miles from the proposed FSED site.
- The applicant currently operates a satellite emergency department at Highpoint Health - Sumner Station which is located in the same Gallatin ZIP Code, 37066, as the proposed facility.

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- Please see application Item 1E. on Pages 6 & 7 for the applicant's executive summary overview that includes project description, ownership, service area, existing similar service providers, project cost, and staffing.

**Consent Calendar:** ☐ Yes ☒ No

- Executive Director's Consent Memo Attached: ☐ Yes ☒ Not applicable

### **Facility Information**

- The FSED will consist of approximately 11,115 square feet with 6 exam rooms, including 1 oversized trauma room and a behavioral health room, a lab, an imaging department, a nurse's station, and associated support spaces. The FSED will have two separate entry canopies, one for emergency vehicle access/drop off and one for walk-in patients arriving in private vehicles. See Attachment 10A. for the Floor Plan.
- The FSED site contains 7.76 acres and is bounded by both Maiden Road and North Sage Road in the Robertson County sector of White House. It is located approximately 1,100 yards east of I-65.
- The applicant through its owner, Sumner Regional Medical Center, LLC has purchased a 7.76-acre project site where the proposed FSED will be constructed. See attachment 9A for Site Control documentation.

### **Ownership**

- The applicant is owned by Highpoint Healthcare, LLC, a joint venture with twenty percent (20%) ownership held by Baptist Health Care Affiliates, Inc. (a subsidiary of Saint Thomas Health), and eighty percent (80%) ownership held by Highpoint Partner, LLC, an indirect subsidiary of Lifepoint Health, Inc.
- Highpoint Partner, LLC and Highpoint Healthcare, LLC are indirect subsidiaries of Lifepoint Health, Inc. Highpoint Healthcare, LLC owns four Middle Tennessee acute care facilities: The applicant (a hospital in Gallatin), Highpoint Health - Sumner Station with Ascension Saint Thomas (an FSED in Gallatin), Highpoint Health - Riverview with Ascension Saint Thomas (a hospital in Carthage), and Highpoint Health - Trousdale with Ascension Saint Thomas (a hospital in Hartsville). See Attachment 7A. for an organizational chart.

### **Project Cost Chart**

- The total project cost is \$20,630,528. Of this amount, the highest line-item costs of the project are Construction Costs (\$7,943,500), Fixed Equipment Costs (\$4,672,769), Site Acquisition Costs (\$3,000,000), and Architectural and Engineering Fees (\$1,098,125).
- For additional information, please refer to the Project Cost Chart on Page 10 of the original application.

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### Drive Times to Area Emergency Departments from Proposed White House FSED Site

ZIP Code	SRMC White House FSED		HCA Northcrest Springfield		HCA Portland FSED		TriStar Hendersonville Medical Center		HCA Skyline Medical Center		Sumner Station FSED - Gallatin		Sumner Regional Medical Center Gallatin	
	Distance	Drive Time	Distance	Drive Time	Distance	Drive Time	Distance	Drive Time	Distance	Drive Time	Distance	Drive Time	Distance	Drive Time
37048 Cottontown	5.3 mi	10 min	21.3 mi	32 min	7.8 mi	12 min	14.1 mi	25 min	27.2 mi	29 min	13.0 mi	21 min	13.0 mi	24 min
37049 Cross Plains	8.8 mi	12 min	16.4 mi	26 min	11.9 mi	17 min	20.0 mi	32 min	27.5 mi	30 min	19.8 mi	29 min	19.8 mi	33 min
37072 Goodlettsville	12.4 mi	15 min	15.3 mi	24 min	27.9 mi	32 min	11.0 mi	19 min	12.4 mi	17 min	16.9 mi	22 min	22.9 mi	35 min
37073 Greenbrier	10.9 mi	17 min	8.0 mi	14 min	26.5 mi	34 min	17.1 mi	28 min	18.5 mi	26 min	23.0 mi	30 min	29.1 mi	44 min
37075 Hendersonville	14.3 mi	26 min	25.8 mi	42 min	22.8 mi	30 min	2.7 mi	8 min	14.4 mi	21 min	6.2 mi	10 min	12.2 mi	25 min
37141 Orlinda	15.6 m	24 min	17.4 mi	30 min	15.5 mi	24 min	32.8 mi	45 min	34.3 mi	42 min	26.5 mi	42 min	29.6 mi	42 min
37148 Portland	21.0 mi	29 min	32.8 mi	51 min	7.4 mi	14 min	31.0 mi	41 min	39.7 mi	46 min	24.8 mi	33 min	19.6 mi	31 min
37172 Springfield	13.0 mi	20 min	5.1 mi	14 min	25.8 mi	37 min	25.7 mi	40 min	26.8 mi	38 min	27.1 mi	41 min	31.3 mi	50 min
<b>37188 White House</b>	<b>2.6 mi</b>	<b>5 min</b>	<b>14.7 mi</b>	<b>24 min</b>	<b>18.3 mi</b>	<b>23 min</b>	<b>15.4 mi</b>	<b>27 min</b>	<b>21.4 mi</b>	<b>25 min</b>	<b>16.8 mi</b>	<b>27 min</b>	<b>19.7 mi</b>	<b>35 min</b>

Source: CN2407-019, Attachment Additional Documents 2 R2.

Google Maps

- The proposed White House FSED will represent the closest emergency department for three of the service area ZIP Codes as calculated from the center of each ZIP Code, 37188 – White House, 37048 – Cottontown, and 37049 – Cross Plains.

(For applicant discussion, see the Original Application, Item 2.E., Page 8 & 9)

### SERVICE SPECIFIC CRITERIA AND STANDARD REVIEW

#### **Freestanding Emergency Departments:**

All applicable criteria and standards were met except for the following which appear to be only partially met:

- Partially met the standard of #18. **Community Linkage Plan:** “The applicant shall describe its participation, if any, in a community linkage plan, including its relationships with appropriate health and outpatient behavioral health care system, including mental health and substance use, providers/services, providers of psychiatric inpatient services, and working agreements with other related community services assuring continuity of care. The applicant is encouraged to include primary prevention initiatives in the community linkage plan that would address risk factors leading to the increased likelihood of ED usage.” *The applicant has provided minimal information on its community linkage plan including any relationships with specific local health and behavioral health care system providers and services. The applicant speaks generally to education and outreach efforts*

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*that will occur but limited detail regarding working agreements with service area providers to ensure continuity of care. See Attachment 1NR Freestanding Emergency Department Standards and Criteria.*

*Note to Commission members: The following Criterion appear to be met. However, HFC staff comments are provided for member context:*

- *Criteria #1-Determination of Need in the Service Area: The applicant is required to demonstrate that the population in the proposed service area has inadequate access to emergency services due to Geographic Isolation, Capacity Challenges, or Low-Quality of Care. The applicant has requested consideration under Capacity Challenges. The applicant has chosen to address only Geographic Isolation in response to this criterion. There is no objective measurement of geographic isolation defined by the Criteria and Standards for Freestanding Emergency Departments. However, it appears that this criterion is met given the estimates distance 14.7 miles and travel times to emergency services for residents of ZIP Code 37188 – White House, and the reduced travel that will be facilitated by the proposed FSED for residents of ZIP Codes 37048 – Cottontown, and 37049 – Cross Plains, as well as portions of 37073 – Greenbrier, 37141 – Orlinda, and 37072 - Goodlettsville.*
- *Criteria #16. Stabilization and Transfer Availability for Emergent Cases: The applicant shall demonstrate the ability of the proposed FSED to perform stabilizing treatment within the FSED and demonstrate a plan for the rapid transport of patients from the FSED to the most appropriate facility with a higher level of emergency care for further treatment. The applicant is encouraged to include air ambulance transport and an on-site helipad in its plan for rapid transport. The stabilization and transfer of emergent cases must be in accordance with the Emergency Medical Treatment and Labor Act. While the applicant has stated that the project site can accommodate a helipad, it is not clear whether a helipad will be initially included with construction of the site.*

*Please see attached for a full listing of the criteria and standards and the applicant's responses.*

### Service Area Demographics

- The service area for the project includes the following nine ZIP Codes: 37075 - Hendersonville (Sumner County); 37048 - Cottontown (Sumner County); 37049 - Cross Plains (Robertson County); 37072 - Goodlettsville (Sumner and Davidson Counties); 37073 - Greenbrier (Robertson County); 37141 - Orlinda (Robertson County); 37148 - Portland (Sumner County); 37172 Springfield (Robertson County); and 37188 - White House (Robertson County). (*see Attachment 2N for a county level map*).
- The target population is the total population of the service area. (*See Table 3N-B R4*).

Service Area ZIP Code / County	2024 Population	2028 Population	% Change	Median Household Income***	% Living Below Poverty Level***	TennCare %
Robertson	75,475	78,415	3.9%	\$74,440	9.1%	17.9%
Sumner	208,192	220,197	5.8%	\$81,883	7.5%	14.7%
<b>County Level Service Area</b>	<b>283,667</b>	<b>298,612</b>	<b>5.3%</b>	<b>\$78,162</b>	<b>7.9%</b>	<b>15.5%</b>
37072 Goodlettsville	34,316	35,071	2.2%	\$72,370	10.1%	NA
37075 Hendersonville	75,014	77,042	2.7%	\$94,234	6.8%	NA
37148 Portland	25,998	26,515	2.0%	\$72,141	10.4%	NA
37172 Springfield	32,988	33,946	2.9%	\$62,608	15.2%	NA
37048 Cottontown	7,489	7,718	3.1%	\$90,652	5.8%	NA
37049 Cross Plains	3,724	3,823	2.7%	\$87,625	3.4%	NA
37073 Greenbrier	14,722	15,104	2.6%	\$81,983	6.5%	NA
37141 Orlinda	1,077	1,134	5.3%	\$69,191	6.0%	NA
37188 White House	19,708	21,836	10.8%	\$85,731	5.4%	NA
<b>ZIP Code Level Service Area*</b>	<b>215,036</b>	<b>222,189</b>	<b>3.3%</b>			<b>NA</b>
<b>State of TN Total</b>	<b>7,125,908</b>	<b>7,331,859</b>	<b>2.9%</b>	<b>\$64,035</b>	<b>14.0%</b>	<b>20.2%</b>

Source: The University of Tennessee Center for Business and Economic Research Population Projection Data Files, Reassembled by the Tennessee Department of Health, Division of Policy, Planning and Assessment, Office of Health Statistics.

\*Intellimed for ZIP Code population data.

\*\*TennCare Enrollment Data is not available at a ZIP Code level which is the population data included in the table above.

\*\*\*HFC staff revised the ZIP Code Level Median Household Income and % of Persons Living Below Poverty Level Data due to incomplete data provided by the applicant. The data was obtained from the 2022 American Community Survey 5-Year Estimates at <https://data.census.gov/>. The data provided by the applicant is available in the application document as Table 3NB- R4.

- The proposed 9 ZIP Code service area projects a 4-year growth rate of (3.3%) compared to a statewide rate of (2.9%).
- The percentage of service area residents enrolled in the TennCare program is not available at a ZIP Code level. However, the county-level rate is available for Robertson County overall (17.9%) and Sumner County (14.7%) are both lower than the statewide rate of (20.2%).
- Only one of the nine service area ZIP Codes (37172 - Springfield) has a lower median household income (\$62,608) than the statewide median household income (\$64,035).

- Only one of the service area ZIP Codes – 37172 – Springfield (15.2%) has a percentage of residents living below the poverty level higher than the statewide average (14.0%).
- The applicant also provides ZIP code level service area population data on Table 3NB-R4 of the application as detailed in the following table:

**Service Area Population by Age Group (2024-2028)**

Zip Code	Age 0-19	Age 20-44	Age 45-64	Age 65+	Total
<b>2024</b>					
37075 Hendersonville	18,942	24,137	19,253	12,682	75,014
37072 Goodlettsville	7,529	11,651	8,673	6,463	34,316
37148 Portland	7,058	8,272	6,573	4,095	25,998
37172 Springfield	8,597	10,514	8,238	5,639	32,988
37048 Cottontown	1,770	2,111	2,151	1,457	7,489
37049 Cross Plains	908	1,108	1,017	691	3,724
37073 Greenbrier	3,609	4,413	4,062	2,638	14,722
37141 Orlinda	290	305	292	190	1,077
37188 White House	5,229	6,635	4,928	2,916	19,708
<b>Total Service Area</b>	<b>53,932</b>	<b>69,146</b>	<b>55,187</b>	<b>36,771</b>	<b>215,036</b>
<b>2028</b>					
37075 Hendersonville	18,502	24,776	19,484	14,279	77,042
37072 Goodlettsville	7,514	11,629	8,695	7,233	35,071
37148 Portland	6,859	8,433	6,630	4,593	26,515
37172 Springfield	8,512	10,791	8,177	6,465	33,946
37048 Cottontown	1,774	2,208	2,075	1,662	7,718
37049 Cross Plains	884	1,194	999	746	3,823
37073 Greenbrier	3,518	4,632	3,937	3,016	15,104
37141 Orlinda	288	333	299	214	1,134
37188 White House	5,517	7,410	5,324	3,586	21,836
<b>Total Service Area</b>	<b>53,368</b>	<b>71,406</b>	<b>55,620</b>	<b>41,794</b>	<b>222,189</b>
<b>Percent Growth</b>					
37075 Hendersonville	-2.3%	2.6%	1.2%	12.6%	2.7%
37072 Goodlettsville	-0.2%	-0.2%	0.3%	11.9%	2.2%
37148 Portland	-2.8%	1.9%	0.9%	12.2%	2.0%
37172 Springfield	-1.0%	2.6%	-0.7%	14.6%	2.9%
37048 Cottontown	0.2%	4.6%	-3.5%	14.1%	3.1%
37049 Cross Plains	-2.6%	7.8%	-1.8%	8.0%	2.7%
37073 Greenbrier	-2.5%	5.0%	-3.1%	14.3%	2.6%
37141 Orlinda	-0.7%	9.2%	2.4%	12.6%	5.3%
37188 White House	5.5%	11.7%	8.0%	23.0%	10.8%
<b>Total Service Area</b>	<b>-1.0%</b>	<b>3.3%</b>	<b>0.8%</b>	<b>13.7%</b>	<b>3.3%</b>

Source: CN2407-019, Table 3NB-R4

- The proposed service area ZIP codes are projected to experience (3.3%) growth from 2024-2028 with the 37188 – White House (Robertson County), 37141 – Orlinda (Robertson County), and 37048 – Cottontown (Sumner and Robertson Counties) projected to experience the highest rates of growth with (10.3%), (5.3%), and (3.1%) respectively.

- The population age 65 and over is projected to grow (+23.0%) in ZIP Code 37188 - White House where the proposed FSED will be located. Each service area ZIP Code is projected experience growth over (+8.0%) for the population age 65 and older.

#### Service Area - Historical Utilization

- The following table indicates the total utilization of Emergency Departments included in the applicant's service area of Sumner and Robertson Counties.

County	Facility	FY2020 ED Visits	FY2021 ED Visits	FY2022 ED Visits	Change FY2020-2022
Sumner	TriStar Hendersonville Medical Center	29,860	35,519	37,932	27.0%
Sumner	TriStar Portland FSED	9,795	11,319	12,432	26.9%
Robertson	TriStar Northcrest Medical Center	29,097	22,009	24,098	-17.2%
	<b>TOTAL Service Area</b>	<b>68,752</b>	<b>68,847</b>	<b>74,462</b>	<b>8.3%</b>
Sumner	Sumner Regional Medical Center (Host Hospital)	29,903	28,774	26,678	-10.8%
Sumner	Sumner Regional Medical Center - Sumner Station FSED	7,921	10,649	12,712	60.5%

Source: CN2407-019, Attachment %N R5 Table D, Joint Annual Reports 2020-2022

- Two of the three service area Emergency Departments, TriStar Hendersonville Medical Center (+27.0%) and TriStar Portland FSED (+26.9%) reported increases in ED visit volume from 2020-2022, while TriStar Northcrest Medical Center reported a decrease in ED visits (-17.2%).
- The host hospital - Sumner Regional Medical Center experienced an overall decrease of (-10.8%) in ED visits from 2020-2022, while its satellite ED at Sumner Station experienced a (60.5%) increase over the same period.
- Emergency department utilization for each of the nine service area ZIP Codes is detailed in the following table. The ED facilities listed represent those with greater than (5.0%) of the total ED visit volume for the ZIP Code.

### Service Area ED Utilization by ZIP Code and Emergency Department 2020-2022

ZIP Code/Facility	CY2020	CY2021	CY2022	TOTAL 2020-2022	% Change 2020-2022
<b>37188 - White House (Proposed FSED Site)</b>					
TriStar Hendersonville Medical Center	1,950	2,368	2,660	6,978	36.4%
TriStar Skyline Medical Center	890	975	856	2,721	-3.8%
Northcrest Medical Center	598	563	453	1,614	-24.2%
Vanderbilt Regional Medical Center	428	559	584	1,571	36.4%
Sumner Regional Medical Center	395	398	386	1,179	-2.3%
TriStar Portland Medical Center (FSED)	206	273	254	733	23.3%
All Others	689	894	909	2,492	31.9%
<b>TOTAL</b>	<b>5,156</b>	<b>6,030</b>	<b>6,102</b>	<b>17,288</b>	<b>18.3%</b>
<b>37048 - Cottontown</b>					
TriStar Hendersonville Medical Center	579	680	758	2,017	30.9%
Sumner Regional Medical Center	511	456	521	1,488	2.0%
TriStar Portland Medical Center (FSED)	416	456	471	1,343	13.2%
TriStar Skyline Medical Center	227	237	172	636	-24.2%
Vanderbilt Regional Medical Center	149	158	181	488	21.5%
Northcrest Medical Center	73	42	42	157	-42.5%
All Others	235	329	267	831	13.6%
<b>TOTAL</b>	<b>2,190</b>	<b>2,358</b>	<b>2,412</b>	<b>6,960</b>	<b>10.1%</b>
<b>37049 - Cross Plains</b>					
Northcrest Medical Center	460	485	453	1,398	-1.5%
TriStar Hendersonville Medical Center	181	267	411	859	127.1%
TriStar Portland Medical Center (FSED)	237	256	277	770	16.9%
TriStar Skyline Medical Center	242	236	223	701	-7.9%
Vanderbilt Regional Medical Center	88	119	116	323	31.8%
Sumner Regional Medical Center	80	93	88	261	10.0%
All Others	169	201	222	592	31.4%
<b>TOTAL</b>	<b>1,457</b>	<b>1,657</b>	<b>1,790</b>	<b>4,904</b>	<b>22.9%</b>
<b>37073 - Greenbrier</b>					
Northcrest Medical Center	2,753	2,983	2,747	8,483	-0.2%
TriStar Skyline Medical Center	848	951	955	2,754	12.6%
TriStar Hendersonville Medical Center	454	583	607	1,644	33.7%
Vanderbilt Regional Medical Center	464	511	511	1,486	10.1%
Sumner Regional Medical Center	100	93	64	257	-36.0%
TriStar Portland Medical Center	17	48	37	102	117.6%
All Others	774	912	975	2,661	26.0%
<b>TOTAL</b>	<b>5,410</b>	<b>6,081</b>	<b>5,896</b>	<b>17,387</b>	<b>9.0%</b>
<b>37072 - Goodlettsville</b>					
TriStar Skyline Medical Center	4,082	4,138	4,037	12,257	-1.1%
TriStar Hendersonville Medical Center	2,613	3,164	3,524	9,301	34.9%
Vanderbilt Regional Medical Center	1,107	1,418	1,521	4,046	37.4%
Northcrest Medical Center	490	516	561	1,567	14.5%
Sumner Regional Medical Center	430	419	418	1,267	-2.8%
TriStar Portland Medical Center (FSED)	62	80	76	218	22.6%
All Others	2,920	3,070	3,386	9,376	16.0%
<b>TOTAL</b>	<b>11,704</b>	<b>12,805</b>	<b>13,523</b>	<b>38,032</b>	<b>15.5%</b>
<b>37075 - Hendersonville</b>					
TriStar Hendersonville Medical Center	13,805	15,455	16,141	45,401	16.9%
Sumner Regional Medical Center	2,816	2,868	2,833	8,517	0.6%
Vanderbilt Regional Medical Center	1,518	1,837	2,092	5,447	37.8%
TriStar Skyline Medical Center	1,547	1,654	1,434	4,635	-7.3%

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TriStar Portland Medical Center (FSED)	85	84	112	281	31.8%
Northcrest Medical Center	56	98	102	256	82.1%
All Others	2,510	2,987	2,941	8,438	17.2%
<b>TOTAL</b>	<b>22,337</b>	<b>24,983</b>	<b>25,655</b>	<b>72,975</b>	<b>14.9%</b>
<b>37141 - Orlinda</b>					
Northcrest Medical Center	198	183	166	547	-16.2%
TriStar Portland Medical Center (FSED)	41	148	122	349	54.4%
TriStar Skyline Medical Center	79	53	60	154	46.3%
TriStar Hendersonville Medical Center	45	43	61	149	35.6%
Vanderbilt Regional Medical Center	39	46	54	139	38.5%
Sumner Regional Medical Center	15	21	19	55	26.7%
All Others	66	41	56	163	-15.2%
<b>TOTAL</b>	<b>483</b>	<b>535</b>	<b>538</b>	<b>1,556</b>	<b>11.4%</b>
<b>37148 - Portland</b>					
TriStar Portland Medical Center (FSED)	6,228	7,033	7,807	21,068	25.4%
Sumner Regional Medical Center	2,742	2,685	2,779	8,206	1.3%
TriStar Hendersonville Medical Center	1,483	1,797	1,888	5,168	27.3%
Vanderbilt Regional Medical Center	481	581	625	1,687	29.9%
TriStar Skyline Medical Center	493	515	459	1,467	-6.9%
Northcrest Medical Center	114	113	141	368	23.7%
All Others	745	854	888	2,487	19.2%
<b>TOTAL</b>	<b>12,291</b>	<b>13,578</b>	<b>14,587</b>	<b>40,456</b>	<b>18.7%</b>
<b>37172 - Springfield</b>					
Northcrest Medical Center	11,812	12,045	12,317	36,174	4.3%
Vanderbilt Regional Medical Center	954	1,125	1,060	3,139	11.1%
TriStar Skyline Medical Center	905	942	1,080	2,927	19.3%
TriStar Hendersonville Medical Center	355	500	567	1,422	59.7%
Sumner Regional Medical Center	93	141	118	352	26.9%
TriStar Portland Medical Center (FSED)	83	106	126	315	51.8%
All Others	1,439	1,676	1,903	5,018	32.2%
<b>TOTAL</b>	<b>15,641</b>	<b>16,535</b>	<b>17,171</b>	<b>49,347</b>	<b>9.8%</b>
<b>COMBINED SERVICE AREA</b>					
Sumner Regional Medical Center	7,182	7,174	7,226	21,582	0.6%
<b>TOTAL</b>	<b>76,669</b>	<b>84,562</b>	<b>87,674</b>	<b>248,905</b>	<b>14.4%</b>

Source: CN2407-019, Attachment 5N R5. HFC Staff assembled three-year combined data for staff summary.

Note: HDDS data is subject to TDH suppression rules and actual utilization data is higher than listed.

- Sumner Regional Medical Center reported the fifth highest number of visits (1,179 ED visits decreasing by (-2.3%) from 2020-2022 for ZIP Code 37188 - White House where the FSED is being proposed.
- From 2020-2022, Sumner Regional Medical Center represented the second highest ER volume for ZIP Codes 37048 - Cottontown (1,488 ED visits increasing by 2.0%), 37148 - Portland (8,206 ED visits increasing by 1.3%) and 37075 - Hendersonville (8,517 ED visits increasing by 0.6%).
- For the nine service area ZIP Codes, Sumner Regional Medical Center represented 8.67% of total ED visits (21,582 visits / 248,905 total visits) from 2020-2022.
- The applicant details the historical ED utilization by acuity level for all patients in residing in the proposed service area in the table below.

**2022 Emergency Department Utilization for Service Area ZIP Codes by Acuity Level  
(All Visits)**

ED Visit Acuity Level	37048 Cottontown	37049 Cross Plains	37072 Goodlettsville	37073 Greenbrier	37075 Hendersonville	37141 Orlinda	37148 Portland	37172 Springfield	37188 White House
CPT Code 99281 (non-urgent)	2.9%	3.2%	2.6%	2.8%	2.4%	3.0%	3.7%	3.2%	2.4%
CPT Code 99282 (less urgent)	5.7%	5.7%	6.4%	6.5%	5.5%	6.7%	6.2%	6.8%	5.3%
CPT Code 99283 (urgent)	32.8%	34.1%	36.0%	35.8%	30.0%	36.8%	40.6%	41.2%	30.4%
CPT Code 99284 (emergent)	46.4%	47.3%	45.2%	44.9%	50.5%	44.4%	40.1%	40.1%	50.9%
CPT Code 99285 (resuscitation)	12.2%	9.7%	9.8%	10.1%	11.6%	9.0%	9.4%	8.7%	10.9%
<b>Combined 99284 and 99285</b>	<b>58.6%</b>	<b>57.0%</b>	<b>55.0%</b>	<b>55.0%</b>	<b>62.1%</b>	<b>53.4%</b>	<b>49.5%</b>	<b>48.8%</b>	<b>61.8%</b>

Source: CN2407-019, Attachment 6N R6

HFC staff added percentage of total for nine service area ZIP Codes.

- The site of the proposed FSED (ZIP Code 37188 – White House) reports the second highest percentage of ED visits being either CPT Code 99284 – Emergent, or 99285 – Resuscitation (61.8% combined) behind only ZIP Code 37075 – Hendersonville (62.1% combined).
- The remaining service area ZIP Codes for CPT Codes 99284 and 99285 ranged from (48.8%) in 37172 – Springfield to (58.6%) in 37048 – Cottontown.

*Note to Commission members: The Current Procedural Terminology (CPT) code range for Emergency Department Services 99281-99285 is a medical code set maintained by the American Medical Association. CPT® Code range 99281- 99285 represent New or Established Patient Emergency Department Services with 99281 representing least acute and 99285 representing most acute.*



### Applicant's Historical and Projected Utilization

The following tables indicate the applicant's historical and projected Emergency Department utilization by ZIP code of patient residence. The utilization data is combined for both Sumner Regional Medical Center and Sumner Station FSED as they are not reported separately within the HDDS report.

#### Historical ED Utilization Sumner Regional Medical Center (Host Hospital + Sumner Station FSED) 2020-2022

Service Area ZIP Codes	2020 Visits	% of Total	2021 Visits	% of Total	2022 Visits	% of Total
37048 Cottontown	511	7.1%	543	7.5%	521	7.2%
37049 Cross Plains	80	1.1%	93	1.3%	88	1.2%
37072 Goodlettsville	430	6.0%	419	5.8%	418	5.8%
37073 Greenbrier	100	1.4%	93	1.3%	64	0.9%
37075 Hendersonville	2,816	39.2%	2,868	39.5%	2,833	39.2%
37141 Orlinda	15	0.2%	21	0.3%	19	0.3%
37148 Portland	2,742	38.2%	2,685	37.0%	2,779	38.5%
37172 Springfield	93	1.3%	141	1.9%	118	1.6%
37188 White House	395	5.5%	398	5.5%	386	5.3%
<b>Total</b>	<b>7,182</b>	<b>100%</b>	<b>7,261</b>	<b>100%</b>	<b>7,226</b>	<b>100%</b>

Source: CN2407-019, Attachment 6N R6

- Most of the host hospital's historical utilization by service area residents has come from the 37075 - Hendersonville ZIP Code (39.2%), and 37148 - Portland (38.5%).

#### Projected ED Utilization - Sumner Regional Medical Center (White House FSED) Year 1 (2026) to Year 3 (2028)

Service Area ZIP Codes	Year 1 (2026) Visits	% of Total	Year 2 (2027) Visits	% of Total	Year 3 (2028) Visits	% of Total
37048 Cottontown	395	7.2%	526	7.2%	658	7.2%
37049 Cross Plains	67	1.2%	89	1.2%	111	1.2%
37072 Goodlettsville	317	5.8%	422	5.8%	528	5.8%
37073 Greenbrier	48	0.9%	65	0.9%	81	0.9%
37075 Hendersonville	2,147	39.2%	2,862	39.2%	3,578	39.2%
37141 Orlinda	14	0.3%	19	0.3%	24	0.3%
37148 Portland	2,106	38.5%	2,807	38.5%	3,509	38.5%
37172 Springfield	89	1.6%	119	1.6%	149	1.6%
37188 White House	292	5.3%	390	5.3%	487	5.3%
<b>Total</b>	<b>5,475</b>	<b>100%</b>	<b>7,300</b>	<b>100%</b>	<b>9,125</b>	<b>100%</b>

Source: CN2407-019, Attachment 6N R6

- The applicant projects that the majority of FSED visits in Year One (2026) of the proposed project will come from residents of the Hendersonville (37075) and Portland (37148) ZIP Codes (39.2%) and (38.5%) respectively.
- The applicant states that its projections are based on an estimated 15 visits per day in Year One (2026) and 20 visits per day in Year Two (2027).

*Note to Commission members: The applicant's projected utilization appears to be based upon its historical utilization patterns rather than a projection of increased utilization for those ZIP Codes located in closer proximity to the proposed FSED site. Given the volume of ED visits overall in ZIP Code 37188 - White House in 2022 (6,102 overall) it seems reasonable to assume that the above projections are not entirely accurate and are likely understated for 37188 - White House. 37073 - Greenbrier, 37048 - Cottontown, and 37049 - Cross Plains based upon proximity of those ZIP Codes to the proposed FSED.*

## **CONSUMER ADVANTAGE ATTRIBUTED TO COMPETITION**

### **Charges**

In Year One and Two of the proposed project, the average patient charges for the proposed FSED are as follows:

	<b>Projected Data Chart</b>	
	<b>Year 1 (2026)</b>	<b>Year 2 (2027)</b>
Gross Charges	\$5,792	\$6,082
Deduction from Revenue	\$4,645	\$4,918
Average Net Charges	\$1,147	\$1,164

Source: CN2407-019, Application, Page 23

- The applicant's proposed average net charges per visit are \$1,147 in Year 1 (2026) and \$1,164 in Year 2 (2026). The applicant's proposed total charges are listed on Page 23.
- The applicant states that the Highpoint FSED will be part of the Emergency Department of Sumner Regional Medical Center and will have no adverse impact on the host hospital's charges.

### **Highpoint FSED Proposed Most Frequent Gross Charges Compared to Existing Providers**

Level of Emergency Visit	Current Medicare Allowable Amount	Current 2023 Avg Sumner Station FSED	Projected Year 1 2026	Projected Year 2 2027	TriStar Hendersonville Medical Center	TriStar Northcrest Medical Center	TriStar Portland FSED	TriStar Skyline Medical Center	Sumner Station FSED	Sumner Regional Medical Center
CPT Code 99281 (non-urgent)	\$84.59	\$684.97	\$719.22	\$755.18	\$882.59	\$876.15	\$882.59	\$715.59	\$684.97	\$684.97
CPT Code 99282 (less urgent)	\$155.83	\$1,235.70	\$1,297.49	\$1,362.36	\$1,291.38	\$1,214.73	\$1,291.38	\$1,033.62	\$1,235.70	\$1,235.70
CPT Code 99283 (urgent)	\$271.85	\$2,060.81	\$2,163.85	\$2,272.04	\$2,075.47	\$1,744.88	\$2,075.47	\$1,601.56	\$2,060.81	\$2,060.81
CPT Code 99284 (emergent)	\$422.00	\$2,835.30	\$2,977.07	\$3,125.92	\$3,622.66	\$2,668.55	\$3,622.66	\$2,894.58	\$2,835.30	\$2,835.30
CPT Code 99285 (resuscitation)	\$611.99	\$4,170.24	\$4,378.75	\$4,597.69	\$5,016.79	\$4,267.89	\$5,016.79	\$4,009.62	\$4,170.24	\$4,170.24

Source: CN2407-019, Attachment 9CR2, CMS for Medicare Allowable, Hospital Management for Highpoint Health Charges, and Hospital Transparency websites for hospital chargemasters.

- The current gross charges are lower at the host hospital and Sumner Station FSED than TriStar Hendersonville Medical Center and Portland FSED for all CPT Codes 99281-99285.
- Host hospital gross charges are listed higher than TriStar Northcrest Medical Center for CPT Codes 99982, 99283 and 99284 and TriStar Skyline Medical Center for CPT Codes 99982, 99283 and 99285.

### Project Payor Mix

The applicant's projected payor mix for Year 1 (2026) total gross operating revenue of \$31,714,485 is as follows:

	Percentage of Gross Operating Revenue (FSED Project Only)					
	Medicare	Medicaid	Commercial	Self-Pay	Other	Charity Care
<b>Year 1</b>	52.6%	13.1%	19.7%	7.5%	7.0%	5.2%

Source: CN2407-019, Application, Page 24.

- Medicare and Medicaid (TennCare) are projected to represent a combined (65.7%) of gross operating revenue for the project. The applicant projects that Charity Care will be equivalent to approximately (5.2%) of Gross Operating Revenue in Year 1 (2026) of the project. Please refer to Item 10C. in the Consumer Advantage section on Page 24 of the application for additional Payor Mix information.
- The applicant is contracted with all TennCare Managed Care Organizations including TennCare Select.
- The applicant states that its host hospital's payor mix is very close to that of Sumner Station FSED, whose payor mix was used as a model for this project's payor mix projection.
- A full list of contracted commercial and managed care organizations is included as Attachment Additional Document 3 - 2.C. Insurance Plans. The applicant states that the facility will be in-network for most major insurance plans including Blue Cross/Blue Shield Plan S which it states covers approximately 22,000 residents of Sumner County and is not accepted by HCA Hospitals in the service area.
- The table below represents payor sources by patient origin ZIP codes. It is included as 1N – Criterion 8 Table in Attachment – Additional Document 2 R5.

### Service Area Payor Mix – Number of Visits (All Providers) 2022

Payor	37048	37049	37072	37073	37075	37141	37148	37172	37188	Total
	Cottontown	Cross Plains	Goodlettsville	Greenbrier	Hendersonville	Orlinda	Portland	Springfield	White House	All ZIP Codes
Medicare/Medicare Advantage	706	516	3,701	1,574	7,281	115	3,385	4,526	1,673	23,477
TennCare/Medicaid	527	422	3,509	1,353	5,530	159	4,894	5,311	1,184	22,889
Commercial	894	582	3,976	2,107	9,335	197	4,235	4,192	2,489	28,007
Self-Pay	166	151	1,444	471	2,024	36	1,189	1,799	399	7,679
Medically Indigent/Free	38	59	455	171	604	<11	392	756	132	2,607
Other	81	60	438	220	881	25	492	587	225	3,009
<b>Total</b>	<b>2,412</b>	<b>1,790</b>	<b>13,523</b>	<b>5,896</b>	<b>25,655</b>	<b>532</b>	<b>14,587</b>	<b>17,171</b>	<b>6,102</b>	<b>87,668</b>

Source: CN2407-019, Attachment Additional Document 2 R5, 1N Criterion 8 Table

### Service Area Payor Mix –Percentage of Visits (All Providers) 2022

Payor	37048	37049	37072	37073	37075	37141	37148	37172	37188	Total
	Cottontown	Cross Plains	Goodlettsville	Greenbrier	Hendersonville	Orlinda	Portland	Springfield	White House	All ZIP Codes
Medicare/Medicare Advantage	37.1%	32.5%	29.4%	35.7%	36.4%	36.6%	29.0%	24.4%	40.8%	31.9%
TennCare/Medicaid	1.6%	3.3%	3.4%	2.9%	2.4%	<11	2.7%	4.4%	2.2%	3.0%
Commercial	29.3%	28.8%	27.4%	26.7%	28.4%	21.4%	23.2%	26.4%	27.4%	26.8%
Self-Pay	3.4%	3.4%	3.2%	3.7%	3.4%	4.6%	3.4%	3.4%	3.7%	3.4%
Medically Indigent/Free	6.9%	8.4%	10.7%	8.0%	7.9%	6.7%	10.5%	10.5%	6.5%	8.8%
Other	21.8%	23.6%	25.9%	22.9%	21.6%	29.6%	30.9%	30.9%	19.4%	26.1%
<b>Total</b>	<b>2.8%</b>	<b>2.0%</b>	<b>15.4%</b>	<b>6.7%</b>	<b>29.3%</b>	<b>0.6%</b>	<b>19.6%</b>	<b>19.6%</b>	<b>7.0%</b>	<b>100%</b>

Source: CN2407-019, Attachment Additional Document 2 R5, 1N Criterion 8 Table

- ZIP Code 37188 – White House has the highest percentage of Medicare patients of all service area ZIP Codes with (40.8%), followed by ZIP Code 37048 – Cottontown (37.1%), ZIP Code 37141 – Orlinda (36.6%) and ZIP Code 37075 – Hendersonville (36.4%).
- ZIP Codes 37072 – Goodlettsville (10.7%), 37148 – Portland (10.5%), and 37172 – Springfield (10.5%) have the highest percentage of Medically Indigent/Free patient visits.
- ZIP Codes 37141 – Orlinda and 37148 – Portland have lower than average percentages of Commercial payor patient visits.

### Agreements

- The applicant states that it has transfer agreements in place with 24 different facilities including hospitals, nursing homes and other types of providers. An example of a transfer agreement is included in Attachment 1C R1.

## Staffing

The applicant's Year One proposed direct patient care staffing includes the following:

	Year One
Direct Patient Care Positions	21.0
Non-Patient Care Positions	7.3
Contractual Staff*	0.0
<b>Total</b>	<b>28.3</b>

Source: CN2407-019, Original Application, Page 53.

\*Contractual Staff are not listed by the applicant, but will include physicians, pharmacists, environmental services etc.

- Direct Care positions includes the following: Nurses (8.4 FTEs); Radiology Techs (4.2 FTEs); Lab Techs (4.2 FTE); and Med Techs (4.2 FTEs).
- Non-Patient Care positions includes the following: Security (2.1 FTEs); Leadership (1.0 FTEs); and Patient Access Representatives (4.2 FTE).
- The Medical Director for the proposed FSED will be Zachariah Ramsey, M.D.
- The FSED will be staffed 24/7 by Board-Certified or Board-Eligible emergency physicians, assisted by trained and experienced RN nurse staff who are certified in emergency nursing care and/advanced cardiac life support.
- All emergency physicians and nurses will be part of the Sumner Regional Medical Center's single organized medical and nursing staffs and will be governed by the same bylaws. ER physicians will be contracted with a local organization.
- The applicant states that training is provided by staff in the host hospital, not off site with an external third-party.
- Please refer to Item 8Q. on Page 29 of the application for additional detail regarding project staffing.

## QUALITY STANDARDS

The applicant commits to obtaining and/or maintaining the following:

Licensure	Certification	Accreditation
Health Facilities Commission	Medicare/TennCare	The Joint Commission

Source: CN2407-019, Application, Page 26.

- The applicant maintains Licensure through the Tennessee Health Facilities Commission, Certification through Medicare and TennCare, and Accreditation through The Joint Commission. A full list of major accreditations and recognitions for Ascension Saint Thomas Midtown and West hospitals are included in the Attachment Additional Document 1 – Highpoint Health Hospitals in Davidson and Sumner Counties.
- The host hospital is a Level III Trauma Center to which patients can be transferred.

**SUMNER REGIONAL MEDICAL CENTER**

**CN2407-019**

**OCTOBER 23, 2024**

**Page 17**

- The applicant states that the proposed Highpoint FSED will pursue Chest Pain Center Certification from the American College of Cardiology which has been received by the host hospital's existing FSED in Gallatin - Highpoint Sumner Station.
- The applicant has not determined whether it will pursue third-party accreditation of its CT imaging services.
- The applicant states that the FSED will be integrated into the structural framework of Highpoint Health Sumner's Continuous Quality Improvement Plan which it provides an overview of in response to Supplemental #1, Question #15, Pages 8-10.
- The applicant addresses a 2021 [settlement agreement](#) by an out-of-state hospital which is affiliated with Ascension hospitals Supplemental #1, Question 19, Page 12.

### **Application Comments**

Application Comments may be filed by the Department of Health, Department of Mental Health, and Substance Abuse Services, and the Department of Disability and Aging. The following department(s) filed comments with the Commission and are attached:

- ☐ Department of Health
- ☐ Department of Mental Health and Substance Abuse Services
- ☐ Department of Disability and Aging
- ☒ **No comments were filed**

Should the Commission vote to approve this project, the CON would expire in **three** years.

### **CERTIFICATE OF NEED INFORMATION FOR THE APPLICANT:**

There are no other Letters of Intent, pending or denied applications or Outstanding Certificates of Need on file for this applicant.

Ascension's affiliated entities have the Tennessee CON projects listed below:

Outstanding Certificates of Need

<b>Project Name</b>	<b>St. Thomas Rutherford Hospital, CN2103-009A</b>
<b>Project Cost</b>	<b>\$5,617,996</b>
<b>Approval Date</b>	6/23/2021
<b>Description</b>	The establishment of an adult Open Heart Surgery service at its main hospital campus located at 1700 Medical Center Parkway in Murfreesboro (Rutherford County), TN 37129. Of note, the applicant has an existing cardiac catheterization lab service that performed 2,959 procedures in 2019. The project will be implemented by use of existing second floor Surgery Department space for surgical services and STR's Critical Care Unit for post-operative care. The project includes no new construction or renovation. The project's service area consists of Bedford, Cannon, Coffee, Rutherford, and Warren counties. Saint Thomas Rutherford is wholly owned by Saint Thomas Health. Saint Thomas Health is part of Ascension Health.
<b>Project Status</b>	Status Update September 2024: Final Project report pending.
<b>Expiration</b>	August 1, 2024

<b>Project Name</b>	<b>Ascension River Park Cath Lab CN2202-005A</b>
<b>Project Cost</b>	<b>\$3,389,083</b>
<b>Approval Date</b>	4/27/2022
<b>Description</b>	The initiation of diagnostic and therapeutic cardiac catheterization services at Ascension Saint Thomas River Park Hospital located at 1559 Sparta Street, McMinnville (Warren County) TN, 37110. The proposed service area includes Cannon, DeKalb, Grundy, Van Buren, White and Warren Counties. Ascension Saint Thomas River Park Hospital is owned by Ascension Health.
<b>Project Status</b>	Status Update September 2024: Construction was substantially complete as of 10/31/23. Pending equipment acquisition and installation. A Year 2 Annual Progress Report to be submitted this month.
<b>Expiration</b>	June 1, 2025

<b>Project Name</b>	<b>Tenn SM, LLC dba Providence Surgery Center CN1903-008A</b>
<b>Project Cost</b>	<b>\$8,082,908</b>
<b>Approval Date</b>	8/28/2019
<b>Description</b>	The relocation of an existing ambulatory surgical treatment center (ASTC) from 5002 Crossing Circle, Suite 110, Mt. Juliet (Wilson County), TN approximately one mile to the southwest corner of the Belinda Pkwy and Providence Trail Mt. Juliet (Wilson County), TN. An additional procedure room will be added to the two existing operating rooms and procedure room. The applicant is owned by Tenn SM, LLC. The proposed service area consists of Davidson, Rutherford, and Wilson Counties.
<b>Project Status</b>	Project Status Update September 2024: Owner is Tenn SM, LLC dba Providence Surgery Center. This project has been delayed.
<b>Expiration</b>	February 1, 2026

<b>Project Name</b>	<b>Westlawn Surgery Center CN1911-046A</b>
<b>Project Cost</b>	<b>\$13,950,419</b>
<b>Approval Date</b>	6/24/2020
<b>Description</b>	The establishment of an ambulatory surgical treatment center (ASTC) limited to orthopedics and pain management with three operating rooms and one procedure room located at the West Corner of Veterans Parkway and Shores Road, Murfreesboro (Rutherford County), Tennessee, 37128. The proposed service area consist of Bedford, Coffee, Warren, and Cannon Counties. The applicant is owned by Saint Thomas Health / Tennessee Orthopaedic Alliance/ USP Surgery Centers, LLC (60%), and Piedmont Partners, LLC (40%).
<b>Project Status</b>	Project Status Update September 2024: The project was granted an extension through May 1, 2025.
<b>Expiration</b>	May 1, 2025



**CERTIFICATE OF NEED INFORMATION FOR OTHER SERVICE AREA FACILITIES:**

There are no other Letters of Intent or Outstanding Certificates of Need for other health care organizations proposing a related service type.

**Denied Applications**

<b>Project Name</b>	<b>TriStar Hendersonville Medical Center – Gallatin Freestanding Emergency Department CN2305-012D</b>
<b>Project Cost</b>	\$16,704,501
<b>Denied Date</b>	September 27, 2023
<b>Description</b>	The establishment of a freestanding emergency department ("FSED") in the city of Gallatin in Sumner County, Tennessee. The FSED will consist of approximately 11,900 square feet with 12 exam rooms, including 1 trauma room, a lab, an imaging department, a nurse station, and associated support spaces. The FSED will have two covered entry canopies, one for emergency vehicle access/drop off and one for public drop off. The proposed project will be located on a tract of vacant land that is approximately 2.3 acres in size and is located at the northeast corner of Harris Lane and Green Lea Boulevard in Gallatin (Sumner County), TN and being part of a larger parcel having Parcel ID Number 125 034.00 000. The service area includes ZIP Codes (37066, 30748, and 37075) within Hendersonville, Gallatin, and Cottontown TN in Sumner County. The applicant is owned by HCA Health Services of Tennessee, Inc.
<b>Reasons for Denial</b>	This project denied for failing to satisfy the need criteria.

Pending Applications

<b>Project Name</b>	<b>TriStar Hendersonville Medical Center, CN2407-020</b>
<b>Project Cost</b>	\$17,832,032
<b>Deemed Complete Date</b>	September 14, 2024
<b>Description</b>	The establishment of a freestanding emergency department (FSED) located at an unaddressed site on an approximate three (3) +/- acre tract of vacant land on the north side of TN-258/Raymond Hirsch Parkway, located approximately 650 +/- feet west of the intersection of Raymond Hirsch Parkway and Highway 31W, White House, (Robertson County) Tennessee, 37188. The proposed FSED will consist of approximately 13,087 square feet with 11 exam rooms, including 1 trauma room, a lab, imaging department, a nurse station, and associated support spaces located on a portion (Lot 8) of the property identified as Parcel 0741071 B 07700. The service area is defined by the ZIP codes of White House (37188), Greenbrier (37073), Cross Plains (37049), and Cottontown (37048). Zip codes 37188 (White House), 37073 (Greenbrier), and 37049 (Cross Plains) primarily in Robertson County, and Cottontown (37048) primarily in Sumner County. The applicant is owned by Hendersonville Hospital Corporation and whose ultimate parent company is HCA Healthcare, Inc.
<b>Meeting Date</b>	October 23, 2024 (Simultaneous Review with CN2407-019 Sumner Regional Medical Center).

TPP  
(10/15/2024)

# **CRITERIA AND** **STANDARDS**

## **Attachment 1N R5**

### **State Health Plan Standards and Criteria**

#### **Service Area Demographic Table**

#### **Service Area Population by Zip Code**

#### **Service Area Payor Mix by Zip Code**

#### **Tables 5N R5 (A) and (D)**

#### **Table 1N R5 Criterion 3**

#### **Table 1N R5 Criterion 9**



STATE OF TENNESSEE

## STATE HEALTH PLAN

### CERTIFICATE OF NEED STANDARDS AND CRITERIA

*FOR*

## Freestanding Emergency Departments

### ROUND 5 RESPONSES

The Health Services Development Agency (HSDA) may consider the following standards and criteria for applicants seeking to establish or expand Freestanding Emergency Departments (FSEDs). Rationale statements are provided for standards to explain the Division of Health Planning's underlying reasoning. Additionally, these rationale statements may assist stakeholders in responding to these Standards and may assist the HSDA in its assessment of applications. Existing FSEDs are not affected by these standards and criteria unless they take action that requires a new certificate of need (CON) for such services. These proposed standards and criteria will become effective immediately upon approval and adoption by the governor.

The Certificate of Need Standards and Criteria serve to uphold the Five Principles for Achieving Better Health set forth by the State Health Plan. These Principles were first developed for the 2010 edition and have been utilized as the overarching framework of the Plan in each annual update that has followed. Utilizing the Five Principles for Achieving Better Health during the development of the CON Standards and Criteria ensures the protection and promotion of the health of the people of Tennessee. The State Health Plan's Five Principles for Achieving Better Health are as follows:

- 1. Healthy Lives:** The purpose of the State Health Plan is to improve the health of people in Tennessee.
- 2. Access:** People in Tennessee should have access to health care and the conditions to achieve optimal health.

- 3. Economic Efficiencies:** Health resources in Tennessee, including health care, should be developed to address the health of people in Tennessee while encouraging value and economic efficiencies.
- 4. Quality of Care:** People in Tennessee should have confidence that the quality of care is continually monitored and standards are adhered to by providers.
- 5. Workforce:** The state should support the development, recruitment, and retention of a sufficient and quality health workforce.

## Definitions

**Rural Area:** A proposed service area shall be designated as rural in accordance with the U.S. Department of Health and Human Services (HRSA) Federal Office of Rural Health Policy's *List of Rural Counties and Designated Eligible Census Tracts in Metropolitan Counties*. This document, along with the two methods used to determine eligibility, can be found at the following link:

<http://www.hrsa.gov/ruralhealth/resources/forhpeligibleareas.pdf>      **PAGE NOT FOUND**

For more information on the Federal Office of Rural Health Policy visit:

<http://www.hrsa.gov/ruralhealth/>      Copied.

**Freestanding Emergency Department:** A facility that receives individuals for emergency care and is structurally separate and distinct from a hospital. A freestanding emergency department (FSED) is owned and operated by a licensed hospital. These facilities provide emergency care 24 hours a day, 7 days a week, and 365 days a year.

**Service Area:** Refers to the county or contiguous counties or Zip Code or contiguous Zip Codes represented by an applicant as the reasonable area in which the applicant intends to provide freestanding emergency department services and/or in which the majority of its service recipients reside.

## Standards and Criteria

- 1. Determination of Need:** The determination of need shall be based upon the existing access to emergency services in the proposed service area. The applicant should utilize the metrics below, as well as other relevant metrics, to demonstrate

that the population in the proposed service area has inadequate access to emergency services due to geographic isolation, capacity challenges, or low-quality of care.

The applicant shall provide information on the number of existing emergency department (ED) facilities in the service area, as well as the distance of the proposed FSED from these existing facilities. If the proposed service area is comprised of contiguous ZIP Codes, the applicant shall provide this information on all ED facilities located in the county or counties in which the service area ZIP Codes are located.

**Response:**

**The primary service area consists of nine zip codes surrounding the community of White House, a rapidly growing community on Interstate 65 between Nashville and Kentucky. The applicant's proposed FSED will be located in White House. This primary service area currently contains three existing HCA hospital-based emergency departments. They are: HCA TriStar Hendersonville Medical Center in Hendersonville (Sumner County); HCA TriStar Portland Medical Center in Portland (Sumner County); and HCA Northcrest Medical Center in Springfield (Robertson County).**

**However, they are not centrally located within the service area. They are located on its periphery, as shown on the maps in Attachment 2N R2. They are distant from the centrally located growth area around White House, as shown in the distance and drive time table in Attachment Additional Documents 2 R4. They exceed visits per room guidelines of the American College of Emergency Physicians ("ACEP"), as shown below in this response.**

**Sumner Regional Medical Center with Ascension Saint Thomas are proposing to address the service area's obvious emergency care needs by placing a new emergency facility, Highpoint FSED, in White House in the approximate center of these zip codes. This will improve accessibility for patients from western Sumner County and eastern Robertson County. It will be of special benefit to rural patients who face longer drive times to HCA ERs.**

**After learning of this Highpoint FSED application, HCA filed a CON application for its fourth emergency room facility in the area, to be located in White House. This validates the need for more emergency room capacity for this area, and it supports White House as the best location for accessibility.**

**Regardless of the outcome of the HCA application, the Highpoint FSED by Sumner Regional Medical Center Health with Saint Thomas is needed to give service area residents a choice of provider, which they do not now have because of the complete monopoly that HCA has within the service area, and adjacent to its western side. Healthy competition between providers, in charges and quality, would be beneficial to patients.**

The applicant should utilize Centers for Medicare and Medicaid Services (CMS) throughput measures, available from the CMS Hospital Compare website, to illustrate the wait times at existing emergency facilities in the proposed service area. Data provided on the CMS Hospital Compare website does have a three to six month lag. In order to account for the delay in this information, the applicant may supplement CMS data with other more timely data.

The applicant should also provide data on the number of visits per treatment room per year for each of the existing emergency department facilities in the service area. Applicants should utilize applicable data in the Hospital Joint Annual Report to demonstrate the total annual ED volume and annual emergency room visits of the existing facilities within the proposed service area. All existing EDs in the service area should be operating at capacity. This determination should be based upon the annual visits per treatment room at the host hospital's emergency department (ED) as identified by the American College of Emergency Physicians (ACEP) in *Emergency Department Design: A Practical Guide to Planning for the Future, Second Edition* as capacity for EDs. [Available for purchase only, \$60+] The capacity levels set forth by this document should be utilized as a *guideline* for describing the potential of a respective functional program. The annual visits per treatment room should exceed what is outlined in the ACEP document. Because the capacity levels set forth in the *Emergency Department Design: A Practical Guide to Planning for the Future, Second Edition* are labeled in the document as a "preliminary sizing chart", the applicant is encouraged to provide additional evidence of the capacity, efficiencies, and demographics of patients served within the existing ED facility in order to better demonstrate the need for expansion.



Source: <https://www.medicare.gov/hospitalcompare/search.html>  
<https://data.medicare.gov/data/hospital-compare>

Note: The above measures are found in the category "Timely and Effective Care."

ED-1	Median time from ED arrival to ED departure for ED admitted patients
ED-2	Median time from admit decision to departure for ED admitted patients
OP-18	Median time from ED arrival to ED departure for discharged ED patients
OP-20	Door to diagnostic evaluation by a qualified medical professional
OP-22	ED-patient left without being seen

**Response:** All three HCA emergency room facilities in the nine PSA zip codes reported that they exceeded ACEP high range guidelines in 2022, the most recent JAR reporting year. The applicant has no access to their 2024 utilization.

Table A, Criterion 1 of State Health Plan CON Review Criteria			
ER Provider	2022 Visits	Treatment Rooms	2022 Visits / Room
Tristar Hendersonville Medical Center (HCA)	37,932	20	1,897
Tristar Portland FSED (HCA)	12,432	8	1,554
Tristar Northcrest Medical Center (HCA)	24,098	18	1,339
<b>Project Service Area Total</b>	<b>74,462</b>	<b>46</b>	<b>1,619</b>

Source: Joint Annual Reports.

Table B, Criterion 1 of State Health Plan CON Review Criteria				
ER Provider	2022 Visits	Treatment Rooms	ACEP Guideline for Room Need* (Low - High Ranges)	% of ACEP Guidelines*
Tristar Hendersonville Medical Center (HCA)	37,932	20	24-28 rooms	120% - 140%

Tristar Portland FSED (HCA)	12,432	8	10-12 rooms	125%-150%
Tristar Northcrest Medical Center (HCA)	24,098	18	18-20 rooms	100%-111%

*\*Approximated by applicant based on ranges set forth in ACEP tables.*

<b>Applicant's Most Current Throughput Measures</b>		
<b>Suner Regional Medical Center Hospital-Based ER</b>	<b>2023</b>	<b>Jan-June 2024</b>
ED-1 Median time from ED arrival to admit disposition	517.4	509.3
ED-2 Median time from admit decision to disposition	348.6	354.2
OP-18 Median time from arrival to depart for discharge	216	186
OP-20 Door to diagnostic evaluation (MSE)	12.9	13.4
OP-22 ED Patient left without being seen	1.00%	0.70%
OP-23 - Head CT or MRI scan for ischemic or hemorrhagic stroke, results/interpretations within 45 minutes of ED arrival		
<b>Sumner Station FSED</b>	<b>2023</b>	<b>Jan-June 2024</b>
ED-1 Median time from ED arrival to admit disposition	Not available	330.8
ED-2 Median time from admit decision to disposition	Not available	201.2
OP-18 Median time from arrival to depart for discharge	Not available	113
OP-20 Door to diagnostic evaluation (MSE)	Not available	14.2
OP-22 ED Patient left without being seen	Not available	0.90%
OP-23 - Head CT or MRI scan for ischemic or hemorrhagic stroke, results/interpretations within 45 minutes of ED arrival	Not available	

*Source: Hospital Records. CMS Comparewebsite provides no measures later than 2022.*

If the applicant is demonstrating low-quality care provided by existing EDs in the service area, the applicant shall utilize the Joint Commission's "Hospital Outpatient Core Measure Set". These measures align with CMS reporting requirements and are available through the CMS Hospital Compare website. Full details of these measures can be found in the Joint Commission's *Specification Manual for National Hospital Outpatient Department Quality Measures*. Existing emergency facilities should be in the bottom quartile of the state in the measures listed below in order to demonstrate low-quality of care.

OP-1	Median Time to Fibrinolysis
OP-2	Fibrinolytic Therapy Received Within 30 Minutes
OP-3	Median Time to Transfer to Another Facility for Acute Coronary Intervention
OP-4	Aspirin at Arrival
OP-5	Median Time to ECG
OP-18	Median Time from ED Arrival to Departure for Discharged ED Patients
OP-20	Door to Diagnostic Evaluation by a Qualified Medical Personnel
OP-21	ED-Median Time to Pain Management for Long Bone Fracture
OP-23	ED-Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke Patients who Received Head CT or MRI Scan Interpretation Within 45 Minutes of ED Arrival

**Response:**

**Not applicable. The applicant is not proposing this project to address low quality of care in the service area.**

Sources: [https://www.jointcommission.org/hospital outpatient department/](https://www.jointcommission.org/hospital_outpatient_department/)  
[https://www.jointcommission.org/assets/1/6/HAPOutpatientDeptCoreMeasure Set.pdf](https://www.jointcommission.org/assets/1/6/HAPOutpatientDeptCoreMeasureSet.pdf)  
<https://www.medicare.gov/hospitalcompare/search.html>  
<https://data.medicare.gov/data/hospital-compare>

**Note: The above measures are found in the category “Timely and Effective Care.”**

The HSDA should consider additional data provided by the applicant to support the need for the proposed FSED including, but not limited to, data relevant to patient acuity levels, age of patients, percentage of behavioral health patients, and existence of specialty modules. These data may provide the HSDA with additional information on the level of need for emergency services in the proposed service area. If providing additional data, applicants should utilize Hospital Discharge Data System data (HDDS) when applicable. The applicant may utilize other data sources to demonstrate the percentage of behavioral health patients but should explain why the alternative data source provides a more accurate indication of the percentage of behavioral health patients than the HDDS data.

See Standard 2, Expansion of Existing Emergency Department Facility, for more information on the establishment of a FSED for the purposes of decompressing volumes and reducing wait times at the host hospital’s existing ED.

*Note: Health Planning recognizes that limitations may exist for specific metrics listed above. When significant limitations exist (e.g. there are not adequate volumes to evaluate) applicants may omit these metrics from the application. However, the application should then discuss the limitations and reasoning for omission. Applicants are encouraged to supplement the listed metrics with additional metrics that may provide HSDA with a more complete representation of the need for emergency care services in the proposed service area.*

Rationale: Applicants seeking to establish a FSED should demonstrate need based on barriers to access in the proposed service area. While limited access to emergency services due to geographic isolation, low-quality of care, or excessive wait times are pertinent to the discussion, the applicant is also encouraged to provide additional data from the proposed service area that may provide the HSDA with a more comprehensive picture of the unique needs of the population that would be served by

the FSED. Host hospitals applying to establish a FSED displaying efficiencies in care delivery via high volumes and low wait time should not be penalized in the review of this standard. Host hospitals are expected to demonstrate high quality care in order to receive approval. See Standard 4 for more information.

**Response:** The applicant is not proposing this project to decompress volumes and reducing wait times at its existing ED.

Applicants seeking to establish an FSED in a geographically isolated, rural area should be awarded special consideration by the HSDA.

**Response:** The service area has parts that are rural and isolated, but these zip codes are not classified as Rural Areas due to their mix of suburban and rural communities. This application is based on geographic isolation, not on low quality of care in the service area, or on a need to decompress its ER utilization at its Gallatin facilities, which are not within the project service area.

- 3. Expansion of Existing Emergency Department Facility:** Applicants seeking expansion of the existing host hospital ED through the establishment of a FSED in order to decompress patient volumes should demonstrate the existing ED of the host hospital is operating at capacity. This determination should be based upon the annual visits per treatment room at the host hospital's emergency department (ED) as identified by the American College of Emergency Physicians (ACEP) in *Emergency Department Design: A Practical Guide to Planning for the Future, Second Edition* as capacity for EDs. The capacity levels set forth by this document should be utilized as a *guideline* for describing the potential of a respective functional program. The applicant shall utilize the applicable data in the Hospital Joint Annual Report to demonstrate total annual ED volume and annual emergency room visits. The annual visits per treatment room should exceed what is outlined in the ACEP document. Because the capacity levels set forth in the *Emergency Department Design: A Practical Guide to Planning for the Future, Second Edition* are labeled in the document as a "preliminary sizing chart", the applicant is encouraged to provide additional evidence of the capacity, efficiencies, and demographics of patients served within the existing ED facility in order to better demonstrate the need for expansion. See Standard 1, Demonstration of Need, for examples of additional evidence.

**Response:** The applicant is not "seeking expansion of the existing host hospital ED through the establishment of a FSED in order to decompress patient volume".

Additionally, the applicant should discuss why expansion of the existing ED is not a viable option. This discussion should include any barriers to expansion including,

but not limited to, economic efficiencies, disruption of services, workforce duplication, restrictive covenants, and issues related to access. The applicant should also provide evidence that all practical efforts to improve efficiencies within the existing ED have been made, including, but not limited to, the review of and modifications to staffing levels.

**Response: The applicant is not proposing this project to decompress volumes and reduce wait times at its existing ED.**

Applicants seeking to decompress volumes of the existing host hospital ED should be able to demonstrate need for the additional facility in the proposed service area as defined in the application in accordance with Standard 1, Determination of Need.

Rationale: The HSDA may utilize visits per treatment room in order to determine if a FSED is necessary for the host hospital to provide efficient and quality emergency care to its patients. Many factors influence a hospital's ability to adequately serve patients at various volumes. Factors may include efficiencies of the ED and the acuity of the patients seen. Applicants are encouraged to provide additional data in order to demonstrate need for expansion. This additional data may assist in providing the HSDA with the opportunity to perform a comprehensive review that takes into account the numerous factors that affect ED efficiencies, access to care, and the quality of ED services provided.

**Response: As shown below in the following Tables A and B for Criterion 2, the applicant's existing FSED emergency rooms in Gallatin did exceed optimal capacity under ACEP guidelines in 2023. However, an expansion of the host hospital's treatment room capacity at Sumner Station, its satellite ER in Gallatin, is being planned to decompress capacity challenges in Gallatin—which is not within the primary service area of the FSED project in White House.**

**The proposed Highpoint FSED in White House is needed principally to both shorten both drive times and also to reduce out-of-pocket costs for many rural patients living northwest of Gallatin in eastern Robertson and western Sumner Counties, and to give all service area residents for the first time a choice between hospital systems that offer emergency care. Abundant**

**choice already exists a few miles south in Nashville; this project is intended to give service area residents a comparable choice.**

**The patients to be served by this project have either terrain or distance barriers to achieving appropriate rapid access to ERs within or adjacent to the service area. Because Sumner Regional Medical Center's main campus and FSED campus currently receive limited utilization from these patients, main campus ER utilization does not appear relevant to determining the need for this project. However, Sumner Station FSED's utilization and performance metrics are meaningful in that they demonstrate the applicant's ability to provide efficient and high-quality emergency care in an FSED care model.**

<b>Table A, Criterion 2 of State Health Plan CON Review Criteria</b>			
<b>ER Provider</b>	<b>2023 Visits</b>	<b>Treatment Rooms</b>	<b>2022 Visits / Room</b>
Sumner Regional Medical Center	26,826	26	1,032
Sumner Station FSED	13,161	8	1,645
Total	39,987	34	1,111

<b>Table B, Criterion 2 of State Health Plan CON Review Criteria</b>				
<b>ER Provider</b>	<b>2023 Visits</b>	<b>Treatment Rooms</b>	<b>ACEP Guideline for Room Need* (Low - High Ranges)</b>	<b>% of ACEP Guidelines</b>
Sumner Regional Medical Center	26,826	26	24-28 rooms	120% - 140%
Sumner Station FSED	13,161	8	10-12 rooms	125%-150%
Total	39,987	34	18-20 rooms	100%-111%

Source: Hospital Records and ACEP Guidelines.

\*Room needs are approximated using the relevant ACEP tables.



- 4. Relationship to Existing Similar Services in the Area:** The proposal shall discuss what similar services are available in the service area and the trends in occupancy and utilization of those services. This discussion shall include the likely impact of the proposed FSED on existing EDs in the service area and shall include how the applicant's services may differ from existing services. Approval of the proposed FSED should be contingent upon the applicant's demonstration that existing services in the applicant's proposed geographical service area are not adequate and/or there are special circumstances that require additional services.

**Response:** For overall utilization of existing emergency rooms in and near the service area, please see the Tables A and D provided in Attachment 5N R5. Over the past three years of Joint Annual Reports, reported total ER visits to the three primary service area ERs from all locations increased 8.3% -- with two of those three experiencing approximately a 27% increase in that period. Visits to nine ER facilities outside the primary service area increased 7.4%. Total visits to all eleven facilities increased by more than 35,000 visits.

Visits to these hospitals by residents living in the project service area increased by 7,446, a 22.2% increase.

The owner of the three providers in the service area has recently filed a CON application to add its own FSED in White House, which supports this applicant's belief that an FSED in White House would not harm existing EDs but would rather decompress their utilization to more manageable levels.

The applicant should provide patient origin data by ZIP Code for each existing facility as well as the proposed FSED in order to verify the proposed facility will not negatively impact the patient base of the existing rural providers. The establishment of a FSED in a rural area should only be approved if the applicant can adequately demonstrate the proposed facility will not negatively impact any existing rural facilities that draw patients from the proposed service area. Additionally, in an area designated as rural, the proposed facility should not be located within 10 miles of an existing facility. Finally, in rural proposed service areas, the location of the proposed FSED should not be closer to an existing ED facility than to the host hospital.

**Response:** Not applicable;. The service area is not designated as a rural service area.

However, as shown below, the proposed FSED site is not within 10 miles of any existing emergency care facility. And 2023 patient origin by zip code as submitted in Attachment Additional Documents 2 R4.

Emergency Room Facility	Miles From White House Project
TriStar Portland Medical Center	12.6
TriStar Hendersonville Medical Center	13.1
Sumner Station FSED	14.6
TriStar NorthCrest Medical Center	14.9
Sumner Regional Medical Center	17.7
TriStar Skyline Medical Center	19.5

Source: Google Maps 9-2-24

Critical Access Hospitals (CAH): In Tennessee, certain CAHs are not located in rural areas according to the definition of rural provided in these standards. The location of the proposed FSED should not be closer to an existing CAH than to the host hospital.

**Response:** Not applicable; the service area contains no Critical Access Hospital. Highpoint FSED will be approximately a 17.7-mile drive from its host hospital.

Rationale: The HSDA should consider any duplication of existing services as well as the maldistribution of emergency services by considering the existing providers in the proposed service area. This standard also provides an opportunity for the applicant to demonstrate any services or specialty services that will be provided by the proposed FSED that are not provided by the existing emergency care providers servicing the proposed service area.

**4. Host Hospital Emergency Department Quality of Care:** Additionally, the applicant shall provide data to demonstrate the quality of care being provided at the ED of the host hospital. The quality metrics of the host hospital should be in the top quartile of the state in order to be approved for the establishment of a FSED. The applicant shall utilize the Joint Commission's hospital outpatient core measure set. These measures align with CMS reporting requirements and are available through the CMS Hospital Compare website. Full details of these measures can be found in the Joint Commission's *Specification Manual for National Hospital Outpatient Department Quality Measures*.

OP-1	Median Time to Fibrinolysis
OP-2	Fibrinolytic Therapy Received Within 30 Minutes
OP-3	Median Time to Transfer to Another Facility for Acute Coronary Intervention
OP-4	Aspirin at Arrival

OP-5	Median Time to ECG
OP-18	Median Time from ED Arrival to Departure for Discharged ED Patients
OP-20	Door to Diagnostic Evaluation by a Qualified Medical Personnel
OP-21	ED-Median Time to Pain Management for Long Bone Fracture
OP-23	ED-Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke Patients who Received Head CT or MRI Scan Interpretation With 45 Minutes of ED Arrival

*Note: The above measures are found in the category “Timely and Effective Care.”*

*Note: Health Planning recognizes that limitations may exist for specific metrics listed above. When significant limitations exist (e.g. there are not adequate volumes to evaluate) applicants may omit these metrics from the application. However, the application should then discuss the limitations and reasoning for omission. Applicants are encouraged to supplement the listed metrics with additional metrics that may provide HSDA with a more complete representation of the need for emergency care services in the proposed service area.*

**Response:** Please see the following three tables showing the high quality of care at the applicant’s hospital and at the three existing service area providers. The Compare website’s most recent reported data was in 2022. Sumner Regional Medical Center ranked in the high 75<sup>th</sup> percentile of both outpatient measures OP-18 and OP-23. This far exceeded the State averages, that were in the 25<sup>th</sup>-50<sup>th</sup> percentiles for both of those measures. The ranked providers in the service area did not rank as high as Sumner Regional, except for TriStar Hendersonville’s measure for OP-18. The third table provides hospital management’s data on more current 2023 and 2024 information than is available from Compare.

<b>State Health Plan Criterion 4: Quality of Care at Applicant's Hospital</b>						
<b>Measure: OP-18 Median Time from ED Arrival to Departure for Discharged ED Patients</b>						
Emergency Department	Timeframe	Ed Time/Score	Check (X) Applicable Quartile			
			≤25th Percentile	25th-50th Percentile	50th-75th Percentile	≥75th Percentile
SRMC	2022	154 Minutes				X
SUMNER STATION	Not Available	Not Available				
<b>Measure: OP-23 ED-Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke Patients who Received Head CT or MRI Scan Interpretation Within 45 Minutes of ED Arrival</b>						
Emergency Dept	Timeframe	Ed Time/Score	Check (X) Applicable Quartile			
			≤25th Percentile	25th-50th Percentile	50th-75th Percentile	≥75th Percentile
SRMC	2022	87%				X
SUMNER STATION	Not Available	Not Available				

Source: CMS Hospital Compare website.

State Health Plan Criterion 4: Quality of Care at Existing Emergency Departments in the Service Area						
Measure: OP-18 Median Time from ED Arrival to Departure for Discharged ED Patients						
Emergency Department	Timeframe	Ed Time/Score	Check (X) Applicable Quartile			
			≤25th Percentile	25th-50th Percentile	50th-75th Percentile	≥75th Percentile
Tennessee Average	2022	191 Minutes		X		
Sumner Regional Medical Center	2022	154 Minutes				X
Sumner Station FSED	Not Available	Not Available				
HCA TriStar Hendersonville Medical Center	2022	152 Minutes				X
HCA TriStar Northcrest Medical Center (TN avg 131 for Northcrest based on visit volume)	2022	143 Minutes		X		
HCA TriStar Portland Medical Center Emergency Only	Not Available	Not Available				

Measure: OP-23 ED-Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke Patients who Received Head CT or MRI Scan Interpretation With 45 Minutes of ED Arrival						
Emergency Department	Timeframe	Ed Time/Score	Check (X) Applicable Quartile			
			≤25th Percentile	25th-50th Percentile	50th-75th Percentile	≥75th Percentile
Tennessee Average	2022	67%		X		
Sumner Regional Medical Center	2022	87%				X
Sumner Station FSED	Not Available	Not Available				
HCA TriStar Hendersonville Medical Center	2022	72%			X	
HCA TriStar Northcrest Medical Center	Not Available	Not Available				
HCA TriStar Portland Medical Center Emergency Only	Not Available	Not Available				

Source: Centers for Medicare and Medicaid Services (CMS) Hospital Compare website.

<b>State Health Plan Criterion 4: Applicant's Current Throughput Measures</b>			
<b>Sumner Regional Medical Center Hospital-Based ER</b>	<b>2023</b>	<b>Jan-June 2024</b>	<b>STATE AVERAGE</b>
ED-1 Median time from ED arrival to admit disposition	517.4	509.3	
ED-2 Median time from admit decision to disposition	348.6	354.2	
OP-18 Median time from arrival to depart for discharge	216	186	<b>159</b>
OP-20 Door to diagnostic evaluation (MSE)	12.9	13.4	
OP-22 ED Patient left without being seen	1.00%	0.70%	
OP-23 - Head CT or MRI scan for ischemic or hemorrhagic stroke, results/interpretations within 45 minutes of ED arrival			
<b>Sumner Station FSED</b>	<b>2023</b>	<b>Jan-June 2024</b>	
ED-1 Median time from ED arrival to admit disposition	Not available	330.8	
ED-2 Median time from admit decision to disposition	Not available	201.2	
OP-18 Median time from arrival to depart for discharge	Not available	113	
OP-20 Door to diagnostic evaluation (MSE)	Not available	14.2	
OP-22 ED Patient left without being seen	Not available	0.90%	
OP-23 - Head CT or MRI scan for ischemic or hemorrhagic stroke, results/interpretations within 45 minutes of ED arrival	Not available		

Source: Hospital Management

**5. Appropriate Model for Delivery of Care:** The applicant should discuss why a FSED is the appropriate model for delivery of care in the proposed service area.

**Rationale:** Rationale should be provided in the application detailing why a FSED is the most appropriate option for delivery of care and to improve access to care in the proposed service area. This discussion should detail the benefits of a FSED for the proposed patient population over an urgent care center, primary care office, or other possible delivery models.

**Response:** The FSED emergency care model is never closed. It is staffed with onsite physicians and nurses 24 hours every day and its personnel are highly trained to serve patients needing emergency care. By contrast, urgent care centers in the area are few; they do not typically operate 24 hours daily or with onsite round-the-clock physicians or nursing staff trained in emergency care. They do not typically have all of the equipment needed for dealing with emergency patients, e.g., x-ray, CT scanning, and a laboratory. Please see Attachment 2N R2 for the locations of these types of facilities.

**6.Geographic Location:** The FSED should be located within a 35-mile radius of the hospital that is the main provider.

**Rationale:** The 35-mile radius standard is in alignment with regulations set forth by CMS (42 CFR Ch. IV (10-1-11 Edition), Rule 413.65).

**Response:** Highpoint FSED will be approximately 17.7 miles from the main provider's Sumner Regional Medical Center and 14.6 miles from its Sumner Station FSED.

**7.Access:** The applicant must demonstrate an ability and willingness to serve equally all of the service area in which it seeks certification. In addition to the factors set forth in HSDA Rule 0720-11-.01(1) (listing factors concerning need on which an application may be evaluated), the HSDA may choose to give special consideration to an applicant that is able to show that there is limited access to ED services in the proposed Service Area.

**Response:** The host hospital and its existing Sumner Station FSED serve all arriving patients without regard to insurance coverage. The proposed Highpoint FSED in White House will do the same. Charity care will be provided under the guidelines of Ascension Health. Underinsured patients not eligible for charity care will have their charges reduced.

This project does address an issue of limited access. More than 20,000 residents of Sumner and Robertson Counties are insured under the “Blue Cross S” plan. The service area’s three HCA emergency care facilities in those counties currently do not accept that insurance plan. They treat and stabilize Blue Cross S emergency patients as required by Federal law. However, those underinsured patients receive a billing adjustment that imposes higher out-of-pocket copays than they would incur at facilities like the applicant’s ERs, which do accept Plan S patients for emergency care and subsequent inpatient care at a hospital if hospital admission is required after stabilization. The Highpoint FSED will accept Blue Cross S patients, making emergency care more affordable for them. In addition, the applicant has received a number of HCA transports for hospital admission, whom HCA does not want to admit to HCA hospitals due to their low insurance coverage. Sumner Regional accepts and admits those patients.

**8.Services to High-Need Populations:** Special consideration shall be given to applicants providing services fulfilling the unique needs and requirements of certain high-need populations, including patients who are uninsured, low income, or patients with limited access to emergency care.

**Response:** As described in other sections of this application and Guidelines, the project will treat uninsured, low-income patients and will be more financially affordable for Blue Cross S patients than other providers in these zip codes. In addition, the applicant has received a number of HCA transports for inpatient hospital care, whom HCA does not want to admit to HCA hospitals due to their low insurance coverage. Sumner Regional accepts and admits those patients.



**Attachment 1N R5 shows the Criterion 8 payor mix for the service area and for the host hospital. The service area ranges from 21.6% to 33.6% TennCare and Medicaid, and 1.6% to 4.4% medically indigent and free care. Sumner Regional's payor mix for TennCare and Medicaid is 26.1%, and medically indigent and free care is 3.0%.**

**9. Establishment of Non-Rural Service Area:** The geographic service area shall be reasonable and based on an optimal balance between population density and service proximity of the applicant. The socio-demographics of the service area and the projected population to receive services shall be considered. The applicant shall demonstrate the orderly development of emergency services by providing information regarding current patient origin by ZIP Code for the hospital's existing ED in relation to the proposed service area for the FSED.

Establishment of a Rural Service Area: Applicants seeking to establish a freestanding emergency department in a rural area with limited access to emergency medical care shall establish a service area based upon need. The applicant shall demonstrate the orderly development of emergency services by providing information regarding patient origin by ZIP Code for the proposed service area for the FSED.

**Response:** Not applicable. The project does not seek to establish or to serve a designated Rural Service Area. Patient origin by county and by zip code is provided in Attachment Additional Document 2 R5.

**10. Relationship to Existing Applicable Plans; Underserved Area and Population:** The proposal's relationship to underserved geographic areas and underserved population groups shall be a significant consideration.

**Response:** Please see the response to Criterion 8 above, which documents the applicant's strong commitment to underserved population groups in the service area.

**11. Composition of Services:** Laboratory and radiology services, including but not limited to XRAY and CT scanners, shall be available on-site during all hours of operation. The FSED should also have ready access to pharmacy services and respiratory services during all hours of operation.

**Response:** Laboratory and radiology (including diagnostic X-ray and CT scanning services) are provided onsite 24 / 365, as is respiratory

**care. Pharmacy support is quickly available 24/ from the applicant's hospital and FSED in Gallatin.**

**12. Pediatric Care:** Applicants should demonstrate a commitment to maintaining at least a Primary Level of pediatric care at the FSED as defined by CHAPTER 1200-08- 30 Standards for Pediatric Emergency Care Facilities including staffing levels, pediatric equipment, staff training, and pediatric services. Applicants should include information detailing the expertise, capabilities, and/or training of staff to stabilize or serve pediatric patients. Additionally, applicants shall demonstrate a referral relationship, including a plan for the rapid transport, to at least a general level pediatric emergency care facility to allow for a specialized higher level of care for pediatric patients when required.

**Response:** The applicant's commitment to these standards is demonstrated at its existing FSED at Sumner Station, which is classified as a "Basic" pediatric care ER, and has appropriate transfer agreements with hospitals in the primary service area and with Ascension (Saint Thomas) hospitals in central Nashville and in three rural areas of Middle Tennessee. The proposed Highpoint FSED will pursue the same classification.

**13. Assurance of Resources:** The applicant shall document that it will provide the resources necessary to properly support the applicable level of emergency services.

Included in such documentation shall be a letter of support from the applicant's governing board of directors or Chief Financial Officer documenting the full commitment of the applicant to develop and maintain the facility resources, equipment, and staffing to provide the appropriate emergency services. The applicant shall also document the financial costs of maintaining these resources and its ability to sustain them to ensure quality treatment of patients in the ED continuum of care.

**Response:** Please see the letter in Additional Documents 2 R4, which documents the applicant's commitment to providing funding to implement and sustain the project. The letter was provided to the applicant by the applicant's Chief Financial Officer.

An applicant shall document a plan demonstrating the intent and ability to recruit, hire, train, assess competencies of, supervise, and retain the appropriate numbers of qualified personnel to provide the services described in the application and that such personnel are available in the proposed service area. Each applicant shall outline planned staffing patterns including the number and type of physicians and nurses. Each FSED is required to be staffed by at least one physician and at least one registered nurse at all times (24/7/365). Physicians staffing the FSED should be board certified or board eligible emergency physicians. If significant barriers exist that limit the applicant's ability to recruit a board certified or board eligible emergency physician, the applicant shall document these barriers for the HSDA to take into consideration. Applicants are encouraged to staff the FSED with registered nurses certified in emergency nursing care and/or advanced cardiac life support. The medical staff of the FSED shall be part of the hospital's single organized medical staff, governed by the same bylaws. The nursing staff of the FSED shall be part of the hospital's single organized nursing staff. The nursing services provided shall comply with the hospital's standards of care and written policies and procedures.

**Response: Sumner Regional Medical Center and Ascension Saint Thomas have years of experience in staffing emergency care facilities appropriately. Highpoint FSED will be staffed with Board-certified or Board-eligible emergency physicians, assisted by trained and experienced RN nurse staff who are certified in emergency nursing care and/or advanced cardiac life support. These specialists will be onsite 24 hours a day every day of the year. All emergency physicians and nurses will be part of Sumner Regional Medical Center's single organized medical and nursing staffs, governed by the same bylaws. The FSED's staffing pattern is provided in Attachment 8Q R2. The applicant is experienced and successful in recruiting, hiring, training, supervising, retaining, and assessing competencies of ER personnel of types described in the table in section 8Q of the application.**

**14. Adequate Staffing of a Rural FSED:** An applicant shall document a plan demonstrating the intent and ability to recruit, hire, train, assess competencies of, supervise, and retain the appropriate numbers of qualified personnel to provide the services described in the application and that such personnel are available in the proposed service area. Each applicant shall outline planned staffing patterns

including the number and type of physicians. FSEDs proposed to be located in rural areas are required to be staffed in accordance with the Code of Federal Regulations Title 42, Chapter IV, Subchapter G, Part 485, Subpart F – Conditions of Participation: Critical Access Hospitals (CAHs). This standard requires a physician, nurse practitioner, clinical nurse specialist, or physician assistant be available at all times the CAH operates. The standard additionally requires a registered nurse, clinical nurse specialist, or licensed practical nurse to be on duty whenever the CAH has one or more inpatients. However, because FSEDs shall be in operation 24/7/365 and because they will not have inpatients, a registered nurse, clinical nurse specialist, or licensed practical nurse shall be on duty at all times (24/7/365). Additionally, due to the nature of the emergency services provided at an FSED and the hours of operation, a physician, nurse practitioner, clinical nurse specialist, or physician assistant shall be on site at all times.

**Response: The project will be staffed with 28.3 FTEs, of the types listed in Tables 8Q(A) and (B) below. All will be recruited. All physicians (pathologists, radiologists, respiratory specialists) and pharmacists will be Board-certified and members of the host hospital's medical staff. Their support staff of nurses and techs will be employed, as will personnel for security, patient registration, respiratory therapy, and management. The facility will be staffed onsite by these specialists and by nurses and other support staff 24/7/365. All physicians (pathologists, radiologists, respiratory specialists) and pharmacists will be Board-certified and will be members of the host hospital's medical staff.**

<b>Table 8Q (A) R2: Recruitment of Staff</b>			
<b>Position Type</b>	<b>FTEs Needed for Proposed FSED</b>	<b>FTEs Currently Employed</b>	<b>FTEs that will be Recruited</b>
Physicians	0	0	0
Registered Nurses	8.4	0	8.4
ER Tech	0	0	0
EVS Tech	0	0	0
Radiology Tech	4.2	0	4.2
CT Tech	0	0	0
Ultrasonographer	0	0	0
Medical Tech	4.2	0	4.2
Other*	11.5	0	11.5
<b>Totals</b>	<b>28.3</b>	<b>0</b>	<b>28.3</b>

Source: Hospital Management. These FTEs do not include contracted staff such as physicians, pharmacists, EVS, etc.

\*Other includes security , patient registration, respiratory therapist, and management.

<b>Table 8Q(B) R2 : Contracted and Employed Staff</b>			
<b>Service</b>	<b>Hours Available</b>	<b>On-Site</b>	<b>Contracted or InHouse</b>
Laboratory	24/7/365	yes	Pathologist contracted; other personnel employed
X Ray	24/7/365	yes	Radiologist contracted; other personnel employed
CT Scanner	24/7/365	yes	Radiologist contracted; other personnel employed
Ultrasound	24/7/365	yes	Radiologist contracted; other personnel employed
Pharmacy	24/7/365	yes	Pharmacist contracted; other personnel employed
Respiratory	24/7/365	yes	Physician contracted; other personnel employed
Other*	24/7/365	yes	Employed

Source: Hospital Management.

Source: <http://www.ecfr.gov/cgi-bin/text-idx?rgn=div6&node=42:5.0.1.1.4.4#se42.5.4851631>

**Rationale:** FSEDs should be staffed with a physician who is board-certified or board-eligible in emergency medicine and a registered nurse in order to ensure the facility is capable of providing the care necessary to treat and/or stabilize patients seeking emergency care. The HSDA should consider evidence provided by the applicant that demonstrates significant barriers to the recruitment a physician who is board-certified or board-eligible in emergency medicine exist.

Rural FSEDs should be awarded flexibility in terms of staffing in accordance with federal regulations. Additionally, flexibility in staffing requirements takes into account the limited availability of medical staff in certain rural regions of the state.

**Response:** Not applicable; the project will not be classified as a rural facility. However, all Highpoint FSED physicians will be Board-certified or Board-eligible. Nurses will be predominately RNs. The Highpoint FSED will meet and exceed all requirements of the standards referenced above. A registered nurse, clinical nurse specialist, or licensed practical nurse will be on duty at all times (24/7/365).

15. Medical Records: The medical records of the FSED shall be integrated into a unified retrieval system with the host hospital.

**Response:** Integration of medical records is already in place between the applicant's host hospital (Sumner Regional Medical Center) and its Sumner Station FSED. The Highpoint FSED will also be fully integrated into the host hospital's medical records system.



- 16. Stabilization and Transfer Availability for Emergent Cases:** The applicant shall demonstrate the ability of the proposed FSED to perform stabilizing treatment within the FSED and demonstrate a plan for the rapid transport of patients from the FSED to the most appropriate facility with a higher level of emergency care for further treatment. The applicant is encouraged to include air ambulance transport and an on-site helipad in its plan for rapid transport. The stabilization and transfer of emergent cases must be in accordance with the Emergency Medical Treatment and Labor Act.

**Response:** The applicant has always provided appropriate and effective patient stabilization and transfer at its Sumner Station FSED, in full compliance with EMTALA rules. The Highpoint FSED will also have those processes. Air ambulance transport will be feasible, with room for a helipad on the 7+ acre project site.

- 17. Education and Signage:** Applicants must demonstrate how the organization will educate communities and emergency medical services (EMS) on the capabilities of the proposed FSED and the ability for the rapid transport of patients from the FSED to the most appropriate hospital for further treatment. It should also inform the community that inpatient services are not provided at the facility and patients requiring inpatient care will be transported by EMS to a full service hospital. The name, signage, and other forms of communication of the FSED shall clearly indicate that it provides care for emergency and/or urgent medical conditions without the requirement of a scheduled appointment. The applicant is encouraged to demonstrate a plan for educating the community on appropriate use of emergency services contrasted with appropriate use of urgent or primary care.

**Rationale:** CMS S&C Memo 08-08, 2008, "...encourages hospitals with off-campus EDs to educate communities and EMS agencies in their service area about the operating hours and capabilities available at the off-campus ED, as well as the hospital's capabilities for rapid transport of patients from the off-campus ED to the main campus for further treatment.

The memorandum is available at the following link: [Downloaded]

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/downloads/SCletter08-08.pdf>

**Response:** During review of this application, and upon its approval, the applicant will meet with physicians and community organizations and leadership to educate service area residents and referral sources about the capabilities and operating hours of the Highpoint FSED, and its preparedness to transfer stabilized patients to hospitals of their choice for higher levels of care.

**18. Community Linkage Plan:** The applicant shall describe its participation, if any, in a community linkage plan, including its relationships with appropriate health and outpatient behavioral health care system, including mental health and substance use, providers/services, providers of psychiatric inpatient services, and working agreements with other related community services assuring continuity of care. The applicant is encouraged to include primary prevention initiatives in the community linkage plan that would address risk factors leading to the increased likelihood of ED usage.

Rationale: The State Health Plan moved from a primary emphasis of health care to an emphasis on “health protection and promotion”. The development of primary prevention initiatives for the community advances the mission of the State Health Plan.

**Response:** After CON approval, the applicant will implement an organized community education plan that will include the general public, physicians, EMS agencies, large employers, local elected officials, behavioral health organizations, and urgent care centers. It will include education on the outpatient nature of the FSED, with capability to provide emergency care without physician appointments, provide patient transport processes when higher levels of care or inpatient care are needed after stabilization, clinically appropriate use of urgent care center options, and control of all signage and internet content to maintain clear public understanding of the FSED’s capabilities. The applicant did this thoroughly, during its establishment and operation of its Sumner Station FSED.

**19. Data Requirements:** Applicants shall agree to provide the Department of Health and/or the HSDA with all reasonably requested information and statistical data related to the operation and provision of services and to report that data in the time and format requested. As a standard practice, existing data reporting streams will be relied upon and adapted over time to collect all needed information.

**Response:** The applicant agrees to this.

**20. Quality Control and Monitoring:** The applicant shall identify and document its existing or proposed plan for data reporting, quality improvement, and outcome and process monitoring system. The FSED shall be integrated into the host hospital's quality assessment and process improvement processes.

**Rationale:** This section supports the State Health Plan's Fourth Principle for Achieving Better Health regarding quality of care.

**Response:** The White House FSED will be integrated into the structural framework of Highpoint Health – Sumner's Continuous Quality Improvement Plan. The organizational goals include providing a safe environment for patients, visitors, and associates; developing a culture for continual improvement for all; engaging all caregivers; and ensuring optimal outcomes for our patients. The plan uses the Plan, Do, Check, Act (PDCA) cycle for continuous quality improvement. The reporting on progress to goals and plan oversight is accomplished through committee meetings and data reviews, including, but not limited to, Medical Staff Quality Committee, Patient Safety Clinical Quality Committee, Chest Pain Committee, Emergency Department Committee, et.al. The White House FSED quality reviews will use a variety of methods to obtain outcome and process monitoring metrics, such as, medical record reporting and review, core measure abstraction analysis, chart reviews, regulatory compliance, and outcome measures to ensure safe, high-quality care is given to all patients utilizing services.

**21. Provider-Based Status:** The applicant shall comply with regulations set forth by 42 CFR 413.65, *Requirements for a determination that a facility or an organization has provider-based status*, in order to obtain provider-based status. The applicant shall demonstrate eligibility to receive Medicare and Medicaid reimbursement, willingness to serve emergency uninsured patients, and plans to contract with commercial health insurers.

**Rationale:** FSEDs should operate under the same guidelines as traditional emergency departments. This includes providing service to all patients regardless of ability to pay and acceptance of Medicare, Medicaid, and commercial insurance.

**Response:** As part of Sumner Regional's existing Emergency Department, the FSED will have provider-based status, making it eligible to participate in CMS reimbursement. It will provide care to all arriving emergency patients, including uninsured patients. It will be in the host hospital's commercial insurance plans.

**22. Licensure and Quality Considerations:** Any applicant for this CON service category shall be in compliance with the appropriate rules of the TDH, the EMTALA, along with any other existing applicable federal guidance and regulation. The applicant shall also demonstrate its accreditation status with the Joint Commission or other applicable accrediting agency. The FSED shall be subject to the same accrediting standards as the licensed hospital with which it is associated.

*Note: Federal legislation, the Rural Emergency Acute Care Hospital (REACH Act), is under consideration. Under this legislation rural hospitals would be permitted to convert into a FSED and retain CMS recognition. If passage takes place, these standards should be considered revised in order to grant allowance to Tennessee hospitals seeking this conversion in accordance with the federal guidelines*

**Response:** The host hospital is accredited by the Joint Commission. Its accreditation is documented in Attachment 3Q. Like Sumner Station in Gallatin, the Highpoint FSED in White House will be covered by the hospital's accreditation, as part of the hospital Emergency Department.

**Table 3N-B R4: Highpoint FSED  
Demographic Characteristics of Primary Service Area  
2024-2028**

Primary Service Area Counties	Department of Health / Health Statistics							Bureau of the Census				TennCare	
	Current Total Population 2024	Projected Total Population 2028	Total Population % Change 2024- 2028	Current Target Population All Ages 2024	Projected Target* Population All Ages 2028	Projected Target Population % Change 2024 - 2028	Projected Target* Population As % of Projected Total Population 2028	Median Age	Median Household Income	Persons Below Poverty Level	Persons Below Poverty Level as % of Total 2024 Population	Current TennCare Enrollees July 2024	TennCare Enrollees as % of Current Total County or Zip Code Population
Robertson	75,475	78,415	3.9%	75,475	78,415	3.9%	100.0%	39.4	\$74,440	6,868	9.1%	13,521	17.9%
Sumner	208,192	220,197	5.8%	208,192	220,197	5.8%	100.0%	39.7	\$81,883	15,614	7.5%	30,510	14.7%
<b>County Level Service Area Total</b>	283,667	298,612	5.3%	283,667	298,612	5.3%	100.0%	39.6	\$78,162	22,483	7.9%	44,031	15.5%
37072 Goodlettsville	34,316	35,071	2.2%	34,316	35,071	2.2%	100.0%	NA	\$64,581	NA	11.0%	NA	NA
37075 Hendersonville	75,014	77,042	2.7%	75,014	77,042	2.7%	100.0%	NA	\$68,315	NA	6.9%	NA	NA
37148 Portland	25,998	26,515	2.0%	25,998	26,515	2.0%	100.0%	NA	\$86,954	NA	12.4%	NA	NA
37172 Springfield	32,988	33,946	2.9%	32,988	33,946	2.9%	100.0%	NA	\$55,392	NA	21.3%	NA	NA
37048 Cottontown	7,489	7,718	3.1%	7,489	7,718	3.1%	100.0%	NA	NA	NA	NA	NA	NA
37049 Cross Plains	3,724	3,823	2.7%	3,724	3,823	2.7%	100.0%	NA	NA	NA	NA	NA	NA
37073 Greenbrier	14,722	15,104	2.6%	14,722	15,104	2.6%	100.0%	NA	NA	NA	5.3%	NA	NA
37141 Orlinda	1,077	1,134	5.3%	1,077	1,134	5.3%	100.0%	NA	NA	NA	NA	NA	NA
37188 White House	19,708	21,836	10.8%	19,708	21,836	10.8%	100.0%	NA	\$85,404	NA	4.6%	NA	NA
<b>Zip Code Level Service Area Total</b>	215,036	222,189	3.3%	215,036	222,189	3.3%	100.0%	39.6	\$78,162	NA	NA	44,031	20.5%
<b>Tennessee</b>	7,125,908	7,331,859	2.9%	7,125,908	7,331,859	2.9%	100.0%	38.0	\$64,035	947,746	13.3%	1,440,225	20.2%

Sources: Intellimed for zip code population; UTCBER & TDH Population Projections by county; U.S. Census QuickFacts; TennCare Bureau.

Zip code data on age, income and poverty level is for the zip code's largest city because the data is not published for an entire zip code.

Information is unavailable for some zip codes, as noted by NA.

TennCare enrollments by zip code do not appear to be available.

Table 3N-B R4: Highpoint FSED							
Service Area Code Zip Code Populations By Age Cohort							
FOUR INDIVIDUAL ZIP CODES							
ZIP CODE:	37075	2024	2025	Yr 1 2026	2027	2028	2029
NAME:	Hendersonville						
	Age 0-19	18,942	18,831	18,721	18,611	18,502	18,394
	Age 20-44	24,137	24,295	24,455	24,615	24,776	24,939
	Age 45-64	19,253	19,310	19,368	19,426	19,484	19,542
	Age 65+	12,682	13,064	13,457	13,862	14,279	14,709
	Total All Ages	75,014	75,501	76,001	76,514	77,042	77,584
ZIP CODE:	37072	2024	2025	Yr 1 2026	2027	2028	2029
NAME:	Goodlettsville						
	0-19	7,529	7,525	7,521	7,518	7,514	7,510
	20-44	11,651	11,646	11,640	11,635	11,629	11,624
	45-64	8,673	8,679	8,684	8,690	8,695	8,701
	65+	6,463	6,647	6,837	7,032	7,233	7,439
	Total All Ages	34,316	34,497	34,683	34,874	35,071	35,274
ZIP CODE:	37148	2024	2025	Yr 1 2026	2027	2028	2029
NAME:	Portland						
	0-19	7,058	7,008	6,958	6,908	6,859	6,810
	20-44	8,272	8,312	8,352	8,393	8,433	8,474
	45-64	6,573	6,587	6,601	6,616	6,630	6,644
	65+	4,095	4,214	4,337	4,463	4,593	4,727
	Total All Ages	25,998	26,121	26,248	26,380	26,515	26,655
ZIP CODE:	37172	2024	2025	Yr 1 2026	2027	2028	2029
NAME:	Springfield						
	0-19	8,597	8,576	8,554	8,533	8,512	8,491
	20-44	10,514	10,583	10,652	10,721	10,791	10,862
	45-64	8,238	8,223	8,208	8,192	8,177	8,162
	65+	5,639	5,835	6,038	6,248	6,465	6,690
	Total All Ages	32,988	33,216	33,452	33,695	33,946	34,205

FIVE GROUPED ZIP CODES							
ZIP CODE:	37048	2024	2025	Yr 1 2026	2027	2028	2029
NAME:	Cottontown						
	0-19	1,770	1,771	1,772	1,773	1,774	1,775
	20-44	2,111	2,135	2,159	2,183	2,208	2,233
	45-64	2,151	2,132	2,112	2,093	2,075	2,056
	65+	1,457	1,506	1,556	1,608	1,662	1,717
	Total All Ages	7,489	7,543	7,599	7,658	7,718	7,781
ZIP CODE:	37049	2024	2025	Yr 1 2026	2027	2028	2029
NAME:	Cross Plains						
	0-19	908	902	896	890	884	878
	20-44	1,108	1,129	1,150	1,172	1,194	1,217
	45-64	1,017	1,012	1,008	1,003	999	994
	65+	691	704	718	732	746	761
	Total All Ages	3,724	3,748	3,772	3,797	3,823	3,850
ZIP CODE:	37073	2024	2025	Yr 1 2026	2027	2028	2029
NAME:	Greenbrier						
	0-19	3,609	3,586	3,563	3,541	3,518	3,496
	20-44	4,413	4,467	4,521	4,577	4,632	4,689
	45-64	4,062	4,030	3,999	3,968	3,937	3,906
	65+	2,638	2,728	2,821	2,917	3,016	3,119
	Total All Ages	14,722	14,811	14,904	15,002	15,104	15,210
ZIP CODE:	37141	2024	2025	Yr 1 2026	2027	2028	2029
NAME:	Orlinda						
	0-19	290	290	289	289	288	288
	20-44	305	312	319	326	333	340
	45-64	292	294	296	297	299	301
	65+	190	196	201	207	214	220
	Total All Ages	1,077	1,091	1,105	1,119	1,134	1,149
ZIP CODE:	37188	2024	2025	Yr 1 2026	2027	2028	2029
NAME:	White House						
	0-19	5,229	5,299	5,371	5,443	5,517	5,591
	20-44	6,635	6,821	7,012	7,208	7,410	7,617
	45-64	4,928	5,024	5,122	5,222	5,324	5,428
	65+	2,916	3,071	3,234	3,405	3,586	3,776
	Total All Ages	19,708	20,215	20,738	21,278	21,836	22,412

SUMMARIES							
Total Primary Service Area	NINE ZIP CODES	2024	2025	Yr 1 2026	2027	2028	2029
	0-19	53,932	53,788	53,646	53,506	53,368	53,233
	20-44	69,146	69,699	70,260	70,829	71,408	71,995
	45-64	55,187	55,291	55,398	55,507	55,619	55,734
	65+	36,771	37,965	39,199	40,475	41,794	43,158
	Total All Ages	215,036	216,742	218,502	220,318	222,189	224,120
Individual Zip Codes	FOUR ZIP CODES	2024	2025	Yr 1 2026	2027	2028	2029
	0-19	42,126	41,940	41,754	41,570	41,387	41,205
	20-44	54,574	54,836	55,099	55,364	55,631	55,899
	45-64	42,737	42,799	42,861	42,923	42,986	43,049
	65+	28,879	29,760	30,669	31,605	32,570	33,565
	Total All Ages	168,316	169,335	170,383	171,463	172,574	173,718
Grouped Zip Codes	FIVE ZIP CODES	2024	2025	Yr 1 2026	2027	2028	2029
	0-19	11,806	11,848	11,891	11,936	11,981	12,028
	20-44	14,572	14,863	15,161	15,466	15,777	16,096
	45-64	12,450	12,492	12,537	12,584	12,633	12,685
	65+	7,892	8,204	8,530	8,870	9,224	9,593
	Total All Ages	46,720	47,408	48,119	48,855	49,615	50,402

Source: Intellimed; Esri, 2024.



**1N Criterion 8 Table: Service Area's Payor Mix of Emergency Room Visits By Zip Code -- 2022**

2022 Payor Mix	37048 Cottontown	37049 Cross Plains	37072 Goodlettsville	37073 Greenbrier	37075 Hendersonville	37141 Orlinda	37148 Portland	37172 Springfield	37188 White House	Payor Totals	Payor Group Percentage
Commercial	894	582	3,976	2,107	9,335	197	4,235	4,192	2,489	28,007	31.9%
Medically Indigent/Free	38	59	455	171	604	<11	392	756	132	2,607	3.0%
Medicare	706	516	3,701	1,574	7,281	115	3,385	4,526	1,673	23,477	26.8%
Other	81	60	438	220	881	25	492	587	225	3,009	3.4%
Self-Pay	166	151	1,444	471	2,024	36	1,189	1,799	399	7,679	8.8%
TennCare/Medicaid	527	422	3,509	1,353	5,530	159	4,894	5,311	1,184	22,889	26.1%
<b>Total All Groups</b>										<b>87,668</b>	<b>100.0%</b>

2022 Payor Percentages	37048 Cottontown	37049 Cross Plains	37072 Goodlettsville	37073 Greenbrier	37075 Hendersonville	37141 Orlinda	37148 Portland	37172 Springfield	37188 White House
Commercial	37.1%	32.5%	29.4%	35.7%	36.4%	36.6%	29.0%	24.4%	40.8%
Medically Indigent/Free	1.6%	3.3%	3.4%	2.9%	2.4%	<11	2.7%	4.4%	2.2%
Medicare	29.3%	28.8%	27.4%	26.7%	28.4%	21.4%	23.2%	26.4%	27.4%
Other	3.4%	3.4%	3.2%	3.7%	3.4%	4.6%	3.4%	3.4%	3.7%
Self-Pay	6.9%	8.4%	10.7%	8.0%	7.9%	6.7%	8.2%	10.5%	6.5%
TennCare/Medicaid	21.8%	23.6%	25.9%	22.9%	21.6%	29.6%	33.6%	30.9%	19.4%

Source: Hospital Discharge Data System (HDDS), 9-6-24; Development Support Group for payor totals and % of entire primary service area.

Note: Payor totals are based on percentages carried to one decimal point and then rounded to payor totals, whose sum is 87,668, within 99.99% of the 87,674 HDDS total in other tables.

**1N Criterion 8 Table: Applicant's Payor Mix of Emergency Room Visits By Zip Code -- 2022**

2022 Payor -- SRMC	37048	37049	37072	37073	37075	37141	37148	37172	37188	Total -- All Zips
Commercial	894	582	3,976	2,107	9,335	197	4,235	4,192	2,489	28,007
Medically Indigent/Free	38	59	455	171	604	<11	392	756	132	2,607
Medicare	706	516	3,701	1,574	7,281	115	3,385	4,526	1,673	23,477
Other	81	60	438	220	881	25	492	587	225	3,009
Self-Pay	166	151	1,444	471	2,024	36	1,189	1,799	399	7,679
TennCare/Medicaid	527	422	3,509	1,353	5,530	159	4,894	5,311	1,184	22,889
<b>Total -- All Payors</b>	<b>2,412</b>	<b>1,790</b>	<b>13,523</b>	<b>5,896</b>	<b>25,655</b>	<b>532</b>	<b>14,587</b>	<b>17,171</b>	<b>6,102</b>	<b>87,668</b>

2022	37048	37049	37072	37073	37075	37141	37148	37172	37188	% -- All Zips
Commercial	37.1%	32.5%	29.4%	35.7%	36.4%	36.6%	29.0%	24.4%	40.8%	31.9%
Medically Indigent/Free	1.6%	3.3%	3.4%	2.9%	2.4%	<11	2.7%	4.4%	2.2%	3.0%
Medicare	29.3%	28.8%	27.4%	26.7%	28.4%	21.4%	23.2%	26.4%	27.4%	26.8%
Other	3.4%	3.4%	3.2%	3.7%	3.4%	4.6%	3.4%	3.4%	3.7%	3.4%
Self-Pay	6.9%	8.4%	10.7%	8.0%	7.9%	6.7%	8.2%	10.5%	6.5%	8.8%
TennCare/Medicaid	21.8%	23.6%	25.9%	22.9%	21.6%	29.6%	33.6%	30.9%	19.4%	26.1%
<b>% of Payor Total by Zip Code</b>	<b>10.5%</b>	<b>7.8%</b>	<b>59.1%</b>	<b>25.8%</b>	<b>112.1%</b>	<b>2.3%</b>	<b>63.7%</b>	<b>75.0%</b>	<b>26.7%</b>	<b>383.0%</b>

Source: HDDS.

**1N Criterion 8 Table: Applicant's Payor Mix of Emergency Room Visits By Zip Code -- 2022**

<b>2022 Payor – SRMC</b>	<b>37048 Cottontown</b>	<b>37049 Cross Plains</b>	<b>37072 Goodlettsville</b>	<b>37073 Greenbrier</b>	<b>37075 Hendersonville</b>	<b>37141 Orlinda</b>	<b>37148 Portland</b>	<b>37172 Springfield</b>	<b>37188 White House</b>	<b>Total – All Zips</b>
Commercial	894	582	3,976	2,107	9,335	197	4,235	4,192	2,489	<b>28,007</b>
Medically Indigent/Free	38	59	455	171	604	<11	392	756	132	<b>2,607</b>
Medicare	706	516	3,701	1,574	7,281	115	3,385	4,526	1,673	<b>23,477</b>
Other	81	60	438	220	881	25	492	587	225	<b>3,009</b>
Self-Pay	166	151	1,444	471	2,024	36	1,189	1,799	399	<b>7,679</b>
TennCare/Medicaid	527	422	3,509	1,353	5,530	159	4,894	5,311	1,184	<b>22,889</b>
<b>Total – All Payors</b>	<b>2,412</b>	<b>1,790</b>	<b>13,523</b>	<b>5,896</b>	<b>25,655</b>	<b>532</b>	<b>14,587</b>	<b>17,171</b>	<b>6,102</b>	<b>87,668</b>

<b>2022</b>	<b>37048 Cottontown</b>	<b>37049 Cross Plains</b>	<b>37072 Goodlettsville</b>	<b>37073 Greenbrier</b>	<b>37075 Hendersonville</b>	<b>37141 Orlinda</b>	<b>37148 Portland</b>	<b>37172 Springfield</b>	<b>37188 White House</b>	<b>% – All Zips</b>
Commercial	37.1%	32.5%	29.4%	35.7%	36.4%	36.6%	29.0%	24.4%	40.8%	<b>31.9%</b>
Medically Indigent/Free	1.6%	3.3%	3.4%	2.9%	2.4%	<11	2.7%	4.4%	2.2%	<b>3.0%</b>
Medicare	29.3%	28.8%	27.4%	26.7%	28.4%	21.4%	23.2%	26.4%	27.4%	<b>26.8%</b>
Other	3.4%	3.4%	3.2%	3.7%	3.4%	4.6%	3.4%	3.4%	3.7%	<b>3.4%</b>
Self-Pay	6.9%	8.4%	10.7%	8.0%	7.9%	6.7%	8.2%	10.5%	6.5%	<b>8.8%</b>
TennCare/Medicaid	21.8%	23.6%	25.9%	22.9%	21.6%	29.6%	33.6%	30.9%	19.4%	<b>26.1%</b>
<b>% of Payor Total by Zip Code</b>	<b>2.8%</b>	<b>2.0%</b>	<b>15.4%</b>	<b>6.7%</b>	<b>29.3%</b>	<b>0.6%</b>	<b>16.6%</b>	<b>19.6%</b>	<b>7.0%</b>	<b>100.0%</b>

Source: HDDS.

**Table 5N R5 Table (A): ED VISITS TO EMERGENCY ROOMS LOCATED WITHIN THE PROJECT SERVICE AREA  
AND IN GALLATIN AND NEARBY DAVIDSON COUNTY**

	<b>SERVICE AREA VISITS TO FACILITIES IN THE PROJECT SERVICE AREA</b>	<b>CY2020</b>	<b>CY2021</b>	<b>CY2022</b>	<b>% Change 2020-2022</b>
Sumner	TRISTAR HENDERSONVILLE MEDICAL CENTER	15,056	18,236	19,193	27.5%
Sumner	TRISTAR PORTLAND FSED	7,705	8,816	9,682	25.7%
Robertson	TRISTAR NORTHCREST MEDICAL CENTER	10,842	12,726	12,174	12.3%
	<b>PROJECT SERVICE AREA SUBTOTAL</b>	<b>33,603</b>	<b>39,778</b>	<b>41,049</b>	<b>22.2%</b>
	<b>SERVICE AREA VISITS TO GALLATIN &amp; SELECT DAVIDSON COUNTY FACILITIES</b>				
Sumner	SUMNER REG'L MED CENTER + SUMNER STATION FSED	21,182	20,812	20,409	-3.6%
Davidson	TRISTAR SKYLINE MEDICAL CENTER	33,598	34,510	34,501	2.7%
Davidson	TRISTAR CENTENNIAL MEDICAL CENTER	837	1,034	1,144	36.7%
Davidson	ASCENSION SAINT THOMAS HOSPITAL MIDTOWN	192	23	16	-91.7%
Davidson	SAINT THOMAS WEST HOSPITAL - 4230 HARDING BUILDING	488	580	534	9.4%
Davidson	NASHVILLE GENERAL HOSPITAL AT MEHARRY	120	89	81	-48.1%
Davidson	VANDERBILT UNIVERSITY MEDICAL CENTER	415	460	711	71.3%
Davidson	MONROE CARELL JR CHILDRENS HOSPITAL AT VANDERBILT	416	479	8	-98.1%
	<b>SUBTOTAL</b>	<b>57,248</b>	<b>57,987</b>	<b>57,404</b>	<b>0.3%</b>
	<b>TOTAL VISITS TO ALL LISTED FACILITIES</b>	<b>90,851</b>	<b>97,765</b>	<b>98,453</b>	<b>0.3%</b>

*Source: TDH Report June 2024--HDDS Claims Data, Not JAR data. HDDS supplied combined visits of SRMC and Sumner Station.*

**5N R5 Table D: Total Utilization of Significant EDs Used By Service Area Residents 2020-2022  
Joint Annual Reports**

<b>Total ED Visits To Service Area Facilities</b>					
<b>Provider County</b>	<b>Site Of Service</b>	<b>CY2020</b>	<b>CY2021</b>	<b>CY2022</b>	<b>% Change 2020-2022</b>
Sumner	TRISTAR HENDERSONVILLE MEDICAL CENTER (HCA)	29,860	35,519	37,932	27.0%
Sumner	TRISTAR PORTLAND FSED (HCA)	9,795	11,319	12,432	26.9%
Robertson	TRISTAR NORTHCREST MEDICAL CENTER (HCA)	29,097	22,009	24,098	-17.2%
<b>Subtotal</b>		<b>68,752</b>	<b>68,847</b>	<b>74,462</b>	<b>8.3%</b>
<b>Total ED Visits to Other Facilities in Sumner and Davidson Counties</b>					
<b>Provider County</b>	<b>Site of Service</b>	<b>CY2020</b>	<b>CY2021</b>	<b>CY2022</b>	<b>% Change 2020-2022</b>
Sumner	SUMNER REG'L MED CENTER	29,903	28,774	26,678	-10.8%
Sumner	SUMNER STATION FSED	7,921	10,649	12,712	60.5%
Davidson	TRISTAR SKYLINE MEDICAL CENTER	50,678	53,356	53,008	4.6%
Davidson	TRISTAR CENTENNIAL MEDICAL CENTER	53,575	62,513	64,499	20.4%
Davidson	ASCENSION SAINT THOMAS HOSPITAL MIDTOWN	44,616	46,843	51,807	16.1%
Davidson	SAINT THOMAS WEST HOSPITAL - 4230 HARDING BUILDING	32,516	30,119	33,135	1.9%
Davidson	TRISTAR SUMMIT MEDICAL CENTER	46,818	44,664	42,971	-8.2%
Davidson	NASHVILLE GENERAL HOSPITAL AT MEHARRY	26,435	23,059	24,141	-8.7%
Davidson	VANDERBILT UNIVERSITY MEDICAL CENTER WITH MONROE CARELL JR CHILDRENS HOSPITAL	104,808	101,099	117,794	12.4%
<b>Subtotal</b>		<b>397,270</b>	<b>401,076</b>	<b>426,745</b>	<b>7.4%</b>
<b>TOTAL SERVICE AREA VISITS TO LISTED FACILITIES</b>		<b>466,022</b>	<b>469,923</b>	<b>501,207</b>	<b>7.6%</b>

Source: Joint Annual Reports, 2020-2022.

Note: Excludes Davidson, Dickson, and Wilson County facilities receiving no significant utilization By PSA Residents.

<b>Attachment 1N R5 (Item 1N Criterion #3)</b> <b>Relationship to Existing Similar Services in the Area</b>				
<b>Hospital ED</b>	<b>County</b>	<b>PSA Resident ED Visits in 2022 at Hospital (A)</b>	<b>PSA Resident ED Visits in 2022 at All Hospitals (B)</b>	<b>Market Share in Service Area (A)/(B) X 100 = Market Share %</b>
Northcrest Medical Center	Robertson	16,982	87,674	19.4%
Hendersonville Medical Center	Sumner	26,617	87,674	30.4%
Portland Medical Center	Sumner	9,282	87,674	10.6%
Sumner Regional Medical Center	Sumner	7,226	87,674	8.2%
Skyline Medical Center	Davidson	9,276	87,674	10.6%
Other TN Hospitals		18,291	87,674	20.9%
<b>Total</b>		<b>87,674</b>	<b>87,674</b>	<b>100.0%</b>
<b>Satellite ED Visits YR 1</b>		<b>5,475</b>		

Source: HDDS August 2024. Sumner Station visits included in SRMC visits.

<b>County</b>	<b>Facility</b>	<b>2020 ED Visits</b>	<b>2021 ED Visits</b>	<b>2022 ED Visits</b>
Robertson	Northcrest Medical Center	16,554	17,028	16,982
Sumner	Hendersonville Medical Center	21,465	24,857	26,617
Sumner	Portland Medical Center	7,418	8,484	9,282
Sumner	Sumner Regional Medical Center	7,182	7,261	7,226
Sumner	Sumner Station FSED	NA	NA	NA
Davidson	Skyline Medical Center	9,270	9,701	9,276
Subtotal 6 Facilities		61,889	67,331	69,383
All Others		14,780	17,231	18,291
<b>TOTAL</b>		<b>76,669</b>	<b>84,562</b>	<b>87,674</b>

Source: HDDS August 2024. Sumner Station visits included in SRMC visits.

<b>Zip Code (Principal County)</b>	<b>% Highest Market Share ED</b>	<b>% 2<sup>nd</sup> Highest Market Share ED</b>	<b>% 3<sup>rd</sup> Highest Market Share ED</b>	<b>% Applicant Host ED (if not top 3)</b>
37048 Cottontown (Sumner)	Hendersonville Medical Center 31.4%	Sumner Regional Medical Center 21.6%	Portland Medical Center 19.5%	NA
37049 Cross Plains (Robertson)	Northcrest Medical Center 25.3%	Hendersonville Medical Center 23.0%	Portland Medical Center 15.5%	Sumner Regional Medical Center 4.9%
37072 Goodlettsville (Sumner)	Skyline Medical Center 29.9%	Hendersonville Medical Center 26.1%	Vanderbilt Medical Center 11.2%	Sumner Regional Medical Center 3.1%
37073 Greenbrier (Robertson)	Northcrest Medical Center 46.6%	Skyline Medical Center 16.2%	Vanderbilt Medical Center 464	Sumner Regional Medical Center 1.1%
37075 Hendersonville (Sumner)	Hendersonville Medical Center 62.9%	Sumner Regional Medical Center 11.0%	Vanderbilt Medical Center 8.2%	NA
37141 Orlinda (Robertson)	Northcrest Medical Center 30.9%	Portland Medical Center 22.7%	Hendersonville Medical Center 11.3%	Sumner Regional Medical Center 3.5%
37148 Portland (Sumner)	Portland Medical Center 53.5%	Sumner Regional Medical Center 19.1%	Hendersonville Medical Center 12.9%	NA
37172 Springfield (Robertson)	Northcrest Medical Center 71.7%	Skyline Medical Center 6.3%	Vanderbilt Medical Center 6.2%	Sumner Regional Medical Center 0.7%
37188 White House (Robertson)	Hendersonville Medical Center 43.6%	Skyline Medical Center 6.3%	Vanderbilt Medical Center 6.2%	Sumner Regional Medical Center 6.3%
<b>TOTAL for 9 Zip Codes</b>	<b>47,092</b>	<b>12,974</b>	<b>8,418</b>	

Source: HDDS August 2024. Sumner Station visits included in SRMC visits. Data are for 2022.

### Item 1N Criterion #9. Establishment of Service Area

#### A. Establishment of Non-Rural Service Area

Primary Service Area (PSA) Zip Code/Name	County	Host Hospital ED Visits 2022	% of Total PSA Zips	Cumulative % of PSA Zips	Zip Code % of Total Host Hospital ED Visits	Cumulative Zip Code % of Total Host Hospital ED Visits
37048 Cottontown	Sumner	521	7.2%	7.2%	1.3%	1.3%
37049 Cross Plains	Robertson	88	1.2%	8.4%	0.2%	1.5%
37072 Goodlettsville	Sumner	418	5.8%	14.2%	1.1%	2.6%
37073 Greenbrier	Robertson	64	0.9%	15.1%	0.2%	2.8%
37075 Hendersonville	Sumner	2,833	39.2%	54.3%	7.2%	10.0%
37141 Orinda	Robertson	19	0.3%	54.6%	0.0%	10.0%
37148 Portland	Sumner	2,779	38.5%	93.0%	7.1%	17.1%
37172 Springfield	Robertson	118	1.6%	94.7%	0.3%	17.4%
37188 White House	Robertson	386	5.3%	100.0%	1.0%	18.3%
<b>Service Area Sub Total</b>		<b>7,226</b>	<b>100.0%</b>		<b>18.3%</b>	
<b>Other Areas</b>		<b>32,164</b>				
<b>Total</b>	<b>JAR</b>	<b>39,390</b>				

Source: HDDS for visits by PSA zip code. Other areas and totals from 2022 JAR of SRMC, which includes Sumner Station. All data is 2022.

Percent Entries are rounded and may not appear to add exactly.

Primary Service Area (PSA) Zip Code/Name	County	Hendersonville Med Center ED	NorthCrest Med Center ED	Portland Med Center ED	Skyline Med Center ED	Sumner Regional Med Center ED	Vanderbilt Univ Med Center ED	Centennial Med Center ED	Saint Thomas Midtown ED	Saint Thomas West ED	*Other Hospital ED Patients	Total
37048 Cottontown	Sumner	758	42	471	172	521	181	90	60	19	98	2,412
37049 Cross Plains	Robertson	411	453	277	223	88	116	90	31	30	71	1,790
37072 Goodlettsville	Sumner	3,524	561	76	4,037	418	1,521	1,120	964	340	962	13,523
37073 Greenbrier	Robertson	607	2,747	37	955	64	511	339	204	122	310	5,896
37075 Hendersonville	Sumner	16,141	102	112	1,434	2,833	2,092	947	638	300	1,056	25,655
37141 Orinda	Robertson	61	166	122	60	19	54	15	14	<11	27	538
37148 Portland	Sumner	1,888	141	7,807	459	2,779	625	245	155	60	428	14,587
37172 Springfield	Robertson	567	12,317	126	1,080	118	1,060	628	332	229	714	17,171
37188 White House	Robertson	2,660	453	254	856	386	584	342	222	99	246	6,102
<b>TOTAL</b>		<b>26,617</b>	<b>16,982</b>	<b>9,282</b>	<b>9,276</b>	<b>7,226</b>	<b>6,744</b>	<b>3,816</b>	<b>2,620</b>	<b>1,199</b>	<b>3,912</b>	<b>87,674</b>

Source: HDDS for visits by PSA zip code. Other areas and totals from 2022 JAR of SRMC, which includes Sumner Station. All data is 2022.

Percent Entries are rounded and may not appear to add exactly.

# **LETTER OF INTENT**



**State of Tennessee  
Health Facilities Commission**

502 Deaderick Street, Andrew Jackson Building, 9<sup>th</sup> Floor, Nashville, TN 37243

[www.tn.gov/hsda](http://www.tn.gov/hsda)

Phone: 615-741-2364

[hsda.staff@tn.gov](mailto:hsda.staff@tn.gov)

## LETTER OF INTENT

The Publication of Intent is to be published in The Tennessean, which is a newspaper of general circulation in Robertson County, Tennessee, on or before 07/15/2024 for one day.

This is to provide official notice to the Health Facilities Commission and all interested parties, in accordance with T.C.A. §68-11-1601 et seq., and the Rules of the Health Facilities Commission, that Sumner Regional Medical Center, a/an Hospital owned by Sumner Regional Medical Center, LLC with an ownership type of Limited Liability Company and to be managed by itself intends to file an application for a Certificate of Need for establishment of a freestanding emergency department operated by Sumner Regional Medical Center. The address of the project will be an unaddressed site at the intersection of North Sage Road and Maiden Road, north of Maiden Road and west of North Sage Road, White House, TN 37188, White House, Robertson County, Tennessee, 37188. The estimated project cost will be \$20,630,528.

The anticipated date of filing the application is 08/01/2024

The contact person for this project is Consultant John Wellborn who may be reached at Development Support Group - 4505 Harding Pike Suite 53-E, Nashville, Tennessee, 37205 – Contact No. 615-665-2022.

John Wellborn

07/09/2024

[john.wellborn.dsg@gmail.com](mailto:john.wellborn.dsg@gmail.com)

**Signature of Contact**

**Date**

**Contact's Email Address**

The Letter of Intent must be received between the first and the fifteenth day of the month. If the last day for filing is a Saturday, Sunday, or State Holiday, filing must occur on the next business day. Applicants seeking simultaneous review must publish between the sixteenth day and the last day of the month of publication by the original applicant.

The published Letter of Intent must contain the following statement pursuant to T.C.A. §68-11-1607 (c)(1). (A) Any healthcare institution wishing to oppose a Certificate of Need application must file a written notice with the Health Facilities Commission no later than fifteen (15) days before the regularly scheduled Health Facilities Commission meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application may file a written objection with the Health Facilities Commission at or prior to the consideration of the application by the Commission, or may appear in person to express opposition.



Written notice of opposition may be sent to: Health Facilities Commission, Andrew Jackson Building, 9th Floor, 502 Deaderick Street, Nashville, TN 37243 or email at [hsda.staff@tn.gov](mailto:hsda.staff@tn.gov) .



**State of Tennessee  
Health Facilities Commission**

502 Deaderick Street, Andrew Jackson Building, 9<sup>th</sup> Floor, Nashville, TN 37243

[www.tn.gov/hsda](http://www.tn.gov/hsda)

Phone: 615-741-2364

[hsda.staff@tn.gov](mailto:hsda.staff@tn.gov)

## **PUBLICATION OF INTENT**

**The following shall be published in the “Legal Notices” section of the newspaper in a space no smaller than two (2) columns by two (2) inches.**

### **NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED**

This is to provide official notice to the Health Facilities Commission and all interested parties, in accordance with T.C.A. §68-11-1601 et seq., and the Rules of the Health Facilities Commission, that Sumner Regional Medical Center, a/an Hospital owned by Sumner Regional Medical Center, LLC with an ownership type of Limited Liability Company and to be managed by itself intends to file an application for a Certificate of Need for establishment of a freestanding emergency department operated by Sumner Regional Medical Center. The address of the project will be an unaddressed site at the intersection of North Sage Road and Maiden Road, north of Maiden Road and west of North Sage Road, White House, TN 37188, White House, Robertson County, Tennessee, 37188. The estimated project cost will be \$20,630,528.

The anticipated date of filing the application is 08/01/2024

The contact person for this project is Consultant John Wellborn who may be reached at Development Support Group - 4505 Harding Pike Suite 53-E, Nashville, Tennessee, 37205 – Contact No. 615-665-2022.

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# **ORIGINAL** **APPLICATION**



**State of Tennessee  
Health Facilities Commission**

502 Deaderick Street, Andrew Jackson Building, 9<sup>th</sup> Floor, Nashville, TN 37243

[www.tn.gov/hsda](http://www.tn.gov/hsda)

Phone: 615-741-2364

[hsda.staff@tn.gov](mailto:hsda.staff@tn.gov)

## CERTIFICATE OF NEED APPLICATION

### 1A. Name of Facility, Agency, or Institution

Sumner Regional Medical Center

#### Name

an unaddressed site at the intersection of North Sage Road and Maiden Road, north of Maiden Road and west of North Sage Road, White House, TN 37188

Robertson County

County

#### Street or Route

White House

Tennessee

37188

City

State

Zip

None

#### Website Address

**Note:** The facility's name and address **must be** the name and address of the project and **must be** consistent with the Publication of Intent.

### 2A. Contact Person Available for Responses to Questions

John Wellborn

Consultant

Name

Title

Development Support Group

[john.wellborn.dsg@gmail.com](mailto:john.wellborn.dsg@gmail.com)

Company Name

Email Address

4505 Harding Pike Suite 53-E

#### Street or Route

Nashville

Tennessee

37205

City

State

Zip

CON Consultant

615-665-2022

Association with Owner

Phone Number

### 3A. Proof of Publication

Attach the full page of newspaper in which the notice of intent appeared with the mast and dateline intact or submit a publication affidavit from the newspaper that includes a copy of the publication as proof of the publication of the letter of intent. (Attachment 3A)

Date LOI was Submitted: 07/09/24

Date LOI was Published: 07/15/24

**RESPONSE:** Please see Attachment 3A.

---

**4A. Purpose of Review** (*Check appropriate box(es) – more than one response may apply*)

- ☐ Establish New Health Care Institution
- ☐ Relocation
- ☐ Change in Bed Complement
- ☐ Addition of a Specialty to an Ambulatory Surgical Treatment Center (ASTC)
- ☐ Initiation of MRI Service
- ☐ MRI Unit Increase
- ☒ Satellite Emergency Department
- ☐ Addition of Therapeutic Catheterization
- ☐ Positron Emission Tomography (PET) Service
- ☐ Initiation of Health Care Service as Defined in §TCA 68-11-1607(3)

Please answer all questions on letter size, white paper, clearly typed and spaced, single sided, in order and sequentially numbered. In answering, please type the question and the response. All questions must be answered. If an item does not apply, please indicate "N/A" (not applicable). Attach appropriate documentation as an Appendix at the end of the application and reference the applicable item Number on the attachment, i.e. Attachment 1A, 2A, etc. The last page of the application should be a completed signed and notarized affidavit.

**5A. Type of Institution** (*Check all appropriate boxes – more than one response may apply*)

- ☐ Hospital
- ☐ Ambulatory Surgical Treatment Center (ASTC) – Multi-Specialty
- ☐ Ambulatory Surgical Treatment Center (ASTC) – Single Specialty
- ☐ Home Health
- ☐ Hospice
- ☐ Intellectual Disability Institutional Habilitation Facility (ICF/IID)
- ☐ Nursing Home
- ☐ Outpatient Diagnostic Center
- ☐ Rehabilitation Facility
- ☐ Residential Hospice
- ☐ Nonresidential Substitution Based Treatment Center of Opiate Addiction
- ☒ Other

Other -

Freestanding Emergency Department

---

Hospital -

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**6A. Name of Owner of the Facility, Agency, or Institution**

Sumner Regional Medical Center, LLC

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**Name**

555 Hartsville Pike

615-328-6089

**Street or Route****Phone Number**

Gallatin

Tennessee

37066

**City****State****Zip****7A. Type of Ownership of Control** (*Check One*)

- ☐ Sole Proprietorship  
☐ Partnership  
☐ Limited Partnership  
☐ Corporation (For Profit)  
☐ Corporation (Not-for-Profit)  
☐ Government (State of TN or Political Subdivision)  
☐ Joint Venture  
☒ Limited Liability Company  
☐ Other (Specify)

Attach a copy of the partnership agreement, or corporate charter and certificate of corporate existence. Please provide documentation of the active status of the entity from the Tennessee Secretary of State's website at <https://tnbear.tn.gov/ECommerce/FilingSearch.aspx>. If the proposed owner of the facility is government owned must attach the relevant enabling legislation that established the facility. (Attachment 7A)

Describe the existing or proposed ownership structure of the applicant, including an ownership structure organizational chart. Explain the corporate structure and the manner in which all entities of the ownership structure relate to the applicant. As applicable, identify the members of the ownership entity and each member's percentage of ownership, for those members with 5% ownership (direct or indirect) interest.

**RESPONSE:** The organization chart is provided in Attachment 7A R2. The applicant is Sumner Regional Medical Center, LLC, a limited liability company doing business as Highpoint Health – Sumner with Ascension Saint Thomas. The applicant is owned by Highpoint Healthcare, LLC, a joint venture with twenty percent (20%) ownership held by Baptist Healthcare Affiliates, Inc. (a subsidiary of Saint Thomas Health), and eighty percent (80%) ownership held by Highpoint Partner, LLC. Highpoint Partner, LLC and Highpoint Healthcare, LLC are indirect subsidiaries of Lifepoint Health, Inc. Highpoint Healthcare, LLC owns four Middle Tennessee acute care facilities: The applicant (a hospital in Gallatin), Highpoint Health - Sumner Station with Ascension Saint Thomas (an FSED in Gallatin), Highpoint Health - Riverview with Ascension Saint Thomas (a hospital in Carthage), and Highpoint Health - Trousdale with Ascension Saint Thomas (a hospital in Hartsville). Attachment 7A contains an organization chart of the applicant.

**8A. Name of Management/Operating Entity** (*If Applicable*)**Name****Street or Route****County****City****State****Zip****Website Address**

For new facilities or existing facilities without a current management agreement, attach a copy of a draft management agreement that at least includes the anticipated scope of management services to be provided, the anticipated term of the agreement, and the anticipated management fee payment schedule. For facilities with existing management agreements, attach a copy of the fully executed final contract. (Attachment 8A)

## **9A. Legal Interest in the Site**

Check the appropriate box and submit the following documentation. (Attachment 9A)

The legal interest described below must be valid on the date of the Agency consideration of the Certificate of Need application.

- ☒ Ownership (Applicant or applicant's parent company/owner) – Attach a copy of the title/deed.
  - ☐ Lease (Applicant or applicant's parent company/owner) – Attach a fully executed lease that includes the terms of the lease and the actual lease expense.
  - ☐ Option to Purchase - Attach a fully executed Option that includes the anticipated purchase price.
  - ☐ Option to Lease - Attach a fully executed Option that includes the anticipated terms of the Option and anticipated lease expense.
  - ☐ Letter of Intent, or other document showing a commitment to lease the property - attach reference document
  - ☐ Other (Specify)
- 

**RESPONSE:** The applicant owns the project site. Documentation of its purchase and assignment to the applicant LLC is contained in Attachment 9A.

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## **10A. Floor Plan**

If the facility has multiple floors, submit one page per floor. If more than one page is needed, label each page. (Attachment 10A)

- Patient care rooms (Private or Semi-private)
- Ancillary areas
- Other (Specify)

**RESPONSE:** Response: The Highpoint FSED will be a single-story facility. Its floor plan is in Attachment 10A. All spaces are clearly labeled. The facility will have nine examination spaces, including six treatment rooms and two rooms of shelled-in treatment rooms for future expansion. The six finished treatment rooms will include an oversized room for trauma and a behavioral health room. Separate canopied entrances will be provided to separate ambulance arrivals from walk-in patients arriving in private vehicles.

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## **11A. Public Transportation Route**

Describe the relationship of the site to public transportation routes, if any, and to any highway or major road developments in the area. Describe the accessibility of the proposed site to patients/clients. (Attachment 11A)

**RESPONSE:** The service area has no public transportation systems near White House. White House spans both sides of I-65, whose Exit 108 gives residents rapid access to the Highpoint FSED site, approximately 1,100 yards from the interstate. White House is also very accessible by way of radial highways that connect it to other communities in the project service area. Those are Highway 76 or Highway 52 / I-65 from Portland; Highway 52 / I-65 from Orlinda; Highway 25 / I-65 from Cross Plains; Highway 76 from Springfield; Highway 41 / I-65 from Greenbrier; Highway 41 from Millersville and Hendersonville; and Highway 25 from Walnut Grove.

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**12A. Plot Plan**

Unless relating to home care organization, briefly describe the following and attach the requested documentation on a letter size sheet of white paper, legibly labeling all requested information. It **must** include:

- Size of site (in acres);
- Location of structure on the site;
- Location of the proposed construction/renovation; and
- Names of streets, roads, or highways that cross or border the site.

(Attachment 12A)

**RESPONSE:** See Attachment 12A for the plot plan. It provides all required information. The FSED site contains 7.76 acres and is bounded by both Maiden Road and North Sage Road in the Robertson County sector of White House. It is located approximately 1,100 yards east of I-65.

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**13A. Notification Requirements**

- TCA §68-11-1607(c)(9)(B) states that “... If an application involves a healthcare facility in which a county or municipality is the lessor of the facility or real property on which it sits, then within ten (10) days of filing the application, the applicant shall notify the chief executive officer of the county or municipality of the filing, by certified mail, return receipt requested.” Failure to provide the notifications described above within the required statutory timeframe will result in the voiding of the CON application.
  - ☐ Notification Attached (Provide signed USPS green-certified mail receipt card for each official notified.)
  - ☐ Notification in process, attached at a later date
  - ☐ Notification not in process, contact HFC Staff
  - ☒ Not Applicable
- TCA §68-11-1607(c)(9)(A) states that “... Within ten (10) days of the filing of an application for a nonresidential substitution based treatment center for opiate addiction with the agency, the applicant shall send a notice to the county mayor of the county in which the facility is proposed to be located, the state representative and senator representing the house district and senate district in which the facility is proposed to be located, and to the mayor of the municipality, if the facility is proposed to be located within the corporate boundaries of the municipality, by certified mail, return receipt requested, informing such officials that an application for a nonresidential substitution based treatment center for opiate addiction has been filed with the agency by the applicant.
  - ☐ Notification Attached (Provide signed USPS green-certified mail receipt card for each official notified.)
  - ☐ Notification in process, attached at a later date
  - ☐ Notification not in process, contact HFC Staff
  - ☐ Not Applicable



## **EXECUTIVE SUMMARY**

### **1E. Overview**

Please provide an overview not to exceed **ONE PAGE** (for 1E only) in total explaining each item point below.

- Description: Address the establishment of a health care institution, initiation of health services, and/or bed complement changes.

**RESPONSE:**

The project will be a freestanding emergency department (“FSED”) named *Sumner Regional Medical Centerdba Highpoint Health – Sumner with Ascension Saint Thomas*. It will be located in the Robertson County section of the City of White House, close to I-65 and the Robertson-Sumner County line. In addition to exam room spaces for x-ray, CT scanning and a laboratory, the FSED will open with six treatment rooms and will have two shelled-in treatment rooms for adding treatment capacity when needed. The proposed FSED will be a satellite of Sumner Regional Medical Center. They are approximately 17.7 miles apart in highway miles. The FSED site is southwest of the hospital.

The nine ZIP Codes in the primary service are 37075 Hendersonville in Sumner County; 37048 Cottontown in Sumner County; 37049 Cross Plains in Robertson County; 37072 Goodlettsville in Sumner and Davidson Counties; 37073 Greenbrier in Robertson County; 37141 Orlinda in Robertson County; 37148 Portland in Sumner County; 37172 Springfield in Robertson County; and 37188 White House in Robertson County.

- 
- Ownership structure

**RESPONSE:** The applicant is Sumner Regional Medical Center, LLC, a limited liability company doing business as Highpoint Health – Sumner with Ascension Saint Thomas. The applicant is owned by Highpoint Healthcare, LLC, a joint venture with twenty percent (20%) ownership held by Baptist Health Care Affiliates, Inc. (a subsidiary of Saint Thomas Health), and eighty percent (80%) ownership held by Highpoint Partner, LLC, an indirect subsidiary of Lifepoint Health, Inc. Sumner Regional Medical Center (the hospital) is a 167-bed acute care facility in Gallatin, and a member of Lifepoint Health. Lifepoint Health joint ventures specialty projects with dozens of well-known centers of excellence nationally and in Tennessee. Sumner Regional Medical Center will be the host hospital for its proposed FSED in White House.

- 
- Service Area

**RESPONSE:** The service area consists of nine Tennessee Zip codes, south of Kentucky, north of Davidson County and west of Gallatin. I-65 runs north from Nashville to Kentucky, through the approximate center of these zip codes. The proposed FSED will be in White House, in Robertson County, 1,100 yards from an interstate exit, and centrally located within the service area.

- 
- Existing similar service providers

**RESPONSE:** The service area contains two HCA hospital-based emergency departments and one HCA FSED. They are not centrally located within this service area. All three are located in larger, older service area communities that are distant from the new growth area around White House on I-65. They are TriStar Hendersonville Medical Center,

TriStar Northcrest Medical Center, and TriStar Portland FSED. The host hospital for the Proposed FSED in White House is not within the project service area. It is Sumner Regional Medical Center in Gallatin. That hospital also operates Sumner Station FSED in Gallatin.

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- Project Cost

**RESPONSE:** The estimated project cost is \$20,630,528.

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- Staffing

**RESPONSE:** The Highpoint FSED in White House will treat patients 24/7, as a branch of the Emergency Department of its host hospital, Sumner Regional Medical Center in Gallatin. It will provide all six levels of emergency room care, including trauma care, and will treat both pediatric and adult patients. All of its medical staff will be Board-certified and Board-eligible emergency care physicians and will belong to the medical staff of Sumner Regional Medical Center. Highpoint FSED's clinical staff will be trained and experienced in emergency care.

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## 2E. Rationale for Approval

A Certificate of Need can only be granted when a project is necessary to provide needed health care in the area to be served, will provide health care that meets appropriate quality standards, and the effects attributed to competition or duplication would be positive for consumers

Provide a brief description not to exceed ONE PAGE (for 2E only) of how the project meets the criteria necessary for granting a CON using the data and information points provided in criteria sections that follow.

- Need

**RESPONSE:** I-65 runs north and south through the middle of the service area, from Nashville to Kentucky. It closely parallels the county line between Robertson and Sumner Counties. I-65 links the job markets of the higher cost-of-living Nashville area to the more affordable land and housing available in these nine northern zip codes. As a consequence, the population of the service area, its traffic, and its visits to emergency care departments have been steadily increasing. All three existing emergency care sites within the service area significantly exceed visits per room guidelines of the American College of Emergency Physicians (“ACEP”). Additional ER capacity will be essential to avoid prolonged wait times in the near future. However, onsite expansions of TriStar Hendersonville’s existing emergency care department appears to have been unfeasible for HCA. Sumner Regional Medical Center and Ascension Saint Thomas propose to address the area’s obvious emergency care needs by placing a new emergency facility in White House, in the approximate center of the service area. This will improve accessibility for patients from western Sumner County and eastern Robertson County. It will be of special benefit to rural patients who face longer drive times to HCA’s ERs. It will also benefit residents whose health insurance plans do not include HCA facilities.

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- Quality Standards

**RESPONSE:** The applicant is a joint undertaking between Ascension Saint Thomas and Highpoint Health – Sumner with Ascension Saint Thomas. The Gallatin and Nashville hospitals associated with this project have an extensive portfolio for delivering high-quality care. The host hospital in Gallatin is a Level III trauma center and has earned the American College of Cardiology’s Chest Pain Center accreditation and the highest designation from the American Heart Association’s Get with the Guidelines, while maintaining advanced specialty certifications in stroke and perinatal care from The Joint Commission. Its partner, Ascension Saint Thomas, operates two tertiary hospitals in Nashville that are recognized as leaders in quality and safety. Ascension Saint Thomas Hospital has been named one of the top 100 hospitals in the USA and named as a Top 100 Cardiac Hospital. It has also achieved distinction as an Advanced Primary and Comprehensive Stroke Center, a Safe Sleep Gold Designation, a Baby-Friendly designation, a Blue Distinction Center for Total Hip Surgery, and is in the Commission on Cancer’s Integrated Network Cancer Program. Ascension Saint Thomas is a joint-venture owner of the Highpoint FSED and will have quality and clinical oversight of this facility. Additionally, its tertiary facilities in Nashville will be a main option for residents needing a higher level of inpatient care. Sumner Regional’s existing FSED at Sumner Station in Gallatin meets or exceeds industry goals for quickly responsive service, high quality of round-the-clock staffing, virtual elimination of diversions to other emergency rooms, and coordination with hospitals for transfers to higher levels of care. Lifepoint Health joint ventures projects with dozens of well-known centers of excellence nationally -- including Tennessee’s Baptist Health System in Memphis, Ascension in Nashville, and the University of Tennessee Medical Center in Knoxville.

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- Consumer Advantage

- Choice

**RESPONSE:** Emergency services in this large service area north of Nashville and west of Gallatin are now available from only one company (HCA), whose three emergency facilities are located in the largest towns on the periphery of the service area, but not at a central location in the service area, and not at an exit from an interstate

highway that traverses the service area at its midpoint. The Highpoint Ascension FSED in White House is proposed to give service area residents a choice of health systems to provide their emergency care—choice based not only on patients’ distances to the ER, but also on road conditions, acceptance of their insurance coverage, availability of charity care, and consumer preference for one system over another, if transfer to a hospital after stabilization is needed for higher levels of care. For these reasons, the project will be a beneficial competitor for the area.

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○ Improved access/availability to health care service(s)

**RESPONSE:** HCA TriStar Hendersonville Medical Center’s Emergency Room is heavily utilized, far above ACEP Guidelines. It reportedly is not feasible to expand. HCA’s other two emergency services at Portland and Springfield, which also exceed industry utilization guidelines, are far from the growth center around White House. Excessively high utilization will eventually start to delay care for arriving patients. A Highpoint FSED positioned in White House will draw off some of that over-utilization, and will improve the accessibility and availability of emergency care for area residents. It will be especially helpful to geographically isolated patients who would otherwise seek care by driving in high-traffic areas or through difficult terrain to reach emergency services outside of the primary service area. The new Highpoint FSED will treat all arriving patients. It will accept all patients regardless of insurance. Patients stabilized and transferred to hospitals for higher levels of care will be accepted by Sumner Regional Medical Center and Ascension hospitals, regardless of their insurance plans. This may not be the case for HCA emergency rooms, which after treatment and stabilization may not direct a patient transfer to an HCA hospital if the patient is covered by the Blue Cross Plan S. The applicant does accept Plan S insurance, and estimates that approximately 22,000 residents of Sumner Counties have Plan S coverage.

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○ Affordability

**RESPONSE:** Competition in this service area will help lower emergency care costs over time and patients’ out-of-pocket co-pays. Charity care for non-emergent or uninsured patients will be provided under faith-based Ascension Saint Thomas’s guidelines. Blue Cross Blue Shield S-insured patients will have unimpeded financial access to care at the new FSED, just as they now have at the applicant’s existing ED at Sumner Station as well as at the applicant’s main hospital campus ED.

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### 3E. Consent Calendar Justification

- ☐ Letter to Executive Director Requesting Consent Calendar (Attach Rationale that includes addressing the 3 criteria)
- ☒ Consent Calendar NOT Requested

If Consent Calendar is requested, please attach the rationale for an expedited review in terms of Need, Quality Standards, and Consumer Advantage as a written communication to the Agency’s Executive Director at the time the application is filed.

**4E. PROJECT COST CHART****A. Construction and equipment acquired by purchase:**

1. Architectural and Engineering Fees	\$1,098,125
2. Legal, Administrative (Excluding CON Filing Fee), Consultant Fees	\$75,000
3. Acquisition of Site	\$3,000,000
4. Preparation of Site	\$1,500,000
5. Total Construction Costs	\$7,943,500
6. Contingency Fund	\$935,000
7. Fixed Equipment (Not included in Construction Contract)	\$4,672,769
8. Moveable Equipment (List all equipment over \$50,000 as separate attachments)	\$0
9. Other (Specify): <u>telecomm, IS, furnishings, etc.</u>	\$651,981

**B. Acquisition by gift, donation, or lease:**

1. Facility (inclusive of building and land)	\$0
2. Building only	\$0
3. Land only	\$0
4. Equipment (Specify): _____	\$0
5. Other (Specify): _____	\$0

**C. Financing Costs and Fees:**

1. Interim Financing	\$709,153
2. Underwriting Costs	\$0
3. Reserve for One Year's Debt Service	\$0
4. Other (Specify): _____	\$0

**D. Estimated Project Cost  
(A+B+C)**

\$20,585,528

**E. CON Filing Fee**

\$45,000

**F. Total Estimated Project Cost  
(D+E)****TOTAL**

\$20,630,528

## GENERAL CRITERIA FOR CERTIFICATE OF NEED

In accordance with TCA §68-11-1609(b), “no Certificate of Need shall be granted unless the action proposed in the application Certificate is necessary to provide needed health care in the area to be served, will provide health care that meets appropriate standards, and the effect attributed to completion or duplication would be positive for consumers.” In making determinations, the agency uses as guidelines the goals, objectives, criteria, and standards adopted to guide the agency in issuing certificates of need. The agency adopts its own criteria and standards by rule, those in the state health plan apply.

Additional criteria for review are prescribed in Chapter 11 of the Agency Rules, Tennessee Rules and Regulations 01730-11.

The following questions are listed according to the three criteria: (1) Need, (2) the effects attributed to competition or duplication, and (3) Quality Standards.

### **NEED**

The responses to this section of the application will help determine whether the project will provide needed health care for services in the area to be served.

- 1N.** Provide responses as an attachment to the applicable criteria and standards for the type of institution or service requested and pdf version for each reviewable type of institution or service are located at the following v <https://www.tn.gov/hsda/hsda-criteria-and-standards.html> (Attachment 1N)

#### **RESPONSE:**

**See Attachment 1N R2 for responses to the State Health Plan's criteria and standards for Freestanding Emergency Departments.**

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- 2N.** Identify the proposed service area and provide justification for its reasonableness. Submit a county level map for the Tennessee portion and counties bordering the state of the service area using the supplemental map, clearly marked, and shaded to represent the service area as it relates to meeting the requirements for CON criteria and standards that may apply to the project. Please include a discussion of the inclusion of counties in the border states, if applicable. (Attachment 2N)

#### **RESPONSE:**

**See Attachment 2N R2 for the required county-level map designating the two counties that contain the primary service area zip codes, except for a small part of one zip code that extends minimally to the northern edge of Davidson County. Attachment 2N R2 also includes zip code maps of the primary service area. The nine Zip Codes in the primary service area are 37075 Hendersonville in Sumner County; 37049 Cross Plains in Robertson County; 37072 Goodlettsville in Davidson County; 37073 Greenbrier in Robertson County; 37141 Orlinda in Robertson County; 37172 Springfield in Robertson County; and 37188 White House in Robertson County.**

**These Zip Codes extend from Davidson County to the Kentucky State line. They include most of Robertson County and western Sumner County. Interstate 65 and the Robertson-Sumner County line run north and south through these Zip Codes, dividing the service area. The Highpoint FSED will be located in the Robertson County sector of the City of White House, which is central to the communities that Highpoint FSED will serve. The FSED will be approximately 100 yards from the White House exit from I-65, where it will be rapidly accessible to patients using that highway.**

**The primary service area does not include the Gallatin area, where the applicant operates a hospital-based emergency department and a satellite freestanding emergency department. Gallatin is excluded because difficult terrain separates it from most communities in the project service area, and it is not within the proposed service area.**

driving risks in inclement weather and discouraging many service area patients from driving to Regional Medical Center or to Sumner Station FSED.

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Complete the following utilization tables for each county in the service area, if applicable.

**PROJECTED UTILIZATION**

Unit Type: <input type="checkbox"/> Procedures <input type="checkbox"/> Cases <input type="checkbox"/> Patients <input checked="" type="checkbox"/> Other      Visits _____		
Service Area Counties	Projected Utilization Recent Year 1 (Year = 2026)	% of Total
Robertson	1,872	34.19%
Sumner	3,603	65.81%
Total	5,475	100%

**3N. A.** Describe the demographics of the population to be served by the proposal.

**RESPONSE:**

Please see Attachment 3NB R2. On a zip code level, the service area population is projected to increase by 3.3% from 2024 to 2028, faster than the State rate of 2.9%. On a county level, the service area population is projected to increase 5.3% in that period, far faster than the State average.

Median age, poverty levels, household income, and TennCare enrollments are not available for zip codes; however they are available on a county-wide basis. Robertson and Sumner Counties have a 7.9% poverty rate compared to the State's rate of 13.3%. They have a median household income of \$78,162, 22% higher than the Statewide household income of \$64,035. Their TennCare enrollment is 15.5%, lower than the Statewide enrollment of 20.21%. The counties' median age of approximately 40 years is slightly higher than the

Statewide median age of 38 years.



**B.** Provide the following data for each county in the service area:

- Using current and projected population data from the Department of Health.  
([www.tn.gov/health/health-program-areas/statistics/health-data/population.html](http://www.tn.gov/health/health-program-areas/statistics/health-data/population.html));
- the most recent enrollee data from the Division of TennCare  
(<https://www.tn.gov/tenncare/information-statistics/enrollment-data.html>),
- and US Census Bureau demographic information  
(<https://www.census.gov/quickfacts/fact/table/US/PST045219>).

**RESPONSE:**

See Attachment 3N-B R2 for this demographic table.

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- 4N. Describe the special needs of the service area population, including health disparities, the accessibility to consumers, particularly those who are uninsured or underinsured, the elderly, women, racial and ethnic minorities, TennCare or Medicaid recipient low income groups. Document how the business plans of the facility will take into consideration the special needs of the area population.

**RESPONSE:**

The Highpoint FSED will be accessible to all of these groups. It will provide care to all arriving patients regardless of their insurance coverage. It is projected to provide more than 5% charity care\*. Highpoint FSED will be operated under the license of Sumner Regional Medical Center, which contracts with TennCare MCO's: United Healthcare, Blue Cross BlueCare, Select, and Wellpoint. Blue Cross Cover and UHC Cover Kids are part of the Bluecare and UHC plans.

*\* Charity care in this application includes (a) unbilled charges written off as 100% charity care for patients qualifying for charity care guidelines, and (b) unbilled deep discounts for patients who do not qualify for 100% charity care but are underinsured.*

- 5N. Describe the existing and approved but unimplemented services of similar healthcare providers in the service area. List utilization and/or occupancy trends for each of the most recent three years of data available for this type of project. List each provider and its utilization and/or occupancy individually. Inpatient bed projects must include the following data: Admissions, discharges, patient days. Average length of stay, and occupancy. Other projects should use the most appropriate measure of cases, procedures, visits, admissions, etc. This does not apply to projects that are solely relocating a service.

**RESPONSE:**

Table 5N R2 in Attachment 5N R2 shows the utilization of all three emergency rooms in the project service area from 2020 through 2022, the most recent years of published JAR data. JAR data differ from the visits reported by providers, which are based on patient claims. The table also shows utilization trends of emergency rooms in Sumner Regional Medical Center and Sumner Station. A summary table is shown below.

Table 5N: Visits to Local Emergency Rooms				
Visits to Emergency Facilities Within the Project Service Area				
	2020	2021	2022	% Change 2020-2022
Tristar Hendersonville Medical Center (HCA)	29,860	35,519	37,932	27
Tristar Portland FSED (HCA)	9,795	11,319	12,432	26
Tristar Northcrest Medical Center (HCA)	29,097	22,009	24,098	-17
<b>Project Service Area Subtotal</b>	<b>68,752</b>	<b>68,847</b>	<b>74,462</b>	<b>8</b>
Visits to Major Emergency Facilities Outside the Project Service Area				
	2020	2021	2022	% Change 2020-2022

Sumner Regional /Sumner Station	37,824	39,423	39,390	4
Ascension Saint Thomas Hospital Midtown	44,616	46,843	51,807	16
Ascension Saint Thomas Hospital West	32,516	30,119	33,135	.
Tristar Centennial Medical Center (HCA)	53,575	62,513	64,499	20
Nashville General Hospital	26,435	23,059	24,141	-4
Vanderbilt Medical Center	104,808	101,099	117,794	12
<b>Subtotal</b>	<b>299,774</b>	<b>303,056</b>	<b>330,766</b>	<b>10</b>

Source: Joint Annual Reports.

- 6N. Provide applicable utilization and/or occupancy statistics for your institution services for each of the past three years ; project annual utilization for each of the two years following completion of the project. Additionally, provide the methodology used to project utilization. The methodology must include detailed calculations or documentation from referral sources, and identification of all assumptions.

**RESPONSE:**

**Response:**

Source: Hospital Management.

**Historic utilization is not applicable to a proposed new facility.**

Projection of the FSED's visits in its first two years is based on 15 visits per day in Year One and 20 visits per Year Two. Those are conservative assumptions, because the service area's existing ERs are already exceed utilization standards, and are experiencing continuing increases of visits. The applicant is confident about projections based in part on its experience with opening the Sumner Station FSED, which had 5,399 and 8,841 in 2017 and 2018, respectively.

- 7N.** Complete the chart below by entering information for each applicable outstanding CON by applicant or share common ownership; and describe the current progress and status of each applicable outstanding CON and how the project relates to the applicant, and the percentage of ownership that is shared with the applicant's owners.

**RESPONSE:**

The applicant LLC and Sumner Regional Medical Center have no outstanding unimplemented Certificates of Need. Ascension's affiliated entities have the Tennessee CON projects listed below.

**Ascension River Park Cath Lab CN2202-005**

Construction was substantially complete as of 10/31/23. Pending equipment acquisition and installation. Yr2 Annual Progress Report to be submitted this month.

**Saint Thomas Rutherford Satellite Hospital CN2004-007**

Final Project Report submitted in January 2024. Yr1 Annual Quality Measure Report submitted 3/4/2024.

**Saint Thomas Rutherford Hospital Open Heart Surgery CN2103-009**

Final project report due in August

Relocation of the Providence Surgery Center CN1903-008

Owner is Tenn SM, LLC dba Providence Surgery Center

This project has been delayed.

Westlawn Surgery Center CN1911-046A

The project was granted an extension through May 1, 2025.

**CONSUMER ADVANTAGE ATTRIBUTED TO COMPETITION**

The responses to this section of the application helps determine whether the effects attributed to competition or duplication would be positive for consumers within the service area.

**1C.** List all transfer agreements relevant to the proposed project.

**RESPONSE:** Response: Please see the list of insurers in Attachment Additional Documents 4.

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**2C.** List all commercial private insurance plans contracted or plan to be contracted by the applicant.

- ☐ Aetna Health Insurance Company
- ☐ Ambetter of Tennessee Ambetter
- ☐ Blue Cross Blue Shield of Tennessee
- ☐ Blue Cross Blue Shield of Tennessee Network S
- ☐ Blue Cross Blue Shield of Tennessee Network P
- ☐ BlueAdvantage
- ☐ Bright HealthCare
- ☐ Cigna PPO
- ☐ Cigna Local Plus
- ☐ Cigna HMO - Nashville Network
- ☐ Cigna HMO - Tennessee Select
- ☐ Cigna HMO - Nashville HMO
- ☐ Cigna HMO - Tennessee POS
- ☐ Cigna HMO - Tennessee Network
- ☐ Golden Rule Insurance Company
- ☐ HealthSpring Life and Health Insurance Company, Inc.
- ☐ Humana Health Plan, Inc.
- ☐ Humana Insurance Company
- ☐ John Hancock Life & Health Insurance Company
- ☐ Omaha Health Insurance Company
- ☐ Omaha Supplemental Insurance Company
- ☐ State Farm Health Insurance Company
- ☐ United Healthcare UHC
- ☐ UnitedHealthcare Community Plan East Tennessee
- ☐ UnitedHealthcare Community Plan Middle Tennessee
- ☐ UnitedHealthcare Community Plan West Tennessee
- ☐ WellCare Health Insurance of Tennessee, Inc.
- ☒ Others

**RESPONSE:** Please see the list in Attachment 2C for a list of all current insurance plans.

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**3C.** Describe the effects of competition and/or duplication of the proposal on the health care system, including the impact upon consumer charges and consumer choice of services.**RESPONSE:**

The three ERs in the service area are all at HCA facilities. Their visits per room in 2022 substantially exceeded the utilization guidelines of the American College of Emergency Physicians (ACEP) and it is likely that their visits have continued to increase in the two years since then. Their last publicly available Joint Annual Reports reported 37,913 ER visits to its three emergency services.

The proposed Highpoint FSED in White House is projected to attract 15-20 visits per day in 2026 and 2027, respectively. In 2027, if Highpoint FSED took all of its utilization from current HCA EDs, then the impact on HCA would be only a minimal decrease to its 2020 areawide ERs' combined utilization. But HCA may have increased its visits since 2022, due to area growth. In that case, some of the Highpoint FSED's utilization will come from new population growth, not just from decompressing HCA's current utilization. Consumers will benefit from having this new choice of provider.

The project will not adversely impact existing facilities' ER charges. On the contrary, healthy competition among busy and economically healthy providers will help control charge increases, which sometimes can be higher where there is only one provider available in a service area.

- 4C.** Discuss the availability of and accessibility to human resources required by the proposal, including clinical leadership and adequate professional staff, as per the State of Tennessee licensing requirements, CMS, and/or accrediting agencies requirements, such as the Joint Commission and Commission on Accreditation of Rehabilitation Facilities.

**RESPONSE:**

The proposed Highpoint FSED in White House will be operated under the host hospital's State license, CMS certification, and Joint Commission accreditation. It will meet or exceed licensing and accreditation requirements for 24-hour on-site physician and nurse coverage and for having appropriate diagnostic equipment onsite. Its physician staff will be members of the host hospital's organized medical staff. All applicable regulations of the hospital will also apply to the proposed Highpoint FSED in White House, which will be a satellite of the hospital's Emergency Department, as is the existing Sumner Station FSED. The applicant has long and successful experience in recruiting, training, and retaining clinical leadership and staffing of its emergency services at a satellite location.

- 5C.** Document the category of license/certification that is applicable to the project and why. These include, without limitation, regulations concerning clinical leadership, physician supervision, quality assurance policies and programs, utilization review policies and programs, record keeping, clinical staffing requirements, and staff education.

**RESPONSE:**

The FSED will be operated as a satellite emergency care facility under its host hospital's license and accreditation. All licensing, certification, and accreditation regulations applicable to the hospital's campus-based emergency service will also apply to the Highpoint FSED in White House.



**HISTORICAL DATA CHART**

- ☒ Total Facility  
☐ Project Only

Give information for the last *three (3)* years for which complete data are available for the facility or agency.

	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>
	<u>2021</u>	<u>2022</u>	<u>2023</u>
A. Utilization Data			
Specify Unit of Measure <u>Other : ER Visits</u>	<u>39423</u>	<u>39390</u>	<u>39987</u>
B. Revenue from Services to Patients			
1. Inpatient Services	<u>\$344,939,057.00</u>	<u>\$350,216,660.00</u>	<u>\$408,795,327.00</u>
2. Outpatient Services	<u>\$29,245,290.00</u>	<u>\$50,945,886.00</u>	<u>\$80,807,063.00</u>
3. Emergency Services	<u>\$214,905,917.00</u>	<u>\$209,497,474.00</u>	<u>\$235,900,923.00</u>
4. Other Operating Revenue (Specify) <u>None</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>
<b>Gross Operating Revenue</b>	<u>\$589,090,264.00</u>	<u>\$610,660,020.00</u>	<u>\$725,503,313.00</u>
C. Deductions from Gross Operating Revenue			
1. Contractual Adjustments	<u>\$463,014,645.00</u>	<u>\$474,636,595.00</u>	<u>\$572,865,909.00</u>
2. Provision for Charity Care	<u>\$32,991,739.00</u>	<u>\$37,373,254.00</u>	<u>\$38,392,467.00</u>
3. Provisions for Bad Debt	<u>\$4,565,011.00</u>	<u>\$15,770,680.00</u>	<u>\$23,321,582.00</u>
<b>Total Deductions</b>	<u>\$500,571,395.00</u>	<u>\$527,780,529.00</u>	<u>\$634,579,958.00</u>
<b>NET OPERATING REVENUE</b>	<u>\$88,518,869.00</u>	<u>\$82,879,491.00</u>	<u>\$90,923,355.00</u>

**PROJECTED DATA CHART**

- ☒ Project Only  
☐ Total Facility

Give information for the *two (2)* years following the completion of this proposal.

	<b>Year 1</b>	<b>Year 2</b>
	<u>2026</u>	<u>2027</u>
A. Utilization Data		
Specify Unit of Measure <u>Other : ER Visits</u>	<u>5475</u>	<u>7300</u>
B. Revenue from Services to Patients		
1. Inpatient Services	<u>\$0.00</u>	<u>\$0.00</u>
2. Outpatient Services	<u>\$0.00</u>	<u>\$0.00</u>
3. Emergency Services	<u>\$31,714,485.00</u>	<u>\$44,400,279.00</u>
4. Other Operating Revenue (Specify) <u>None</u>	<u>\$0.00</u>	<u>\$0.00</u>
<b>Gross Operating Revenue</b>	<u>\$31,714,485.00</u>	<u>\$44,400,279.00</u>
C. Deductions from Gross Operating Revenue		
1. Contractual Adjustments	<u>\$22,711,878.00</u>	<u>\$32,150,341.00</u>
2. Provision for Charity Care	<u>\$1,678,279.00</u>	<u>\$2,349,591.00</u>
3. Provisions for Bad Debt	<u>\$1,042,167.00</u>	<u>\$1,398,491.00</u>
<b>Total Deductions</b>	<u>\$25,432,324.00</u>	<u>\$35,898,423.00</u>



NET OPERATING REVENUE

\$6,282,161.00

\$8,501,856.00

## PROJECTED DATA CHART

- ☒ Total Facility  
☐ Project Only

Give information for the *two (2)* years following the completion of this proposal.

	Year 1	Year 2
	2026	2027
A. Utilization Data		
Specify Unit of Measure Other : ER Visits	46262	48902
B. Revenue from Services to Patients		
1. Inpatient Services	\$416,971,234.00	\$425,310,658.00
2. Outpatient Services	\$82,423,204.00	\$84,071,668.00
3. Emergency Services	\$272,333,426.00	\$289,831,599.00
4. Other Operating Revenue (Specify) None	\$0.00	\$0.00
<b>Gross Operating Revenue</b>	<b>\$771,727,864.00</b>	<b>\$799,213,925.00</b>
C. Deductions from Gross Operating Revenue		
1. Contractual Adjustments	\$605,130,897.00	\$623,951,189.00
2. Provision for Charity Care	\$40,824,987.00	\$42,279,233.00
3. Provisions for Bad Debt	\$26,695,907.00	\$29,617,605.00
<b>Total Deductions</b>	<b>\$672,651,791.00</b>	<b>\$695,848,027.00</b>
<b>NET OPERATING REVENUE</b>	<b>\$99,076,073.00</b>	<b>\$103,365,898.00</b>

- 7C.** Please identify the project's average gross charge, average deduction from operating revenue, and average net charge using information from the Historical and Projected Data Charts of the proposed project.

**Project Only Chart**

	Previous Year to Most Recent Year	Most Recent Year	Year One	Year Two	% Change (Current Year to Year 2)
<b>Gross Charge</b> ( <i>Gross Operating Revenue/Utilization Data</i> )	\$0.00	\$0.00	\$5,792.60	\$6,082.23	0.00
<b>Deduction from Revenue</b> ( <i>Total Deductions/Utilization Data</i> )	\$0.00	\$0.00	\$4,645.17	\$4,917.59	0.00
<b>Average Net Charge</b> ( <i>Net Operating Revenue/Utilization Data</i> )	\$0.00	\$0.00	\$1,147.43	\$1,164.64	0.00

- 8C.** Provide the proposed charges for the project and discuss any adjustment to current charges that will result from the implementation of the proposal. Additionally, describe the anticipated revenue from the project and the impact on existing patient charges.

**RESPONSE:**

**See the response to question 9C for the proposed charges by Level of Care. The project charges will have no impact on patient care charges at the host hospital.**

---

- 9C.** Compare the proposed project charges to those of similar facilities/services in the service area/adjoining services areas, or to proposed charges of recently approved Certificates of Need.

If applicable, compare the proposed charges of the project to the current Medicare allowable fee schedule by common procedure terminology (CPT) code(s).

**RESPONSE:**

**Please see Attachment 9C R 2 for a comparison of the project's charges to current Medicare reimbursement and to published charges of other providers.**

---

- 10C.** Report the estimated gross operating revenue dollar amount and percentage of project gross operating revenue anticipated by payor classification for the first and second year of the project by completing the table below.

If applicable, compare the proposed charges of the project to the current Medicare allowable fee schedule by common procedure terminology (CPT) code(s).

**Applicant's Projected Payor Mix  
Project Only Chart**

Payor Source	Year-2026		Year-2027	
	Gross Operating Revenue	% of Total	Gross Operating Revenue	% of Total
<b>Medicare/Medicare Managed Care</b>	\$16,688,162.00	52.62	\$23,363,426.81	52.62
<b>TennCare/Medicaid</b>	\$4,167,283.00	13.14	\$5,834,196.66	13.14
<b>Commercial/Other Managed Care</b>	\$6,250,925.00	19.71	\$8,751,294.99	19.71
<b>Self-Pay</b>	\$2,378,586.00	7.50	\$3,330,020.93	7.50
<b>Other(Specify)</b>	\$2,229,529.00	7.03	\$3,121,339.61	7.03
<b>Total</b>	\$31,714,485.00	100%	\$44,400,279.00	100%
<b>Charity Care</b>	\$1,678,279.00		\$2,349,591.00	

*\*Needs to match Gross Operating Revenue Year One and Year Two on Projected Data Chart*

Discuss the project's participation in state and federal revenue programs, including a description of the extent to which Medicare, TennCare/Medicaid, and medically indigent patients will be served by the project.

**RESPONSE:** All three groups will be served. The FSED, like its host hospital, will be in all applicable State and Federal revenue programs. Its projected payer mix of gross revenues for its first two years are Medicare 56.62%, TennCare/Medicaid 13.14%, Commercial 19.71%, Self-pay 7.50%, and other sources 7.03%. Its charity care will be approximately 5.3% of gross revenue.

Charity care is estimated at 5.29% of gross revenues. Charity care in this application includes (a) unbilled charges written off as 100% charity care for patients qualifying for charity care guidelines, and (b) unbilled deep discounts for patients who do not qualify for 100% charity care but are underinsured.

## **QUALITY STANDARDS**

- 1Q.** Per PC 1043, Acts of 2016, any receiving a CON after July 1, 2016, must report annually using forms prescribed by the Agency concerning appropriate quality measures. Please attest that the applicant will submit an annual Quality Measure report when due.

☒ Yes

☐ No

- 2Q.** The proposal shall provide health care that meets appropriate quality standards. Please address each of the following questions.

- Does the applicant commit to maintaining the staffing comparable to the staffing chart presented in its CON application?

☒ Yes

☐ No

- Does the applicant commit to obtaining and maintaining all applicable state licenses in good standing?

☒ Yes

☐ No

- Does the applicant commit to obtaining and maintaining TennCare and Medicare certification(s), if participation in such programs are indicated in the application?

☒ Yes

☐ No

**3Q.** Please complete the chart below on accreditation, certification, and licensure plans. Note: if the applicant does not plan to participate in these type of assessments, explain why since quality healthcare must be demonstrated.

Credential	Agency	Status (Active or Will Apply)	Provider Number or Certification Type
Licensure	<input checked="" type="checkbox"/> Health Facilities Commission/Licensure Division <input type="checkbox"/> Intellectual & Developmental Disabilities <input type="checkbox"/> Mental Health & Substance Abuse Services	Active	Hospital License No. 116
Certification	<input checked="" type="checkbox"/> Medicare <input checked="" type="checkbox"/> TennCare/Medicaid <input type="checkbox"/> Other _____	Will Apply Will Apply	Medicare 44-0003 Medicaid 044-0003
Accreditation(s)	TJC - The Joint Commission	Will Apply	

**4Q.** If checked “TennCare/Medicaid” box, please list all Managed Care Organization’s currently or will be contracted.

- ☐ AMERIGROUP COMMUNITY CARE- East Tennessee
- ☐ AMERIGROUP COMMUNITY CARE - Middle Tennessee
- ☐ AMERIGROUP COMMUNITY CARE - West Tennessee
- ☐ BLUECARE - East Tennessee
- ☒ BLUECARE - Middle Tennessee
- ☐ BLUECARE - West Tennessee
- ☐ UnitedHealthcare Community Plan - East Tennessee
- ☒ UnitedHealthcare Community Plan - Middle Tennessee
- ☐ UnitedHealthcare Community Plan - West Tennessee
- ☒ TENNCARE SELECT HIGH - All
- ☒ TENNCARE SELECT LOW - All
- ☐ PACE
- ☐ KBB under DIDD waiver
- ☒ Others

Please Explain

**RESPONSE:** SRMC is contracted to four MCOs , which will cover emergency services provided at its FSEDs as well as at the main campus ED. The MCO’s are: Bluecare (includes BC Cover Kids) United Health Community Plan (includes UHC Cover Kids) TennCare Select Wellpoint – Middle Tennessee.

**5Q.** Do you attest that you will submit a Quality Measure Report annually to verify the license, certification, and/or accreditation status of the applicant, if approved?

- ☒ Yes
- ☐ No

**6Q.** For an existing healthcare institution applying for a CON:

- Has it maintained substantial compliance with applicable federal and state regulation for the three years prior to the CON application. In the event of non-compliance, the nature of non-compliance and corrective action should be discussed to include any of the following: suspension of admissions, civil monetary penalties, notice of 23-day or 90-day termination proceedings from Medicare/Medicaid/TennCare, revocation/denial of accreditation, or other similar actions and what measures the applicant has or will put into place to avoid similar findings in the future.

☒ Yes

☐ No

☐ N/A

- Has the entity been decertified within the prior three years? If yes, please explain in detail. (This provision shall not apply if a new, unrelated owner applies for a CON related to a previously decertified facility.)

☐ Yes

☒ No

☐ N/A

**7Q.** Respond to all of the following and for such occurrences, identify, explain, and provide documentation if occurred in last five (5) years.

**Has any of the following:**

- Any person(s) or entity with more than 5% ownership (direct or indirect) in the applicant (to include any entity in the chain of ownership for applicant);
- Any entity in which any person(s) or entity with more than 5% ownership (direct or indirect) in the applicant (to include any entity in the chain of ownership for applicant) has an ownership interest of more than 5%; and/or.

**Been subject to any of the following:**

- Final Order or Judgement in a state licensure action;

☐ Yes

☒ No

- Criminal fines in cases involving a Federal or State health care offense;

☐ Yes

☒ No

- Civil monetary penalties in cases involving a Federal or State health care offense;

☒ Yes

☐ No

- Administrative monetary penalties in cases involving a Federal or State health care offense;

☐ Yes

☒ No

- Agreement to pay civil or administrative monetary penalties to the federal government or any state in cases involving claims related to the provision of health care items and services;

☒ Yes

☐ No

Please Explain

**RESPONSE:** Response: The article refers to a 2021 settlement agreement between Ascension Michigan and HHS in which there appears to have been no admission of liability. Ascension Michigan has no ownership or operational interest in the applicant and will not be involved in this project.

- Suspension or termination of participation in Medicare or TennCare/Medicaid programs; and/or

☐ Yes

☒ No

- Is presently subject of/to an investigation, or party in any regulatory or criminal action of which you are aware.

☐ Yes

☒ No

**8Q.** Provide the project staffing for the project in Year 1 and compare to the current staffing for the most recent 12-month period, as appropriate. This can be reported using full-time equivalent (FTEs) positions for these positions.

☐ Existing FTE not applicable (Enter year)

Position Classification	Existing FTEs(enter year)	Projected FTEs Year 1
<b>A. Direct Patient Care Positions</b>		
RN	0.00	8.40
Respiratory Therapist	0.00	4.20
Rad/CT Technologist	0.00	4.20
Lab Tech	0.00	4.20
<b>Total Direct Patient Care Positions</b>	N/A	21

<b>B. Non-Patient Care Positions</b>		
Security	0.00	2.10
Leader	0.00	1.00
Patient Access Rep	0.00	4.20
<b>Total Non-Patient Care Positions</b>	N/A	7.3
<b>Total Employees (A+B)</b>	0	28.3

<b>C. Contractual Staff</b>		
Contractual Staff Position	0.00	0.00
<b>Total Staff (A+B+C)</b>	0	28.3



## **DEVELOPMENT SCHEDULE**

TCA §68-11-1609(c) provides that activity authorized by a Certificate of Need is valid for a period not to exceed three (3) years (for hospital and nursing home projects) or two (2) years (for all other projects) from the date of its issuance and after such time authorization expires; provided, that the Agency may, in granting the Certificate of Need, allow longer periods of validity for Certificate of Need for good cause shown. Subsequent to granting the Certificate of Need, the Agency may extend a Certificate of Need for a period upon application and good cause shown, accompanied by a non-refundable reasonable filing fee, as prescribed by rule. A Certificate of Need authorization which has been extended shall expire at the end of the extended time period. The decision whether to grant an extension is within the sole discretion of the Commission, and is not subject to review, reconsideration, or appeal.

- Complete the Project Completion Forecast Chart below. If the project will be completed in multiple phases, please identify the anticipated completion date for each phase.
- If the CON is granted and the project cannot be completed within the standard completion time period (3 years for hospital and nursing home projects and 2 years for all others), please document why an extended period should be approved and document the “good cause” for such an extension.

### **PROJECT COMPLETION FORECAST CHART**

Assuming the Certificate of Need (CON) approval becomes the final HFC action on the date listed in Item 1 below, indicate the number of days from the HFC decision date to each phase of the completion forecast.

<b>Phase</b>	<b>Days Required</b>	<b>Anticipated Date (Month/Year)</b>
1. Initial HFC Decision Date		10/23/24
2. Building Construction Commenced	90	01/20/25
3. Construction 100% Complete (Approval for Occupancy)	350	10/07/25
4. Issuance of License	380	11/06/25
5. Issuance of Service	430	12/26/25
6. Final Project Report Form Submitted (Form HR0055)	530	04/05/26

Note: If litigation occurs, the completion forecast will be adjusted at the time of the final determination to reflect the actual issue date.

**Attachment 3A**  
**Proof of Publication**



PO Box 631340 Cincinnati, OH 45263-1340

**AFFIDAVIT OF PUBLICATION**

Britney Sudduth  
 Britney Sudduth  
 Wiseman Ashworth Trauger  
 511 Union ST # 800  
 Nashville TN 37219-1743

STATE OF WISCONSIN, COUNTY OF BROWN

The Tennessean, a newspaper published in the city of Nashville, Davidson County, State of Tennessee, and personal knowledge of the facts herein state and that the notice hereto annexed was Published in said newspapers in the issue dated and was published on the publicly accessible website:

07/15/2024

and that the fees charged are legal.  
 Sworn to and subscribed before on 07/15/2024

Legal Clerk

Notary, State of WI, County of Brown

My commission expires

Publication Cost: \$1000.42

Tax Amount: \$0.00

Payment Cost: \$1000.42

Order No: 10375998

Customer No: 1331204

PO #:

# of Copies:  
1**THIS IS NOT AN INVOICE!***Please do not use this form for payment remittance.*

MARIAH VERHAGEN  
 Notary Public  
 State of Wisconsin

## **NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED**

This is to provide official notice to the Health Facilities Commission and all interested parties, in accordance with T.C.A. §68-11-1601 et seq., and the Rules of the Health Facilities Commission, that Sumner Regional Medical Center, a hospital, owned by Sumner Regional Medical Center, LLC, with an ownership type of Limited Liability Company and to be managed by itself, intends to file an application for a Certificate of Need for establishment of a freestanding emergency department operated by Sumner Regional Medical Center. The address of the project will be an unaddressed site at the intersection of North Sage Road and Maiden Road, north of Maiden Road and west of North Sage Road, White House, Robertson County, Tennessee 37188. The estimated project cost will be \$20,630,528. The anticipated date of filing the application is 08/01/2024.

The contact person for this project is Consultant John Wellborn who may be reached at Development Support Group, 4505 Harding Pike Suite 53-E, Nashville, Tennessee 37205—Contact No. 615-665-2022.

Upon written request by interested parties, a local Fact-Finding public hearing shall be conducted. Written requests for a hearing should be sent to:

Health Facilities Commission  
Andrew Jackson Building, 9th Floor  
502 Deaderick Street  
Nashville, TN 37243

The published Letter of Intent must contain the following statement pursuant to T.C.A. Section 68-11-1607 (c)(1). (A) Any healthcare institution wishing to oppose a Certificate of Need application must file a written notice with the Health Facilities Commission no later than fifteen (15) days before the regularly scheduled Health Facilities Commission meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application may file a written objection with the Health Facilities Commission at or prior to the consideration of the application by the Commission, or may appear in person to express opposition. Written notice of opposition may be sent to: Health Facilities Commission, Andrew Jackson Building, 9th Floor, 502 Deaderick Street, Nashville, TN 37243 or email at [hsda.staff@tn.gov](mailto:hsda.staff@tn.gov).

**Attachment 7A R2**  
**Legal Entity Existence Documents**  
**And Organization Chart**



Tennessee  
Secretary of State  
Tre Hargett

Business Services Online > Find and Update a Business Record

## Business Information Search

As of July 27, 2024 we have processed all corporate filings received in our office through July 25, 2024 and all annual reports received in our office through July 26, 2024.

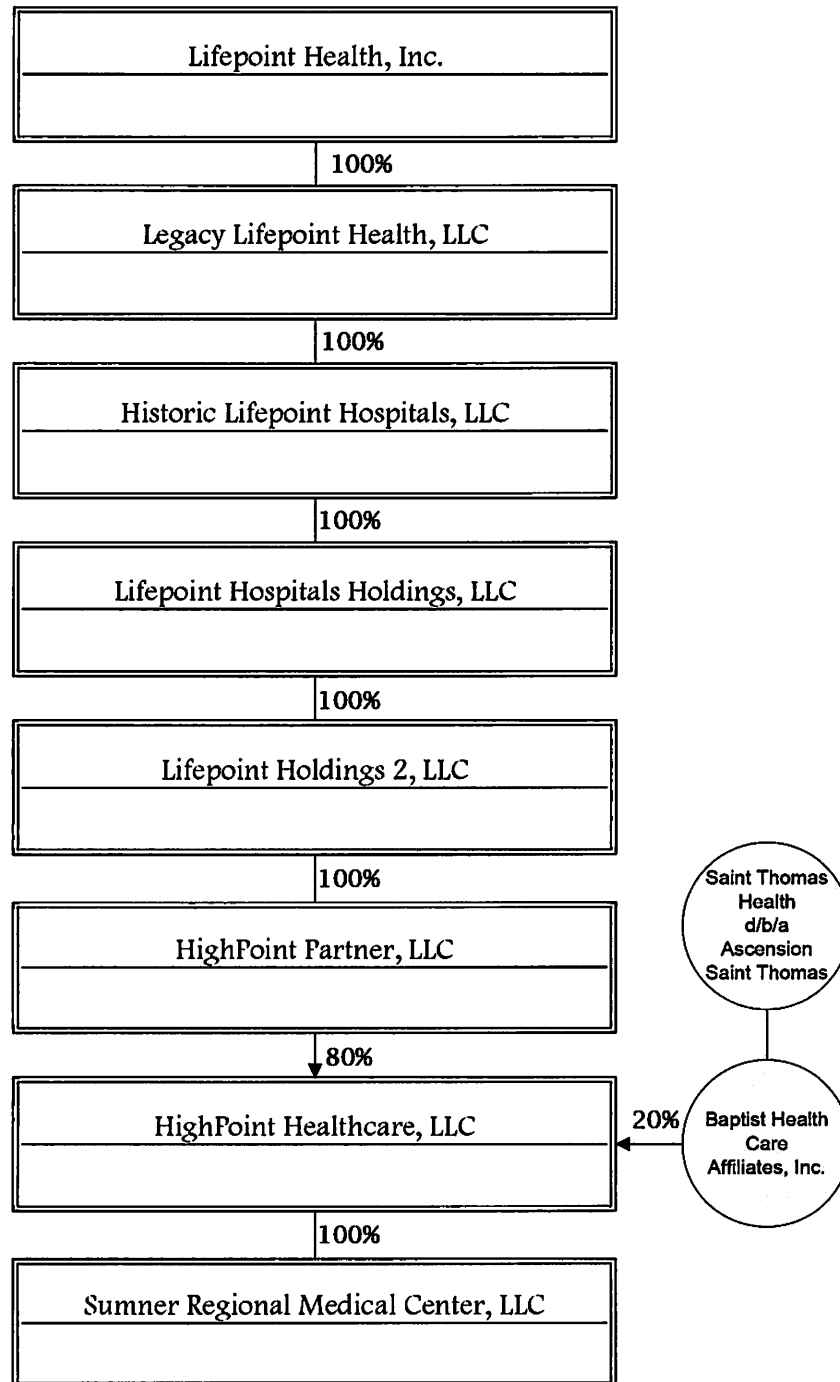
Click on the underlined control number of the entity in the search results list to proceed to the detail page. From the detail page you can verify the entity displayed is correct (review addresses and business details) and select from the available entity actions - file an annual report, obtain a certificate of existence, file an amendment, etc.

Search:						1-1 of 1	
Search Name: <input type="text" value="Sumner Regional Medical Center LLC"/>						<input checked="" type="radio"/> Starts With <input type="radio"/> Contains	
Control #: <input type="text"/>							
Active Entities Only: <input type="checkbox"/>						<input type="button" value="Search"/>	
Control #	Entity Type	Name	Name Type	Name Status	Entity Filing Date	Entity Status	
<u>000632152</u>	LLC	Sumner Regional Medical Center, LLC DELAWARE	Entity	Active	05/25/2010	Active	
						1-1 of 1	

Information about individual business entities can be queried, viewed and printed using this search tool for free.

If you want to get an electronic file of all business entities in the database,  
the full database can be downloaded for a fee by [Clicking Here](#).

[Click Here](#) for information on the Business Services Online Search logic.

**Sumner Regional Medical Center, LLC (Applicant)**

**Attachment 9A**  
**Site Control (Legal Interest in Site)**



## ASSIGNMENT OF REAL ESTATE PURCHASE AND SALE AGREEMENT

This ASSIGNMENT OF REAL ESTATE PURCHASE AND SALE AGREEMENT ("Agreement") is made and entered this 17<sup>th</sup> day of July, 2024, by and between FORTUNA DEVELOPMENT, LLC, a Tennessee limited liability company ("Assignor") and SUMNER REGIONAL MEDICAL CENTER, LLC, a Delaware limited liability company ("Assignee").

WHEREAS, Assignor, as buyer, and Astepahead LLP, a Tennessee limited liability partnership ("Seller"), are parties to that certain Real Estate Purchase and Sale Agreement, dated as of June 13, 2024 (the "Contract"), whereby Assignor has agreed to purchase from Seller certain real property containing approximately 7.76 acres in Robertson County, Tennessee located on Maiden Lane, White House, Tennessee and referred to as APN 106-087.00 (the "Property");

WHEREAS, Assignor wishes to assign, convey and transfer to Assignee all of Assignor's rights and interests in the Contract, including, without limitation, Assignor's right to purchase the Property in accordance with the terms and conditions contained in the Contract, and Assignee wishes to accept and obtain all such rights and interests.

THEREFORE, for valuable consideration, the receipt and adequacy of which are hereby acknowledged, and intending to be legally bound hereby, Assignor and Assignee hereby mutually agree as follows:

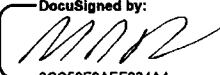
1. Assignment. Assignor hereby assigns, conveys, transfers and delivers to Assignee all of Assignor's right, title and interest in, under and to the Contract, subject to the terms and provisions hereof. Assignor hereby affirms its continuing liability to Seller for Assignor's obligations as buyer under the Contract.
2. Assumption. Assignee hereby accepts the assignment of Assignor's right, title and interest in, under and to the Contract and hereby assumes, undertakes and agrees to perform and discharge all of Assignor's duties and obligations under the Contract with respect to the Property, including, without limitation, purchasing the Property upon the terms, and subject to the satisfaction of the conditions contained in the Contract, subject to the terms and conditions of this Assignment.
3. Governing Law. This Assignment shall be governed by, and construed and enforced in accordance with, the laws of the State of Tennessee without reference to conflict of laws of principles.
4. Counterparts. This Assignment may be executed in several counterparts and all such executed counterparts shall constitute one agreement, which shall be binding on Assignor and Assignee notwithstanding that both parties are not signatories to the same counterpart or counterparts.
5. Further Assurances. Assignor and Assignee hereby agree to execute, acknowledge and deliver such other statements, certificates, affidavits, instruments, and other documents as may be reasonably requested by the other party in order to confirm, perfect, evidence or otherwise effectuate the assignment and assumption affected hereby.

[signatures on following page]

IN WITNESS WHEREOF, Assignor and Assignee have executed this Assignment as of the date first written above.

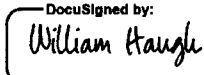
**ASSIGNOR:**

**FORTUNA DEVELOPMENT, LLC, a Tennessee  
limited liability company**

DocuSigned by:  
  
By: \_\_\_\_\_  
Name: **Allen Bolden**  
Title: **Partner**

**ASSIGNEE:**

**SUMNER REGIONAL MEDICAL CENTER, LLC,  
a Delaware limited liability company**

DocuSigned by:  
  
By: \_\_\_\_\_  
Name: **William Haugh**  
Title: **President, Central Division**

## **REAL ESTATE PURCHASE AND SALE AGREEMENT**

**THIS REAL ESTATE PURCHASE AND SALE AGREEMENT** (this "Agreement") is made effective as of the Agreement Date (as defined in Section 17 herein) by and between **ASTEPAHEAD LLP**, a Tennessee limited liability partnership ("Seller"), and **FORTUNA DEVELOPMENT, LLC**, a Tennessee limited liability company and its successors or assigns ("Buyer").

### **WITNESSETH**

**WHEREAS**, Seller does hereby agree to sell to Buyer and Buyer does hereby agree to purchase from Seller that certain parcel of land, containing approximately 7.76 acres in Robertson County, Tennessee located on Maiden Lane, White House, Tennessee and referred to as APN 106-087.00 and more particularly depicted on **Exhibit A** attached hereto (collectively, the "Land"), together with all improvements thereon and rights and appurtenances pertaining thereto, including any right, title and interest of Seller in and to adjacent streets, alleys or rightsofway (the Land and the improvements are collectively referred to herein as the "Property") pursuant to the terms of this Agreement.

**NOW, THEREFORE**, in consideration of the mutual covenants and promises of the parties, Seller and Buyer agree as follows:

### **AGREEMENT**

1. **Purchase Price and Earnest Money.** The purchase price for the Property shall be TWO MILLION EIGHT HUNDRED EIGHTY SEVEN THOUSAND FIVE HUNDRED AND NO/100 DOLLARS (\$2,887,500.00) (the "Purchase Price") and shall be paid at the closing of the sale of the Property and delivery of Seller's deed (the "Closing"). Within ten (10) business days after the full execution and delivery of this Agreement by Seller and Buyer, Buyer shall pay (by Buyer's check or wire transfer) the sum of FIFTY THOUSAND AND NO/100 DOLLARS (\$50,000.00) (the "Earnest Money") to First American Title Insurance Company, Nashville Commercial Services Unit, 511 Union Street, Suite 1600, Nashville, Tennessee 37219, attention: Susan Felts (the "Escrow Agent" or the "Title Company"), to be held in escrow by Escrow Agent in accordance with the terms of this Agreement.

2. **Seller's Deed.** Upon payment of the Purchase Price, Seller shall execute and deliver to Buyer its recordable and transferable special warranty deed (the "Deed"), conveying to Buyer or its assignee good and record title to the Property, subject to all liens, encumbrances, covenants, restrictions, easements, rights of way, claims, rights and other matters whatsoever, except the matters which Seller agrees in writing (or is otherwise required) to remove or cure pursuant to Section 7 or Section 8 (the "Permitted Exceptions").

3. **Seller's Covenants, Representations and Warranties.** Seller hereby represents and warrants to Buyer that, as of the Agreement Date and as of the Closing Date (as defined in Section 10 herein) with respect to the Property:

(a) Seller has received no notice of any condemnation proceedings or proceedings for change of grade of any street affecting the Property or improvement of any street or sidewalk abutting the Property which are currently pending or, to Seller's knowledge, threatened.

(b) There are no leases affecting all or any part of the Property and, other than matters of title, including the Permitted Exceptions, no written promises, understandings, agreements or commitments between Seller and any person or entity concerning the sale, conveyance, lease, use or occupancy of any interest in the Property or any part thereof that will be binding on Buyer or the Property after the Closing Date. From the Agreement Date through the Closing Date or earlier termination of this Agreement, Seller shall neither make nor enter into any lease affecting all or any part of the Property or

any written promise, understanding, agreement or commitment concerning the sale, conveyance, lease, use or occupancy of any interest in the Property or any part thereof, in any case without the prior written consent of Buyer, which consent may be withheld in Buyer's sole and absolute discretion.

(c) Seller has received no notice of any threatened, actions, suits or proceedings against or affecting the Property or any portion thereof, or relating to or arising out of the ownership, operation, management, use or maintenance of the Property.

(d) At the Closing, Seller shall deliver to Buyer a satisfactory written certificate complying under the Foreign Investment in Real Property Act and the regulations thereunder ("FIRPTA"), certifying that Seller is neither a foreign person nor subject to withholding under FIRPTA, and containing Seller's tax identification or social security number and address.

(e) There are no attachments, executions, assignments for the benefit of creditors, or proceedings in bankruptcy or under any other debtor relief laws pending or, to Seller's knowledge, contemplated or threatened against Seller or the Property.

(f) To Seller's actual knowledge, without investigation, there are no "Hazardous Substances" (as hereinafter defined) on, in or under the Property or any part thereof in violation of applicable laws. For the purposes of this provision "Hazardous Substance" means and includes: (i) any hazardous, toxic or dangerous waste, substance or material defined as such in (or for the purposes of) the Comprehensive Environmental Response, Compensation and Liability Act, as amended, and any so-called superfund or superlien law, or any other federal, state or local statute, law, ordinance, code, rule or regulation, order or decree to the extent applicable to the Property, regulating, relating to or imposing liability or standards of conduct concerning any hazardous, toxic or dangerous waste, substance or material, (ii) any other chemical, material or substance, exposure to which is prohibited, limited or regulated by any federal, state or local governmental authority having jurisdiction over the Property pursuant to any environmental, health and safety or similar law, code, ordinance, rule or regulation, order or decree in effect on the Agreement Date, (iii) asbestos and polychlorinated biphenyls, and (iv) petroleum in any form.

(g) During the term of this Agreement, Seller has duly and validly authorized and executed this Agreement, and has full right, title, power and authority to enter into this Agreement and to consummate the transactions provided for herein, and the joinder of no person or entity will be necessary to convey the Property fully and completely to Buyer at Closing. The execution by Seller of this Agreement and the consummation by Seller of the transactions contemplated herein do not, and at the Closing will not, result in a breach of any of the terms or provisions of, or constitute a default or a condition which upon notice or lapse of time or both would ripen into a default under any indenture, agreement, instrument or obligation to which Seller is a party or by which the Property or any portion thereof is bound; and do not, and at the Closing will not, constitute a violation of any laws, order, rule or regulation applicable to Seller or any portion of the Property of any court or of any federal, state or municipal regulatory body or administrative agency or other governmental body having jurisdiction over Seller or any portion of the Property.

(h) Seller shall not re-zone or attempt to re-zone the Property or submit any application for zoning changes or other land use applications affecting the Property and/or propose or agree to any zoning proffers affecting the Property without Buyer's prior written consent in any case.

(i) Seller hereby represents and warrants to Buyer and any and all "Affiliates" (as hereinafter defined) of Buyer, whether now existing or hereafter formed or organized (all of which shall herein be referred to jointly, severally, and collectively as "Recipient") that Seller is not a "Referral Source" (as hereinafter defined) and that no ownership or beneficial interest in Seller is owned or held by any Referral Source. For the purpose of this certification, "Referral Source" shall mean any of the following:

- (i) a physician, an immediate family member or member of a physician's immediate family, an entity owned in whole or in part by a physician or by an immediate family member or member of a physician's immediate family;
- (ii) any other "Person" (as hereinafter defined) who (a) makes, who is in a position to make, or who could influence the making of referrals of patients to any health care facility; (b) has a provider number issued by Medicare, Medicaid or any other government health care program; or (c) provides services to patients who have conditions that might need to be referred for clinical or medical care, and participates in any way in directing, recommending, arranging for or steering patients to any health care provider or facility; or
- (iii) any Person or entity that is an "Affiliate" (as hereinafter defined) of any Person or other entity described in clause (i) or (ii) above.

**"Immediate family member or member of a physician's immediate family"** means husband or wife; birth or adoptive parent, child, or sibling; stepparent, stepchild, stepbrother, or stepsister; father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law; grandparent or grandchild; and spouse of a grandparent or grandchild.

**"Affiliate"** means as to the Person in question, any Person that directly or indirectly controls or is controlled by or is under common control with such Person in question. For purposes of this definition, **"control"** (including the correlative meanings of the terms **"controlled by"** and **"under common control with"**), as used herein, shall mean the possession, directly or indirectly, of the power to direct or cause the direction of the management and policies of such Person, through the ownership of voting securities, partnership interests or other equity interests.

**"Person"** means any one or more natural persons, corporations, partnerships, limited liability companies, firms, trusts, trustees, governments, governmental authorities or other entities.

Seller acknowledges and agrees that the representations and warranties set forth in this Section 3(i) are and shall be relied upon by Recipient in connection with any and all transactions involving Seller.

(j) Neither Seller nor any Person with an ownership or beneficial interest in Seller or any Affiliate of Seller: (A) is currently excluded, debarred or otherwise declared ineligible to participate in Medicare or any federal health care program under section 1128 and 1128A of the Social Security Act or as defined in 42 U.S.C. § 1320a-7b(f) (the **"Federal Health Care Programs"**); (B) has been convicted of a criminal offense related to the provision of healthcare items or services but has not yet been excluded, debarred, or otherwise declared ineligible to participate in any Federal Health Care Program; or (C) is under investigation or otherwise aware of any circumstances which may result in Seller or any Affiliate of Seller being excluded from participation in any Federal Health Care Program.

(k) Seller is the sole owner of the Property.

All representations and warranties made by Seller in this Agreement are true and correct in all material respects (other than those made in Section 3(i) above, which are true and correct in every respect) on the Agreement Date and shall be true and correct in all material respects (other than those made in Section 3(i) above, which shall be true and correct in every respect) on the Closing Date. Should Seller learn of any event or fact which causes any of the foregoing to be incorrect, Seller shall provide written notice of same to Buyer. At the Closing, Seller shall deliver to Buyer a certificate executed on behalf of Seller reasonably acceptable to Buyer and Seller certifying that such representations and warranties are true and correct on and as of the Closing Date. Except as otherwise may be provided herein, none of the Seller's representations and warranties in this Section 3 or in this Agreement shall survive the Closing and shall be deemed merged into Seller's Deed.

4. **Buyer's Covenants, Representations and Warranties.** Buyer hereby represents and warrants to Seller that, as of the Agreement Date and as of the Closing Date:

(a) There are no attachments, executions, assignments for the benefit of creditors, or proceedings in bankruptcy or under any other debtor relief laws pending or, to Buyer's knowledge, contemplated or threatened against Buyer.

(b) Buyer has duly and validly authorized and executed this Agreement, and has full right, title, power and authority to enter into this Agreement and to consummate the transactions provided for herein, and the joinder of no person or entity will be necessary for Buyer to consummate the transactions provided for herein at Closing. The execution by Buyer of this Agreement and the consummation by Buyer of the transactions contemplated herein do not, and at the Closing will not, result in a breach of any of the terms or provisions of, or constitute a default or a condition which upon notice or lapse of time or both would ripen into a default under any indenture, agreement, instrument or obligation to which Buyer is a party or is bound; and do not, and at the Closing will not, constitute a violation of any laws, order, rule or regulation applicable to Buyer of any court or of any federal, state or municipal regulatory body or administrative agency or other governmental body having jurisdiction over Buyer.

(c) Buyer has the financial creditworthiness and capacity to pay the Purchase Price at Closing.

All representations and warranties made by Buyer in this Agreement are true and correct in all material respects on the Agreement Date and shall be true and correct in all material respects on the Closing Date, provided that Buyer shall have the right to update the representations and warranties with matters that occur between the Agreement Date and the Closing Date. At the Closing, Buyer shall deliver to Seller a certificate executed on behalf of Buyer reasonably acceptable to Buyer and Seller certifying that such representations and warranties are true and correct on and as of the Closing Date. Except as otherwise may be provided herein, none of Buyer's representations and warranties shall survive the Closing and shall be deemed merged into Seller's Deed.

5. **Inspection Period and Entitlements Period.**

(a) Inspection Period. Commencing on the Agreement Date and continuing for a period of ninety (90) days thereafter (the "**Inspection Period**"), Seller shall afford Buyer and its representatives a continuing right to inspect the Property and to enter upon the Property, upon 24 hours' prior notice, and conduct whatever inspection is necessary for the Buyer to determine whether or not the Property is suitable for Buyer's intended uses, including, without limitation, as a health care facility which will provide certain medical services to the community surrounding the Property (such intended uses, the "**Intended Uses**"), and if it is economically feasible to develop the Property for such purposes. Seller shall have the right to have its representative present for any such entry and inspections by Buyer. Prior to entry on the Property by Buyer, Buyer shall provide Seller with at least two (2) days prior notice and an insurance certificate naming Seller as an additional insured and evidencing insurance policies of Workers' Compensation as required by statute and Commercial General Liability with limits of not less than \$1,000,000 per occurrence and \$2,000,000 aggregate. Notwithstanding the foregoing, except for geotechnical soil borings and testing, Buyer shall not perform any intrusive testing of the Land without the prior written approval of Seller (which approval shall not be unreasonably denied, delayed or withheld). Buyer shall indemnify and hold Seller harmless from and against any loss, claim or liability, including, without limitation, reasonable attorneys' fees, arising out of or in connection with or related to any entry upon the Property by Buyer, or any agents, contractors, or employees of Buyer, including without limitation personal injury or death and any physical damage to the Property, except to the extent due to the discovery of a preexisting condition on the Property or the negligence or willful misconduct of Seller, which indemnification shall survive the termination of this Agreement or the Closing Date. If for any reason, in Buyer's sole and absolute discretion, Buyer is not satisfied with the Property in any respect, or Buyer determines in its sole and absolute discretion that (A) the Property is not suitable for Buyer's

Intended Uses, (B) it is not economically or financially feasible to develop and use and operate the Property for Buyer's Intended Uses, or (C) for any other reason the Property will not fully satisfy Buyer's needs, then Buyer may terminate this Agreement by delivering written notice to Seller at any time on or before the expiration of the Inspection Period, whereupon, the Escrow Agent shall pay (a) Five Hundred and No/100 Dollars (\$500.00) (the "**Independent Consideration**") out of the Earnest Money to Seller (as consideration for Seller's execution of this Agreement) and (b) the Earnest Money (less the Independent Consideration) to Buyer. Buyer shall restore the Property, as nearly as reasonably possible, to its condition prior to Buyer's tests and inspections if changed due to such tests and inspections. The obligation of the preceding sentence shall survive the termination of this Agreement. If Buyer closes on the purchase of the Property pursuant to this Agreement, the Earnest Money shall be applied toward the Purchase Price. If not terminated as provided in this Section 5, then Buyer shall be deemed to have waived its right to terminate pursuant to this Section 5(a). In the event Buyer does not terminate this Agreement prior to the expiration of the Inspection Period, one-half of the Earnest Money shall be non-refundable to Buyer if this transaction fails to close for any reason other than a default by Seller.

(b) Entitlements Period and Entitlements Period Extensions. Beginning on the Agreement and continuing through and including the date that is sixty (60) days after the expiration of the Inspection Period (the "**Entitlements Period**"), Buyer may pursue and seek to obtain any and all rezoning approvals, land use approvals, licenses, permits, certificates of need and any other governmental or quasi-governmental approval necessary for Buyer's development and use of the Property for Buyer's Intended Uses as reasonably determined by Buyer (collectively, the "**Required Entitlements**"). Buyer shall have the right, at its option, to extend the Entitlements Period for up to two (2) additional thirty (30) day periods (each, an "**Entitlements Period Extension**"), which extension may be exercised by Buyer (i) delivering written notice to Seller of Buyer's election to extend the Entitlements Period for a 30-day period and (ii) depositing with the Escrow Agent an additional deposit of Twenty Thousand and No/100 Dollars (\$20,000.00) for each Entitlements Period Extension exercised by Buyer (each such deposit, an "**Entitlements Period Extension Fee**"). The Entitlements Period Extension Fees, to the extent deposited by Buyer, shall be fully refundable to Buyer. Further, if Buyer closes on the purchase of the Property pursuant to this Agreement, the Entitlements Period Extension Fees, to the extent deposited by Buyer, shall be applied to the Purchase Price at Closing. If Buyer fails to give the notice or make the payment of the Entitlements Period Extension Fee as provided in this Section 5(b), then Buyer shall be deemed to have waived its right to extend pursuant to this Section 5(b). If, during the Entitlements Period (as may be extended pursuant to this Section 5(b)), Buyer is unable to obtain any of the Required Approvals on a final and non-appealable basis, then Buyer may terminate this Agreement by delivering written notice to Seller at any time on or before the expiration of the Entitlements Period (as may be extended pursuant to this Section 5(b)), whereupon, the Escrow Agent shall refund one-half of the Earnest Money and all of any Entitlements Period Extension Fees to Buyer and the Escrow Agent shall pay one-half of the Earnest Money to Seller.

(c) As-Is Sale. Effective from and after the Closing Date, Buyer represents, warrants, and covenants to Seller that Buyer has independently and personally inspected the Property; that Buyer has entered into this Agreement based upon such personal examination and inspection; and that Buyer has independently reviewed, examined, evaluated, and verified to its satisfaction, with the assistance of such experts as Buyer deemed appropriate, all information that it considers material to its purchase of the Property. Except as may be otherwise specifically provided in this Agreement and/or any conveyance or other document delivered by Seller at Closing, the Property shall be sold, and Buyer shall accept possession of the Property, on the Closing Date "**AS IS, WHERE IS, WITH ALL FAULTS,**" with no right of setoff or reduction in the Purchase Price, and Seller has no obligations to make repairs, replacements, or improvements or to compensate Buyer for same. Buyer acknowledges and agrees that, except as may be specifically provided in this Agreement and/or any conveyance or other document delivered by Seller at or in connection with Closing, no person acting on behalf of Seller is authorized to make, and Seller has not made, does not make, and specifically negates and disclaims, any representations, warranties, promises, covenants, agreements, or guaranties of any kind or character whatsoever, whether express or implied, oral or written, past, present or future, of, as to, concerning or

6. **Seller's PostExecution Deliverables.** Not later than ten (10) business days after the

7. **Title Insurance.** Buyer shall obtain at Buyer's expense a commitment for an owner's

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(10) days after receipt of notice of such title objections ("Notice Period"), Seller may, but shall not be obligated to, agree to take and complete, prior to the Closing Date, all actions as are necessary to (A) render the title to the Property marketable and in accordance with the foregoing requirements and/or (B) remove any such defects, liens and encumbrances, except any "Monetary Liens" (as hereinafter defined), which Seller shall pay at Closing and provide Buyer reasonably satisfactory evidence of payment and release. If Seller declines or otherwise fails within the Notice Period to agree to (a) eliminate any such defects, liens and encumbrances, or (b) obtain an endorsement deleting such matters as exceptions in the Title Commitment and final title policy issued at Closing or otherwise cause the Title Company to insure over such matters, then Buyer shall have the option, exercised within ten (10) days after the later of (x) the expiration of the Notice Period or (y) the date Buyer obtains actual knowledge that Seller has declined to or otherwise failed to comply with any such agreement to cure any such matters in accordance with the immediately preceding sentence, (i) to accept the status of the title subject to such defects, liens or encumbrances and other matters and proceed with this Agreement, in which event all such matters shall be deemed Permitted Exceptions, or (ii) to give Seller written notice of termination, in which event this Agreement shall terminate and Buyer and Seller shall be released of all liabilities and obligations under this Agreement. Failure by Buyer to timely provide such notice shall be deemed to be an election under the foregoing clause (i). If this Agreement is terminated in accordance with this Section 7 during the Inspection Period, then Escrow Agent shall refund the Earnest Money to Buyer, and Buyer and Seller shall be released of all liability hereunder, except the indemnity obligations of the parties under this Agreement, which shall survive such termination. If this Agreement is terminated in accordance with this Section 7 after the Inspection Period, but prior to the expiration of the Entitlements Period, then Escrow Agent shall (a) refund one-half of the Earnest Money to Buyer, (b) pay one-half of the Earnest Money to Seller, and (c) refund to Buyer, to the extent deposited by Buyer, any Entitlements Period Extension Fees.

Notwithstanding the foregoing, if the basis of Buyer's objection to Seller's title are any mortgages, judgments, debts, security interests, liens, tax or assessment liens or obligations created by, through or under Seller which by their terms or nature are to be released by the payment of money (other than those which are Permitted Exceptions or are created or incurred as a consequence of the acts or omissions of Buyer) (which matters are collectively hereinafter referred to as "Monetary Liens"), the provisions of this Section 7 shall not apply and Seller shall obtain and deliver at the Closing all instruments as may be necessary to secure full discharge of all Monetary Liens and to release them of record (or payoff statement for payments to be made by Title Company or Escrow Agent), and shall cause the Title Company to issue the policy referred to in the Title Commitment without exception for any such Monetary Liens. Seller shall also pay its attorney's fees, costs and expenses incurred in connection with obtaining the discharge and release of such Monetary Liens and the recording of instruments of release, such as certificates of satisfaction. If Seller so desires and in accordance with local practice, all or a part of the net proceeds payable to Seller at the Closing may be applied to payment of such Monetary Liens at the Closing.

If, after the condition of title to the Property has been approved by Buyer as provided by this Section 7, the Property becomes encumbered or subject to any matter other than those shown on the original Title Commitment or a Monetary Lien as described in the preceding paragraph not caused by or approved by Buyer, and if Buyer objects to such encumbrance or matter, then Seller may, but shall not be obligated to, cure any such objections of Buyer, at Seller's expense, within thirty (30) days after receiving notice of such objections. If any objection described in this paragraph is not satisfied by Seller at or prior to Closing, Buyer shall have the right to either (i) terminate this Agreement, in which case the entire amount of the Earnest Money and, to the extent deposited by Buyer, the Entitlements Period Extension Fees shall be refunded to Buyer; or (ii) elect to purchase the Property notwithstanding Seller's failure to cure such objection, in which case this Agreement shall continue in full force and effect and all such objections shall be deemed Permitted Exceptions.

At Closing, Seller shall deliver to the Title Company a standard and customary owner's and seller's affidavit and indemnity (with gap indemnity) in a form reasonably acceptable to Seller and the

At Closing, Seller shall execute, acknowledge and deliver to Buyer a written certificate executed by Seller certifying that Seller is not a person or entity listed on Appendix A to Title 31, Chapter V of the Code of Federal Regulations (the “**Suspected Terrorist List**”). Seller understands that Executive Order 13224 and the regulations promulgated pursuant thereto provide that any transfer of property or interest in property with a person or entity listed on the Suspected Terrorist List (such person or entity being hereinafter referred to as a “**Blocked Person**”) is “null and void” and the party entering such transaction with a Blocked Person could be subject to monetary penalties or imprisonment in accordance with 31 CFR § 594.701.

9. **Buyer's Conditions to Closing.** Buyer's obligation to purchase the Property pursuant to the terms and conditions of this Agreement is subject to the following conditions (each, a "**Buyer's Condition**");

(b) Compliance. Seller shall have materially complied with all of its obligations pursuant to this Agreement.

10. **Closing Date.** If this Agreement has not been terminated in accordance with the provisions herein, then delivery of the Deed and all other closing documents to be delivered by Seller to Buyer and payment of the balance of the Purchase Price in accordance with the provisions of Section 1 hereof (such events, the “Closing”) shall be made on a business day designated by Buyer that is not later than thirty (30) days after the expiration date of the Entitlements Period (as may be extended) (such date, the “Closing Date”) or earlier by the agreement of the parties. The parties shall close the purchase of the Property in escrow at the Title Company’s office in Nashville, Tennessee.

At Closing, Seller shall be responsible to pay (a) Seller's attorney's fees, (b) any funds necessary to remove any Monetary Liens from the Property, (c) costs and charges for preparing and recording any documents necessary to remove any title objections or encumbrances that Seller has agreed (or is required) to remove under Section 7 of this Agreement, (d) any roll back taxes assessed on the Property following the Closing, (e) the Tennessee transfer tax in relation to Seller's Deed, and (f) one-half of any escrow fees or charges charged by the Title Company.

At Closing, Buyer shall pay for (a) the costs of the title search, title commitment, and all title insurance policies, (b) the cost of the survey Buyer obtains, (c) Buyer's attorneys' fees, (d) any recording fees on Seller's Deed (exclusive of the Tennessee transfer tax), and (e) one-half of any escrow fees or charges charged by the Title Company. At Closing, Buyer shall deliver copies of its organizational documents and/or resolutions as are necessary, or reasonably required by the Title Company, to evidence the status and capacity of Buyer and the authority of the person or persons who are executing the various documents on behalf of Buyer in connection with the purchase and sale transaction contemplated hereby.

11. **Possession.** Exclusive possession of the Property shall be given to Buyer on the Closing Date.

12. **Real Estate Taxes.** The real property taxes and assessments on the Property for the calendar year of the Closing shall be prorated (based on a 365-day year) as of the Closing Date in accordance with the custom of Robertson County, Tennessee. If the taxes to be prorated cannot be determined, an adjustment for prorated real estate taxes will be made by agreement of the parties based on the principle of proration stated in the preceding sentence. Any tax assessed for any period of time before the Closing Date shall be paid by Seller, and any tax assessed for any period of time on or after the Closing Date shall be paid by Buyer.

13. **Access to Property and Seller's Cooperation.** (a) At all times prior to Closing, Buyer shall have the right to enter upon the Property subject in all events to the terms of Section 5 hereof.

(b) Prior to the Closing of the sale of the Property to Buyer, Seller agrees to cooperate with and assist Buyer, at no outofpocket cost to Seller, in connection with Buyer's efforts: (i) to purchase the Property; and (ii) to obtain governmental permits and approvals necessary for use of the Property for Buyer's Intended Uses and to obtain the Required Entitlements. Seller agrees to execute all documents or applications reasonably requested by Buyer in connection with Buyer's attempts to obtain the Required Entitlements. Seller agrees not to oppose any applications of Buyer for any of the Required Entitlements. In no event will any documents be recorded by Buyer in the land records of Robertson County, Tennessee with respect to such approvals until on or after Closing.

14. **Notices.** Any notice or other writing required or permitted to be given to a party under this Agreement shall be given in writing and shall be (i) delivered by hand, (ii) delivered through the United States mail, postage prepaid, certified, return receipt requested, or (iii) delivered through or by UPS, FedEx, Express Mail, Airborne, Emery, Purolator or other receipted expedient mail or package service, addressed to the parties at the addresses set forth below. Any notice or demand that may be given hereunder shall be deemed complete and given: (a) upon depositing any such notice or demand in the United States mail with proper postage affixed thereof, certified, return receipt requested; (b) upon depositing any such notice or demand with UPS, FedEx, Express Mail, Airborne, Emery, Purolator, or other receipted expedient mail or package delivery; or (c) upon hand delivery (whether accepted or refused) to the appropriate address as herein provided. Any party hereto may change said address by notice in writing to the other parties in the manner herein provided. Notices may be sent on behalf of any party by such party's counsel. Copies of notices are delivered as an accommodation only and failure to send or receive such copies shall not affect the validity of the notice to a party. The appropriate address for notice hereunder shall be the following:

Seller: Astepahead LLP  
Attn: Ronald J. Tate

418 Industrial Drive  
P.O.Box 42  
White House, TN 37188

with a copy to: Valerie Webb, Esq.  
Valerie Webb & Associates, PLLC  
3037 Highway 31 W  
White House, TN 37188

Buyer: Fortuna Development, LLC  
c/o Holland & Knight LLP  
511 Union Street, Suite 2700  
Nashville, Tennessee 37219

with a copy to: Jeffrey A. Calk, Esq.  
Holland & Knight LLP  
511 Union Street, Suite 2700  
Nashville, Tennessee 37219

#### 15. Remedies.

(a) If this Agreement has not been terminated in accordance with any of its provisions at or prior to Closing and Buyer materially breaches the terms of this Agreement, including any failure to close the purchase and pay the balance of the Purchase Price at Closing for any reason other than Seller's material breach of this Agreement, then the Earnest Money and, to the extent deposited by Buyer, the Entitlements Period Extension Fees shall be paid to Seller, and the Earnest Money and, to the extent deposited by Buyer, the Entitlements Period Extension Fees shall be Seller's full liquidated damages, the parties hereby agreeing that such sum constitutes the parties' reasonable estimate of the damages which Seller would sustain on account of such default by Buyer and that Seller's actual damages in such circumstances would be difficult, if not impossible, to determine, and therefore, the parties hereby fix such amount as liquidated damages. Seller expressly acknowledges and agrees that the payment of the Earnest Money and, to the extent deposited by Buyer, the Entitlements Period Extension Fees to Seller as provided herein shall be Seller's sole and exclusive remedy in the event of Buyer's failure to perform its obligations hereunder. Notwithstanding the foregoing, this Section 15(a) does not apply to the breach or enforcement of Buyer's indemnity and obligations under Section 5 and Buyer's indemnity under Section 16.

(b) In the event Seller breaches its obligations under this Agreement, Buyer may, at Buyer's sole option, and as its sole and exclusive remedies, either: (i) terminate this Agreement by written notice delivered to Seller and Escrow Agent shall refund to Buyer the Earnest Money and, to the extent deposited by Buyer, the Entitlements Period Extension Fees, and Seller shall reimburse Buyer for any thirdparty due diligence costs and/or attorneys' fees incurred by Buyer in connection with this Agreement and the transactions contemplated hereunder not to exceed \$50,000 (which obligation of Seller shall survive the termination of this Agreement for a period of one year); or (ii) enforce specific performance of this Agreement against Seller (Seller expressly waives the defense of lack of mutuality of remedies).

16. **Brokers.** Buyer and Seller represent to the other that there are no real estate brokers involved in this transaction, except for Wyatt Nunnelley of HBRE ("**Buyer's Broker**") who has acted solely for Buyer in this transaction, and Drew Christianson with Tennessee Realty Partners ("**Seller's Broker**"; Seller's Broker and Buyer's Broker are sometimes referred to herein as the "**Broker**"). At the Closing, Seller shall pay to Buyer's Broker a commission equal to three percent (3%) of the Purchase Price and Seller shall pay a commission to Seller's Broker pursuant to a separate agreement. Seller and Buyer covenant and agree to defend, indemnify and save harmless the other from and against any claim





24. **Like-Kind Exchange.** Buyer and Seller each acknowledge that either or both parties may prefer to exchange part or all of the Property for other property of like kind within the meaning of Section 1031 of the Internal Revenue Code of 1986, as amended, and applicable Treasury Regulations (“**Section 1031**”). In such event, Buyer and Seller shall cooperate and use reasonable commercial efforts, as the other may reasonably request within a reasonable time prior to Closing, to effect the exchange in a timely manner and within the time limitations set forth in Treasury Regulation Section 1.1031(k)-1(b). Such cooperation and reasonable commercial efforts shall include, without limitation, (a) Buyer’s consent to assignment of Seller’s rights under this Agreement to a Qualified Intermediary, as such term is defined in Treasury Regulation Section 1.1031(k)-1(g), if applicable; (b) Seller’s consent to assignment of Buyer’s rights under this Agreement to a Qualified Intermediary, as such term is defined in Treasury Regulation Section 1.1031(k)-1(g), if applicable; and (c) consent of each party to the assignment of any and all other documents and instruments required in order to effect the exchange, provided that such reasonable commercial efforts and cooperation shall be at no additional cost, expense or liability to the non-requesting party and shall not delay the Closing Date. Notwithstanding anything to the contrary provided herein, neither Buyer nor Seller makes any representations or warranties as to the tax treatment for the transaction contemplated in this Section 24 or the ability of the transaction contemplated to qualify for like-kind exchange treatment pursuant to Section 1031.

*[signatures follow]*

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the dates listed below their respective signatures.

**SELLER:**

**ASTEPAHEAD LLP**, a Tennessee limited liability partnership

By: Ronald J. Tate  
Print Name: Ronald J. Tate  
Print Title: Managing Partner  
Date Signed: 06/11/2024

dotloop verified  
06/11/24 4:39 PM CDT  
ADWS-SOCW-FPTJ-CPYV

**BUYER:**

**FORTUNA DEVELOPMENT, LLC**, a Tennessee limited liability company

By: A. A. Bolden  
Print Name: Aileen Bolden  
Print Title: Partner  
Date Signed: 06/13/24



**ESCROW AGENT**

The undersigned joins herein for the purpose of agreeing to serve as Escrow Agent, subject to the provisions of this Agreement.

**FIRST AMERICAN TITLE INSURANCE COMPANY**

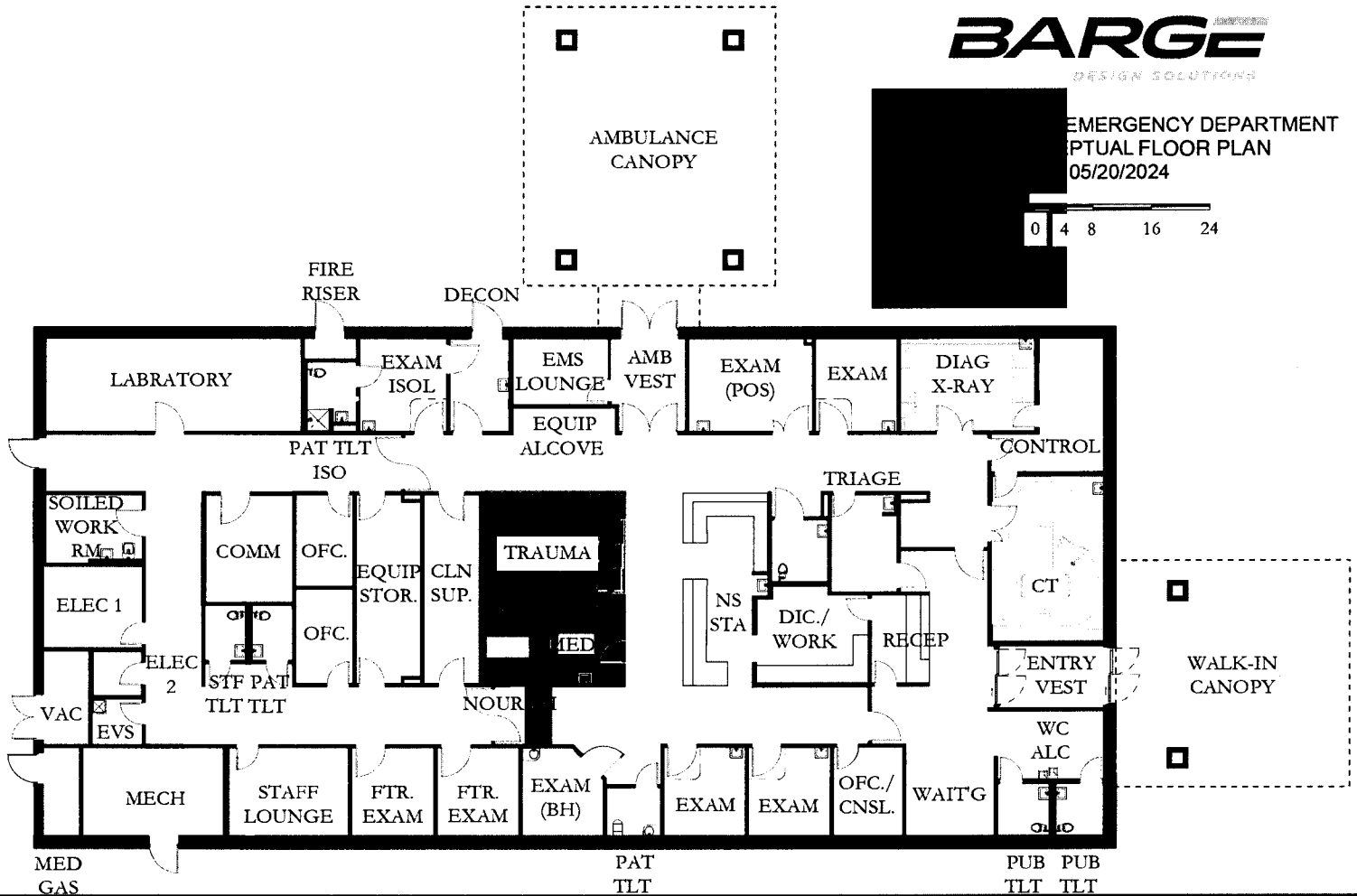
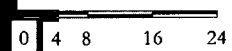
By: Susan Felts  
Print Name: Susan Felts  
Print Title: Sales and Relationship Manager  
Date Signed: 6/20/2024

## **Civil Monetary Payments**



**Attachment 10A**  
**Floor Plan**

EMERGENCY DEPARTMENT  
PTUAL FLOOR PLAN  
05/20/2024



**Attachment 12A**  
**Plot Plan**



Exhibit A

Depiction of the Land (7.76 acre tract shown in yellow below)





Listing 1754

Property Address: Maiden Ln, White House, TN 37188

County: Robertson

Alt. APN: 1110610608700

Map Coord: 106 :

Census Tract: 080103

Lot#:

Block:

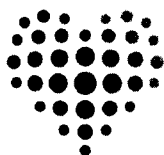
Subdivision: Lochinvar

Tract: 3

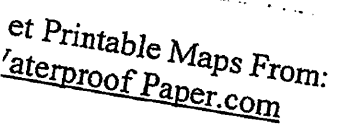


Jenn

**Jennifer Hanawalt**  
 AVP, Real Estate  
 Lifepoint Health  
 330 Seven Springs Way  
 Brentwood, Tennessee 37027  
 Phone: 615.920.7644  
 Cell: 661.472.3266  
[Jennifer.Hanawalt@lpnt.net](mailto:Jennifer.Hanawalt@lpnt.net)


**Lifepoint Health**

**Attachment 2N R 2**  
**Maps of the Primary Service Area**




**HIGHPOINT FSED  
PRIMARY SERVICE AREA**









**Ascension Saint Thomas Urgent Care - Springfield** 📍  
Urgent care clinic in Springfield, TN

[Directions](#) [Nearby](#)

[Appointments](#) [Contact us](#)

📍 2006 Memorial Blvd Ste 101, Springfield, TN 37172

☎ (615) 380-8411

🌐 [urgentteam.com](http://urgentteam.com)

🕒 **Open** · Closes 8 PM

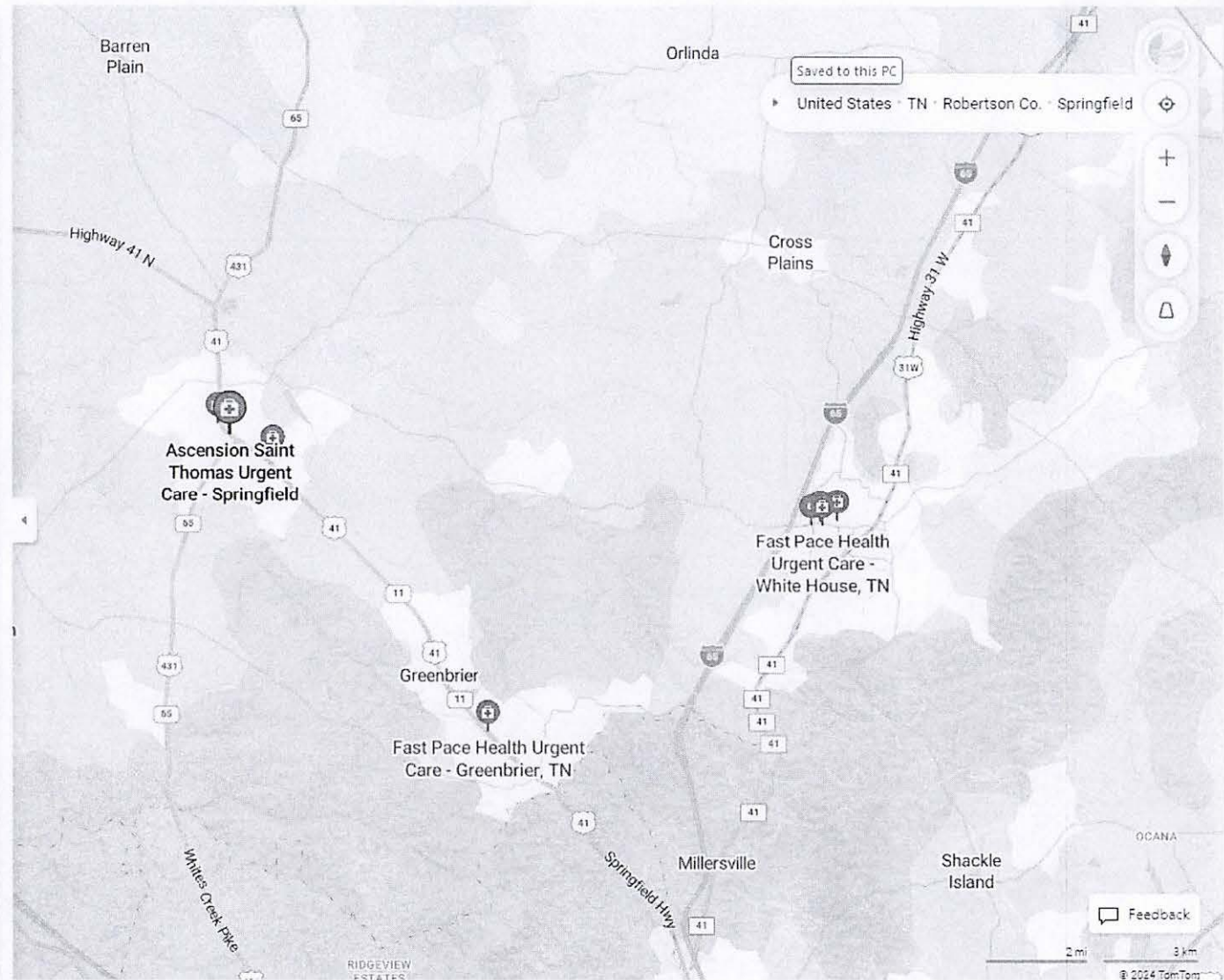
Tuesday	8 AM - 8 PM
Wednesday	8 AM - 8 PM
Thursday	8 AM - 8 PM
Friday	8 AM - 8 PM
Saturday	9 AM - 5 PM
Sunday	1 PM - 5 PM
Monday	8 AM - 8 PM

✎ Suggest an edit · Manage this business

Add more information

📷 Add photos

When an illness or injury can't wait, we are here with family care, urgent





## Fast Pace Health Urgent Care - White House, TN

Urgent care clinic in White House, TN

Directions

Nearby

[No Title]

Contact us

At: Fast Pace Health

607 Highway 76, White House, TN 37188

(615) 616-9415

fastpacehealth.com

Open · Closes 8 PM

Tuesday 8 AM - 8 PM

Wednesday 8 AM - 8 PM

Thursday 8 AM - 8 PM

Friday 8 AM - 8 PM

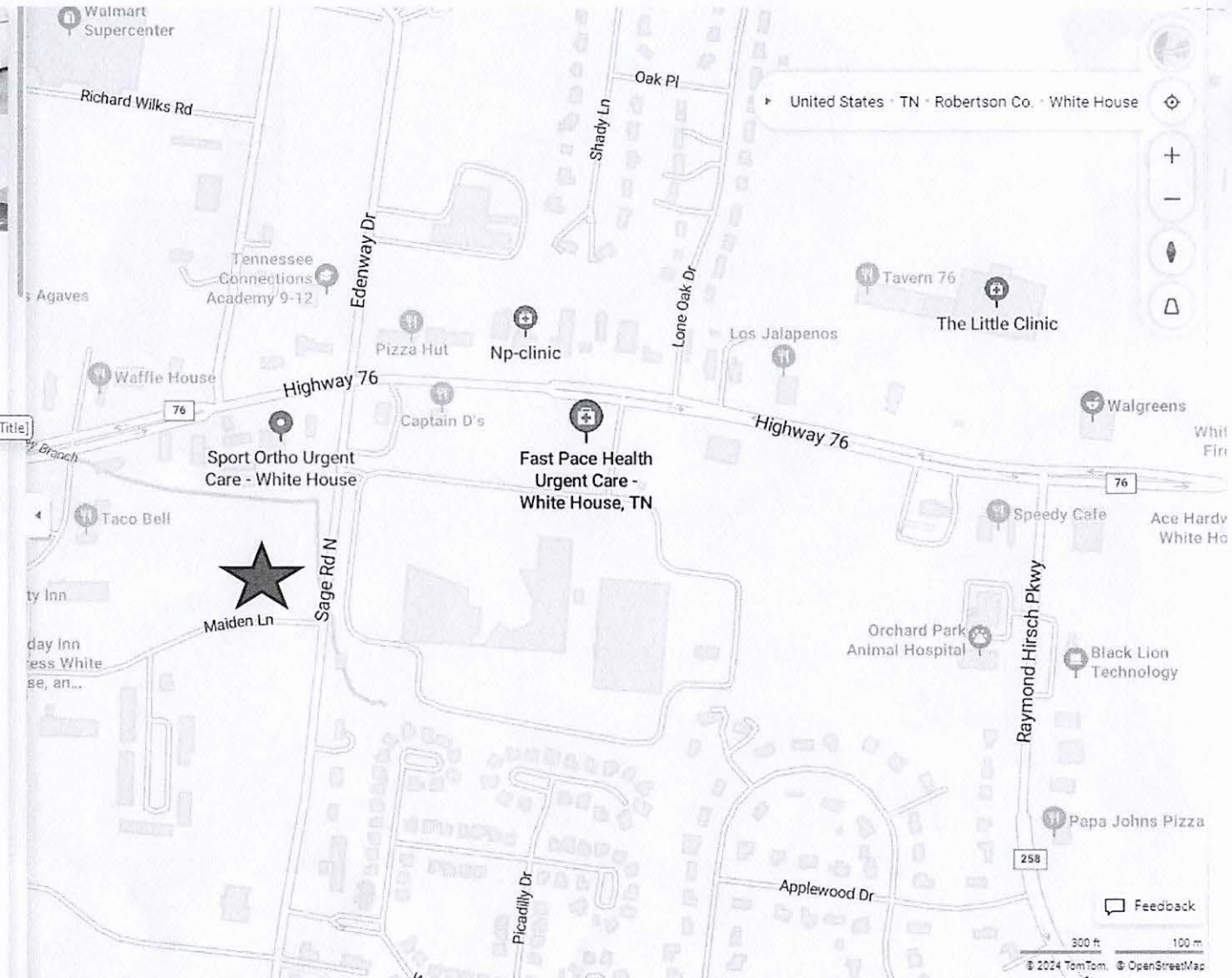
Saturday 8 AM - 6 PM

Sunday 1 PM - 5 PM

Monday 8 AM - 8 PM

See hours on official site

Suggest an edit · Manage this business







## Fast Pace Health Urgent Care - Springfield, TN

Urgent care clinic in Springfield, TN

Directions

Nearby

Contact us

1609 Jones St, Springfield, TN 37172

(615) 433-8201

fastpacehealth.com

Open - Closes 8 PM

Tuesday 8 AM - 8 PM

Wednesday 8 AM - 8 PM

Thursday 8 AM - 8 PM

Friday 8 AM - 8 PM

Saturday 8 AM - 6 PM

Sunday 1 PM - 5 PM

Monday 8 AM - 8 PM

Suggest an edit · Manage this business

Add more information

Add photos

Fast Pace Urgent Care is dedicated to providing primary, walk-in and urgent care to the communities we serve. We provide treatments for a wide range of illnesses, injuries and common conditions, as well as







## Crossroads Walk-in Clinic

Urgent care clinic in White House, TN

[Directions](#)

[Nearby](#)

[Appointments](#)

[Insurance info](#)

[Fees](#)

491 Sage Rd N Ste 800, White House, TN 37188

(615) 672-4069

[crossroadsmedicalgroup.com](http://crossroadsmedicalgroup.com)

**Open** Closes 6 PM

Tuesday	8 AM - 6 PM
Wednesday	8 AM - 6 PM
Thursday	8 AM - 6 PM
Friday	8 AM - 4 PM
Saturday	Closed
Sunday	Closed
Monday	8 AM - 6 PM

[Suggest an edit](#) · [Your business? Claim now](#)

[Add more information](#)





All images

## The Little Clinic

Urgent care clinic in White House, TN

Directions

Nearby

Contact us

Book

At: Kroger

510 Highway 76, White House, TN 37188

(615) 581-5089

kroger.com

Open Closes 7:30 PM

Tuesday 8:30 AM - 7:30 PM

Wednesday 8:30 AM - 7:30 PM

Thursday 8:30 AM - 7:30 PM

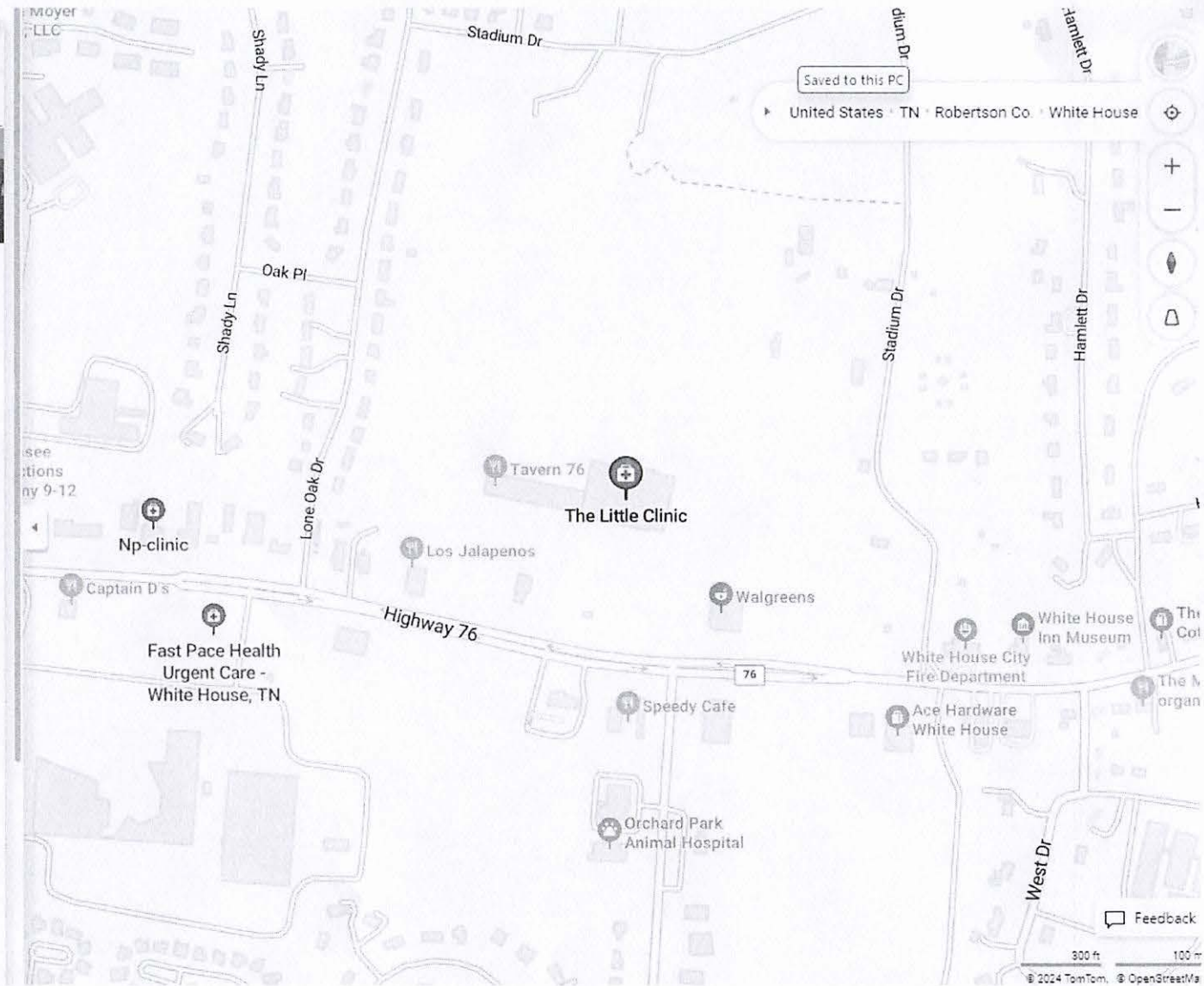
Friday 8:30 AM - 7:30 PM

Saturday 8:30 AM - 5 PM


Sunday 9:30 AM - 4 PM


Monday 8:30 AM - 7:30 PM

Suggest an edit · Manage this business









**Fast Pace Health Urgent Care - Greenbrier, TN** 


★★★★☆ Facebook (20) · Urgent care clinic in Greenbrier, TN



[Directions](#) [Nearby](#)

**Contact us**


 2143 US Hwy 41, Greenbrier, TN 37073

 (615) 205-1277

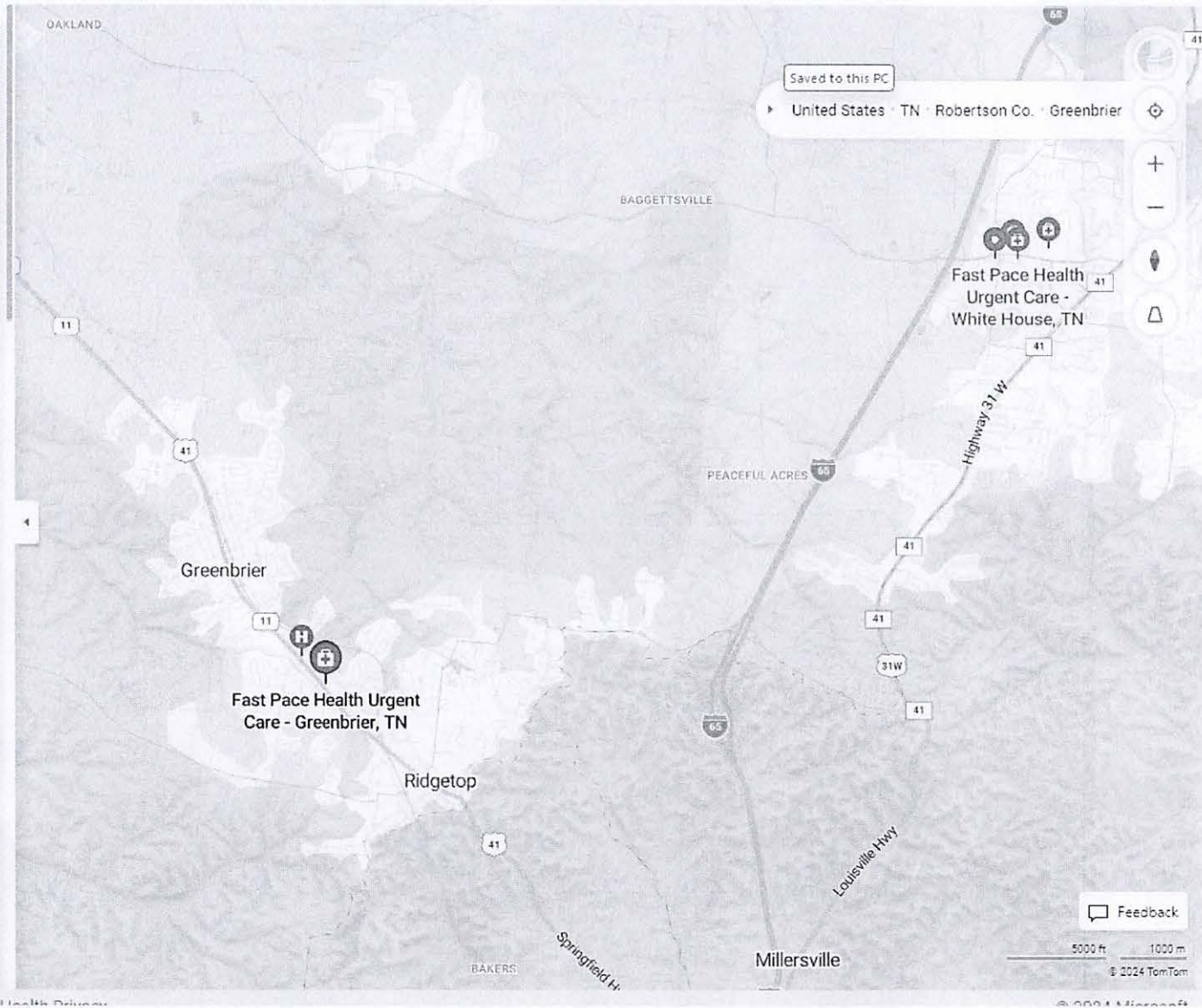
 fastpacehealth.com

 **Open** · Closes 8 PM 

Tuesday	8 AM - 8 PM
Wednesday	8 AM - 8 PM
Thursday	8 AM - 8 PM
Friday	8 AM - 8 PM
Saturday	8 AM - 6 PM
Sunday	1 PM - 5 PM
Monday	8 AM - 8 PM

 [Suggest an edit](#) · [Manage this business](#)

[Add more information](#)





All images

## The Little Clinic

Urgent care clinic in Springfield, TN

Directions

Nearby

Contact us

Book

At: Kroger

2600 Memorial Blvd, Springfield, TN 37172

(615) 212-0920

Open · Closes 7:30 PM

Tuesday	8:30 AM - 7:30 PM
Wednesday	8:30 AM - 7:30 PM
Thursday	8:30 AM - 7:30 PM
Friday	8:30 AM - 7:30 PM
Saturday	8:30 AM - 5 PM
Sunday	9:30 AM - 4 PM
Monday	8:30 AM - 7:30 PM

Suggest an edit · Manage this business

Add more information





## urgent care



## Sport Ortho Urgent Care - W...

Orthopedist  
707 TN-76 A, White House, TN 37188  
Closed Opens tomorrow 8 AM  
(615) 581-7240



## Fast Pace Health Urgent Care ...

Urgent care clinic  
607 Highway 76, White House, TN 37188  
Open Closes 8 PM  
(615) 616-9415



## Fast Pace Primary Care - Portl...

Urgent care clinic  
235 TN-52 Portland, TN 37148  
Open Closes 8 PM  
(615) 882-1067



## CareNow Urgent Care - Hend...

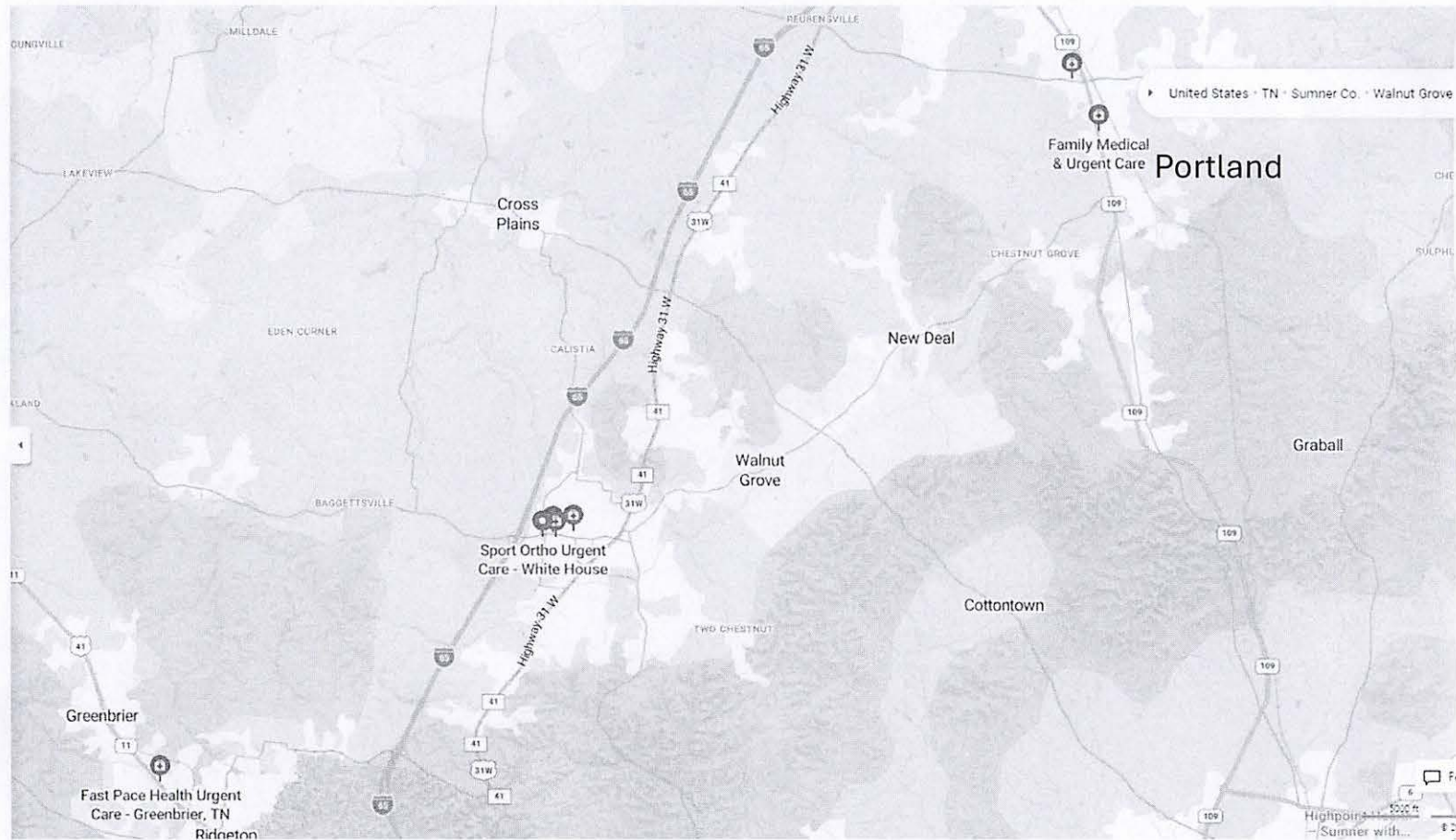
★★★★★ Facebook (100) Urgent car...  
280 Indian Lake Blvd Ste 140, Henders...  
Open Closes 7 PM  
(615) 590-1440





## Moore Life Urgent Care

★★★★★ Facebook (60) Urgent care...  
253 W Main St, Gallatin, TN 37066  
Closes in 20 mins  
(615) 461-8794

Np-clinic



[All images](#)

## Fast Pace Primary Care - Portland, TN

Urgent care clinic in Portland, TN  
[No Title]

[Directions](#) [Nearby](#)

[Contact us](#)

235 TN-52, Portland, TN 37148

(615) 802-1097

[fastpacehealth.com](http://fastpacehealth.com)

**Open** · Closes 8 PM ▲

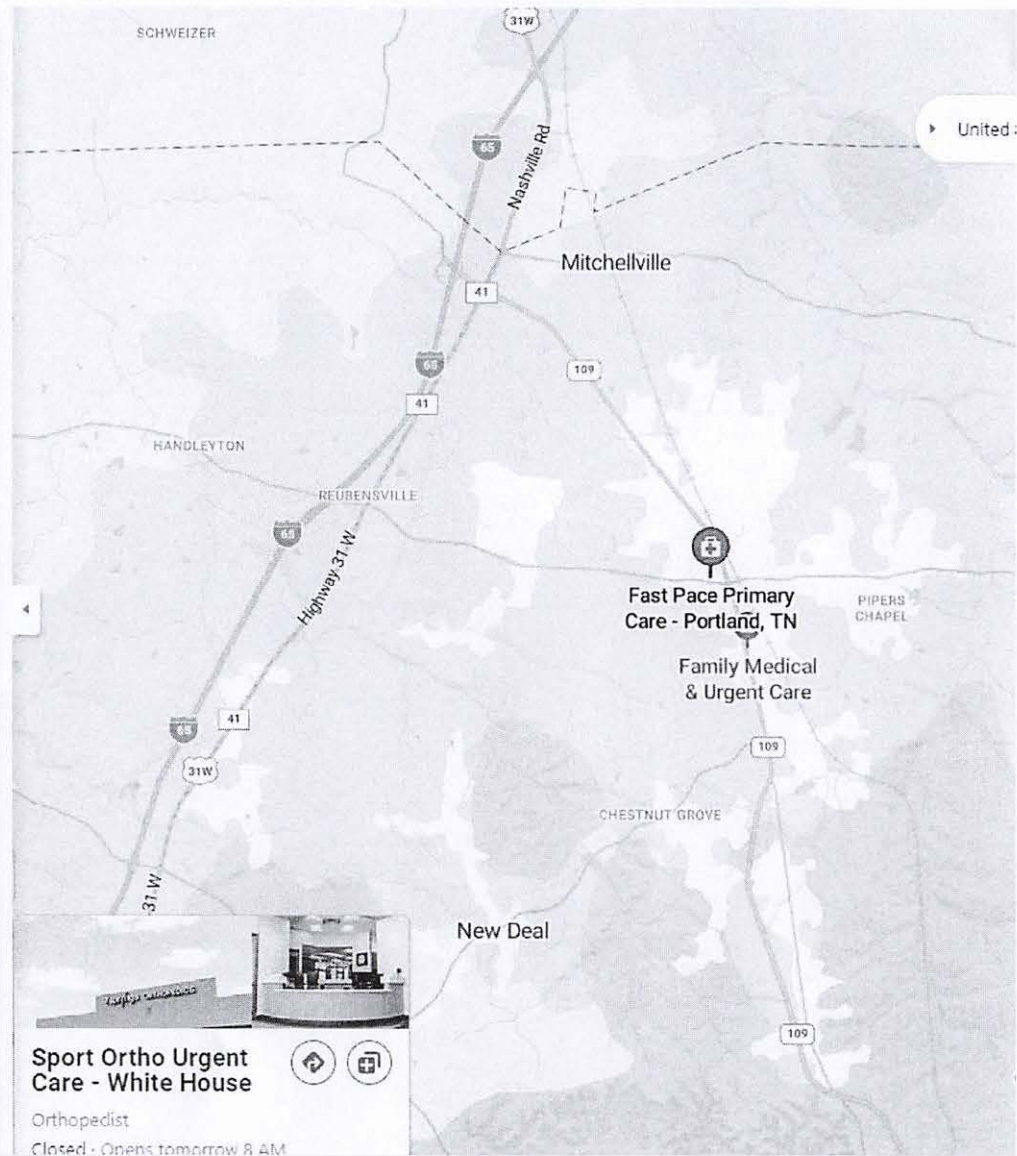
Tuesday	8 AM - 8 PM
Wednesday	8 AM - 8 PM
Thursday	8 AM - 8 PM
Friday	8 AM - 8 PM
Saturday	8 AM - 6 PM
Sunday	1 PM - 5 PM
Monday	8 AM - 8 PM

[Suggest an edit](#) · [Manage this business](#)

Call to confirm before visit

Type: On-site

[Add more information](#)



**Attachment 3N.B R4**

**Service Area Demographic Table  
Service Area Population by Zip Code  
Service Area Payor Mix by Zip Code  
Tables 3A 1-3 and 3B**

**Table 3N-B R4: Highpoint FSED  
Demographic Characteristics of Primary Service Area  
2024-2028**

Primary Service Area Counties	Department of Health / Health Statistics							Bureau of the Census				TennCare	
	Current Total Population 2024	Projected Total Population 2028	Total Population % Change 2024- 2028	Current Target Population All Ages 2024	Projected Target* Population All Ages 2028	Projected Target Population % Change 2024 - 2028	Projected Target* Population As % of Projected Total Population 2028	Median Age	Median Household Income	Persons Below Poverty Level	Persons Below Poverty Level as % of Total 2024 Population	Current TennCare Enrollees July 2024	TennCare Enrollees as % of Current Total County or Zip Code Population
Robertson	75,475	78,415	3.9%	75,475	78,415	3.9%	100.0%	39.4	\$74,440	6,868	9.1%	13,521	17.9%
Sumner	208,192	220,197	5.8%	208,192	220,197	5.8%	100.0%	39.7	\$81,883	15,614	7.5%	30,510	14.7%
<b>County Level Service Area Total</b>	283,667	298,612	5.3%	283,667	298,612	5.3%	100.0%	39.6	\$78,162	22,483	7.9%	44,031	15.5%
37072 Goodlettsville	34,316	35,071	2.2%	34,316	35,071	2.2%	100.0%	NA	\$64,581	NA	11.0%	NA	NA
37075 Hendersonville	75,014	77,042	2.7%	75,014	77,042	2.7%	100.0%	NA	\$68,315	NA	6.9%	NA	NA
37148 Portland	25,998	26,515	2.0%	25,998	26,515	2.0%	100.0%	NA	\$86,954	NA	12.4%	NA	NA
37172 Springfield	32,988	33,946	2.9%	32,988	33,946	2.9%	100.0%	NA	\$55,392	NA	21.3%	NA	NA
37048 Cottontown	7,489	7,718	3.1%	7,489	7,718	3.1%	100.0%	NA	NA	NA	NA	NA	NA
37049 Cross Plains	3,724	3,823	2.7%	3,724	3,823	2.7%	100.0%	NA	NA	NA	NA	NA	NA
37073 Greenbrier	14,722	15,104	2.6%	14,722	15,104	2.6%	100.0%	NA	NA	NA	5.3%	NA	NA
37141 Orlinda	1,077	1,134	5.3%	1,077	1,134	5.3%	100.0%	NA	NA	NA	NA	NA	NA
37188 White House	19,708	21,836	10.8%	19,708	21,836	10.8%	100.0%	NA	\$85,404	NA	4.6%	NA	NA
<b>Zip Code Level Service Area Total</b>	215,036	222,189	3.3%	215,036	222,189	3.3%	100.0%	39.6	\$78,162	NA	NA	44,031	20.5%
<b>Tennessee</b>	7,125,908	7,331,859	2.9%	7,125,908	7,331,859	2.9%	100.0%	38.0	\$64,035	947,746	13.3%	1,440,225	20.2%

Sources: Intellimed for zip code population; UTCBER & TDH Population Projections by county; U.S. Census QuickFacts; TennCare Bureau.

Zip code data on age, income and poverty level is for the zip code's largest city because the data is not published for an entire zip code.

Information is unavailable for some zip codes, as noted by NA.

TennCare enrollments by zip code do not appear to be available.



FIVE GROUPED ZIP CODES							
ZIP CODE:	37048	2024	2025	Yr 1 2026	2027	2028	2029
NAME:	Cottontown						
	0-19	1,770	1,771	1,772	1,773	1,774	1,775
	20-44	2,111	2,135	2,159	2,183	2,208	2,233
	45-64	2,151	2,132	2,112	2,093	2,075	2,056
	65+	1,457	1,506	1,556	1,608	1,662	1,717
	Total All Ages	7,489	7,543	7,599	7,658	7,718	7,781
ZIP CODE:	37049	2024	2025	Yr 1 2026	2027	2028	2029
NAME:	Cross Plains						
	0-19	908	902	896	890	884	878
	20-44	1,108	1,129	1,150	1,172	1,194	1,217
	45-64	1,017	1,012	1,008	1,003	999	994
	65+	691	704	718	732	746	761
	Total All Ages	3,724	3,748	3,772	3,797	3,823	3,850
ZIP CODE:	37073	2024	2025	Yr 1 2026	2027	2028	2029
NAME:	Greenbrier						
	0-19	3,609	3,586	3,563	3,541	3,518	3,496
	20-44	4,413	4,467	4,521	4,577	4,632	4,689
	45-64	4,062	4,030	3,999	3,968	3,937	3,906
	65+	2,638	2,728	2,821	2,917	3,016	3,119
	Total All Ages	14,722	14,811	14,904	15,002	15,104	15,210
ZIP CODE:	37141	2024	2025	Yr 1 2026	2027	2028	2029
NAME:	Orlinda						
	0-19	290	290	289	289	288	288
	20-44	305	312	319	326	333	340
	45-64	292	294	296	297	299	301
	65+	190	196	201	207	214	220
	Total All Ages	1,077	1,091	1,105	1,119	1,134	1,149
ZIP CODE:	37188	2024	2025	Yr 1 2026	2027	2028	2029
NAME:	White House						
	0-19	5,229	5,299	5,371	5,443	5,517	5,591
	20-44	6,635	6,821	7,012	7,208	7,410	7,617
	45-64	4,928	5,024	5,122	5,222	5,324	5,428
	65+	2,916	3,071	3,234	3,405	3,586	3,776
	Total All Ages	19,708	20,215	20,738	21,278	21,836	22,412

SUMMARIES							
Total Primary Service Area	NINE ZIP CODES	2024	2025	Yr 1 2026	2027	2028	2029
	0-19	53,932	53,788	53,646	53,506	53,368	53,233
	20-44	69,146	69,699	70,260	70,829	71,408	71,995
	45-64	55,187	55,291	55,398	55,507	55,619	55,734
	65+	36,771	37,865	39,199	40,475	41,794	43,158
	Total All Ages	215,036	216,742	218,502	220,318	222,189	224,120
Individual Zip Codes	FOUR ZIP CODES	2024	2025	Yr 1 2026	2027	2028	2029
	0-19	42,126	41,940	41,754	41,570	41,387	41,205
	20-44	54,574	54,836	55,099	55,364	55,631	55,899
	45-64	42,737	42,799	42,861	42,923	42,986	43,049
	65+	28,879	29,760	30,669	31,605	32,570	33,565
	Total All Ages	168,316	169,335	170,383	171,463	172,574	173,718
Grouped Zip Codes	FIVE ZIP CODES	2024	2025	Yr 1 2026	2027	2028	2029
	0-19	11,806	11,848	11,891	11,936	11,981	12,028
	20-44	14,572	14,863	15,161	15,466	15,777	16,096
	45-64	12,450	12,492	12,537	12,584	12,633	12,685
	65+	7,892	8,204	8,530	8,870	9,224	9,593
	Total All Ages	46,720	47,408	48,119	48,855	49,615	50,402

Source: Intellimed; Esri, 2024.

Table 3N-B R4: Highpoint FSED							
Service Area Code Zip Code Populations By Age Cohort							
<b>FOUR INDIVIDUAL ZIP CODES</b>							
<b>ZIP CODE:</b>	<b>37075</b>	<b>2024</b>	<b>2025</b>	<b>Yr 1 2026</b>	<b>2027</b>	<b>2028</b>	<b>2029</b>
<b>NAME:</b>	<b>Hendersonville</b>						
	Age 0-19	18,942	18,831	18,721	18,611	18,502	18,394
	Age 20-44	24,137	24,295	24,455	24,615	24,776	24,939
	Age 45-64	19,253	19,310	19,368	19,426	19,484	19,542
	Age 65+	12,682	13,064	13,457	13,862	14,279	14,709
	Total All Ages	75,014	75,501	76,001	76,514	77,042	77,584
<b>ZIP CODE:</b>	<b>37072</b>	<b>2024</b>	<b>2025</b>	<b>Yr 1 2026</b>	<b>2027</b>	<b>2028</b>	<b>2029</b>
<b>NAME:</b>	<b>Goodlettsville</b>						
	0-19	7,529	7,525	7,521	7,518	7,514	7,510
	20-44	11,651	11,646	11,640	11,635	11,629	11,624
	45-64	8,673	8,679	8,684	8,690	8,695	8,701
	65+	6,463	6,647	6,837	7,032	7,233	7,439
	Total All Ages	34,316	34,497	34,683	34,874	35,071	35,274
<b>ZIP CODE:</b>	<b>37148</b>	<b>2024</b>	<b>2025</b>	<b>Yr 1 2026</b>	<b>2027</b>	<b>2028</b>	<b>2029</b>
<b>NAME:</b>	<b>Portland</b>						
	0-19	7,058	7,008	6,958	6,908	6,859	6,810
	20-44	8,272	8,312	8,352	8,393	8,433	8,474
	45-64	6,573	6,587	6,601	6,616	6,630	6,644
	65+	4,095	4,214	4,337	4,463	4,593	4,727
	Total All Ages	25,998	26,121	26,248	26,380	26,515	26,655
<b>ZIP CODE:</b>	<b>37172</b>	<b>2024</b>	<b>2025</b>	<b>Yr 1 2026</b>	<b>2027</b>	<b>2028</b>	<b>2029</b>
<b>NAME:</b>	<b>Springfield</b>						
	0-19	8,597	8,576	8,554	8,533	8,512	8,491
	20-44	10,514	10,583	10,652	10,721	10,791	10,862
	45-64	8,238	8,223	8,208	8,192	8,177	8,162
	65+	5,639	5,835	6,038	6,248	6,465	6,690
	Total All Ages	32,988	33,216	33,452	33,695	33,946	34,205

**Attachment 5N R5**  
**Utilization of Existing Services**  
**Approved Unimplemented Services**

**5N R4 Table A: Emergency Room Visits From Service Area Zip Codes To Area Hospitals in 2020**

	37048	37049	37072	37073	37075	37141	37148	37172	37188	Row Totals	Provider Percent of PSA Visits
Zip Code Visits	2,190	1,457	11,704	5,410	22,337	483	12,291	15,641	5,156	76,669	99.8%
TriStar Hendersonville Medical Center	579	181	2,613	454	13,805	45	1,483	355	1,950	21,465	28.0%
NorthCrest Medical Center	73	460	490	2,753	56	198	114	11,812	598	16,554	21.6%
TriStar Skyline Medical Center	227	237	4,082	848	1,547	41	493	905	890	9,270	12.1%
TriStar Portland Medical Center	416	242	62	17	85	79	6,228	83	206	7,418	9.7%
Sumner Regional Medical Center	511	80	430	100	2,816	15	2,742	93	395	7,182	9.4%
Vanderbilt University Medical Center	149	88	1,107	464	1,518	39	481	954	428	5,228	6.8%
TriStar Centennial Medical Center	85	60	887	254	763	22	207	393	223	2,894	3.8%
Saint Thomas Midtown Hospital	54	26	750	187	473	12	103	252	171	2,028	2.6%
Saint Thomas West Hospital	37	22	301	86	257	<11	85	165	76	1,029	1.3%
TriStar Summit Medical Center	11	20	271	56	310	<11	87	77	62	894	1.2%
Metropolitan Nashville General Hospital	<11	<11	333	29	105	<11	20	54	23	564	0.7%
TriStar Southern Hills Medical Center	<11	<11	89	29	110	<11	28	38	12	306	0.4%
Tennova Healthcare - Clarksville	<11	<11	29	31	26	<11	<11	161	11	258	0.3%
TriStar Stonecrest Medical Center	<11	<11	47	<11	52	<11	19	18	<11	136	0.2%
St. Thomas Rutherford Hospital	<11	<11	28	<11	50	<11	12	43	<11	133	0.2%
Williamson Medical Center	<11	<11	24	<11	56	<11	<11	47	<11	127	0.2%
TriStar Horizon Medical Center	<11	<11	26	17	31	<11	16	34	13	137	0.2%
University Medical Center	<11	<11	18	<11	41	<11	40	23	10	132	0.2%
All Others	16	18	117	58	236	<11	117	134	65	761	1.0%

Source: HDDS visits data, masking values less than 11 visits. Development Support Group calculated provider percentages.

5N R4 Table B: Emergency Room Visits From Service Area Zip Codes To Area Hospitals in 2021											
	37048	37049	37072	37073	37075	37141	37148	37172	37188	Row Totals	Provider Percent of PSA Visits
Zip Code Visits	2,358	1,657	12,805	6,081	24,983	535	13,578	16,535	6,030	84,562	99.8%
TriStar Hendersonville Medical Center	680	267	3,164	583	15,455	43	1,797	500	2,368	24,857	29.4%
NorthCrest Medical Center	42	485	516	2,983	98	183	113	12,045	563	17,028	20.1%
TriStar Skyline Medical Center	237	236	4,138	951	1,654	53	515	942	975	9,701	11.5%
TriStar Portland Medical Center	456	256	80	48	84	148	7,033	106	273	8,484	10.0%
Sumner Regional Medical Center	543	93	419	93	2,868	21	2,685	141	398	7,261	8.6%
Vanderbilt University Medical Center	158	119	1,418	511	1,837	46	581	1,125	559	6,354	7.5%
TriStar Centennial Medical Center	74	67	1,022	327	953	12	258	536	331	3,580	4.2%
Saint Thomas Midtown Hospital	51	44	828	191	681	<11	156	318	203	2,472	2.9%
Saint Thomas West Hospital	38	21	292	101	328	<11	71	217	104	1,172	1.4%
TriStar Summit Medical Center	15	14	275	70	293	<11	82	89	81	919	1.1%
Metropolitan Nashville General Hospital	<11	<11	225	19	87	<11	<11	68	20	419	0.5%
TriStar Southern Hills Medical Center	<11	<11	85	31	98	<11	25	53	13	305	0.4%
Tennova Healthcare - Clarksville	<11	<11	23	39	37	<11	16	117	14	246	0.3%
University Medical Center	<11	<11	27	17	46	<11	37	19	23	169	0.2%
St. Thomas Rutherford Hospital	<11	<11	30	<11	62	<11	13	42	14	161	0.2%
TriStar Horizon Medical Center	<11	<11	34	19	55	<11	29	24	11	172	0.2%
TriStar Stonecrest Medical Center	<11	<11	44	<11	47	<11	24	19	<11	134	0.2%
Williamson Medical Center	<11	<11	26	<11	42	<11	<11	32	<11	100	0.1%
TriStar Ashland City Medical Center	<11	14	17	29	<11	<11	<11	40	<11	100	0.1%
All Others	23	13	142	49	252	<11	117	102	58	756	0.9%

Source: HDDS visits data, masking values less than 11 visits. Development Support Group calculated provider percentages.

**5N R4 Table C: Emergency Room Visits From Service Area Zip Codes To Area Hospitals in 2022**

	37048	37049	37072	37073	37075	37141	37148	37172	37188	Row Totals	Provider Percent of PSA Visits
Zip Code Visits	2,412	1,790	13,523	5,896	25,655	538	14,587	17,171	6,102	87,674	99.9%
TriStar Hendersonville Medical Center	758	411	3,524	607	16,141	61	1,888	567	2,660	26,617	30.4%
NorthCrest Medical Center	42	453	561	2,747	102	166	141	12,317	453	16,982	19.4%
TriStar Portland Medical Center	471	277	76	37	112	122	7,807	126	254	9,282	10.6%
TriStar Skyline Medical Center	172	223	4,037	955	1,434	60	459	1,080	856	9,276	10.6%
Sumner Regional Medical Center	521	88	418	64	2,833	19	2,779	118	386	7,226	8.2%
Vanderbilt University Medical Center	181	116	1,521	511	2,092	54	625	1,060	584	6,744	7.7%
TriStar Centennial Medical Center	90	90	1,120	339	947	15	245	628	342	3,816	4.4%
Saint Thomas Midtown Hospital	60	31	964	204	638	14	155	332	222	2,620	3.0%
Saint Thomas West Hospital	19	30	340	122	300	<11	60	229	99	1,199	1.4%
TriStar Summit Medical Center	14	18	240	79	268	<11	89	93	75	876	1.0%
Metropolitan Nashville General Hospital	<11	<11	254	20	97	<11	29	48	24	472	0.5%
TriStar Southern Hills Medical Center	<11	<11	119	36	119	<11	45	78	28	425	0.5%
Tennova Healthcare - Clarksville	10	<11	28	26	38	<11	18	170	11	301	0.3%
University Medical Center	11	<11	29	<11	64	<11	53	30	13	200	0.2%
St. Thomas Rutherford Hospital	<11	<11	26	16	60	<11	26	51	13	192	0.2%
TriStar Stonecrest Medical Center	<11	13	38	21	51	<11	22	33	<11	178	0.2%
TriStar Horizon Medical Center	12	<11	38	14	45	<11	16	39	<11	164	0.2%
TriStar Ashland City Medical Center	<11	<11	29	35	16	<11	14	65	<11	159	0.2%
Williamson Medical Center	14	<11	34	<11	55	<11	<11	20	<11	123	0.1%
All Others	18	16	127	49	243	<11	107	87	54	701	0.8%

Source: HDDS visits data, masking values less than 11 visits. Development Support Group calculated provider percentages.

### **Approved But Unimplemented Services**

To the applicant's knowledge, there is not an approved but unimplemented Certificate of Need for an Emergency Care Facility in the project service area.

The applicant LLC's direct and indirect owners have no outstanding unimplemented Certificates of Need other than those listed below.

Ascension River Park Cath Lab CN2202-005:

The hospital has decided to not implement this Certificate of Need. It will be turned in to the HFC to be voided.

Saint Thomas Rutherford Satellite Hospital CN2004-007:

This facility has now been completed. The final Project Report was submitted in January 2024. Its Annual Quality Measure Report was submitted 3/4/2024.

Saint Thomas Rutherford Hospital Open Heart Surgery CN2103-009:

This has now been implemented. Its final project report is currently due.

Relocation of the Providence Surgery Center CN1903-008

The owner is Tenn SM, LLC dba Providence Surgery Center.

This project has been delayed.

Westlawn Surgery Center CN1911-046A

The project was granted an extension through May 1, 2025.

**Attachment 6N R6**  
**Historic and Projected Utilization**  
**Levels of Care**



**Item 6N R6- Applicant Historical Utilization (Last 3 Years)**

ZIP Code/Name	County	Facility	2020 ED Visits	2021 ED Visits	2022 ED Visits	% Change
37048 Cottontown	Sumner	Sumner Regional Medical Center	511	543	521	2.0%
37049 Cross Plains	Robertson	Sumner Regional Medical Center	80	93	88	10.0%
37072 Goodlettsville	Sumner	Sumner Regional Medical Center	430	419	418	-2.8%
37073 Greenbrier	Robertson	Sumner Regional Medical Center	100	93	64	-36.0%
37075 Hendersonville	Sumner	Sumner Regional Medical Center	2,816	2,868	2,833	0.6%
37141 Orlinda	Robertson	Sumner Regional Medical Center	15	21	19	26.7%
37148 Portland	Sumner	Sumner Regional Medical Center	2,742	2,685	2,779	1.3%
37172 Springfield	Robertson	Sumner Regional Medical Center	93	141	118	26.9%
37188 White House	Robertson	Sumner Regional Medical Center	395	398	386	-2.3%
Service Area Sub Total			7,182	7,261	7,226	0.6%

Source: Hospital Discharge Data System (HDDS).

**Item 6N R6 -Highpoint FSED Projected Utilization (Years 1, 2, 3)**

ZIP Code/Name	County	Facility	Year One 2026 ED Visits	Year Two 2027 ED Visits	Year Three 2028 ED Visits	% Change 2026- 2028
37048 Cottontown	Sumner	Highpoint FSED	395	526	658	66.7%
37049 Cross Plains	Robertson	Highpoint FSED	67	89	111	66.7%
37072 Goodlettsville	Sumner	Highpoint FSED	317	422	528	66.7%
37073 Greenbrier	Robertson	Highpoint FSED	48	65	81	66.7%
37075 Hendersonville	Sumner	Highpoint FSED	2,147	2,862	3,578	66.7%
37141 Orlinda	Robertson	Highpoint FSED	14	19	24	66.7%
37148 Portland	Sumner	Highpoint FSED	2,106	2,807	3,509	66.7%
37172 Springfield	Robertson	Highpoint FSED	89	119	149	66.7%
37188 White House	Robertson	Highpoint FSED	292	390	487	66.7%
Service Area Sub Total			5,475	7,300	9,125	66.7%

Source: Hospital management. The % Change is equal for each zip code because volumes were projected to increase the same amount (5 per day) from 2026 to 2027 and again from 2027 to 2028. This is consistent with the applicant's experience with the first and third years at its Sumner Station FSED, which had 6,625 visits (18 per day) in its first year and 9,285 (25 a day) in its third year. The Highpoint FSED's Year Two utilization was projected at the average (midpoint) of its first and third years.

	Yr 1-2017	Yr 2-2018	Year 3-2019
Sumner Station Visits	6,625	4,137	9,285
Visits Per Day (rounded)	18	11	25
	Yr 1-2026	Yr 2-2027	Year 3-2028
Highpoint FSED Projected Visits	5,475	7,300	9,125
Visits Per Day	15	20	25

## LEVELS OF CARE (ACUITY)

CPT Code 99281	
Year and ZIP Code	Number of Visits by Zip Code
<b>2020</b>	
37048	24
37049	21
37072	177
37073	48
37075	340
37141	<11
37148	235
37172	106
37188	53

CPT Code 99282	
Year and ZIP Code	Number of Visits by Zip Code
<b>2020</b>	
37048	90
37049	68
37072	577
37073	239
37075	1,054
37141	22
37148	632
37172	780
37188	198

CPT Code 99283	
Year and ZIP Code	Number of Visits by Zip Code
<b>2020</b>	
37048	609
37049	350
37072	3,162
37073	1,164
37075	5,639
37141	106
37148	4,017
37172	3,422
37188	1,210

CPT Code 99284	
Year and ZIP Code	Number of Visits by Zip Code
<b>2020</b>	
37048	705
37049	420
37072	3,823
37073	1,488
37075	8,192
37141	138
37148	3,921
37172	3,951
37188	1,793

CPT Code 99285	
Year and ZIP Code	Number of Visits by Zip Code
<b>2020</b>	
37048	233
37049	301
37072	1,151
37073	1,413
37075	2,097
37141	122
37148	1,100
37172	5,147
37188	723

TOTAL	
All ER Visits by Zip Code	
<b>2020</b>	
	1,661
	1,160
	8,890
	4,352
	17,322
	*
	9,905
	13,406
	3,977

<b>2021</b>	
37048	46
37049	29
37072	254
37073	96
37075	437
37141	<11
37148	366
37172	239
37188	124

<b>2021</b>	
37048	97
37049	56
37072	583
37073	278
37075	916
37141	23
37148	635
37172	873
37188	219

<b>2021</b>	
37048	566
37049	414
37072	3,244
37073	1,410
37075	5,341
37141	154
37148	4,469
37172	4,315
37188	1,347

<b>2021</b>	
37048	860
37049	525
37072	4,479
37073	1,913
37075	10,292
37141	193
37148	4,494
37172	4,739
37188	2,250

<b>2021</b>	
37048	244
37049	264
37072	1,174
37073	1,155
37075	2,398
37141	65
37148	1,182
37172	3,908
37188	619

<b>2021</b>	
	1,813
	1,288
	9,734
	4,852
	19,384
	*
	11,146
	14,074
	4,559

<b>2022</b>	
37048	54
37049	45
37072	277
37073	128
37075	489
37141	13
37148	443
37172	461
37188	114

<b>2022</b>	
37048	106
37049	79
37072	671
37073	299
37075	1,131
37141	29
37148	747
37172	969
37188	253

<b>2022</b>	
37048	614
37049	476
37072	3,775
37073	1,641
37075	6,123
37141	159
37148	4,867
37172	5,910
37188	1,440

<b>2022</b>	
37048	868
37049	659
37072	4,742
37073	2,059
37075	10,332
37141	192
37148	4,814
37172	5,740
37188	2,408

<b>2022</b>	
37048	229
37049	135
37072	1,028
37073	463
37075	2,366
37141	39
37148	1,130
37172	1,252
37188	516

<b>2022</b>	
	1,871
	1,394
	10,493
	4,590
	20,441
	432
	12,001
	14,332
	4,731

Source: HDDS and HFC

**Attachment 1C**  
**Transfer Agreements**

1C

**PATIENT TRANSFER AGREEMENT**

THIS PATIENT TRANSFER AGREEMENT (this "Agreement") is entered into effective 4/29/2019 ("Effective Date") by and between Saint Thomas Health on behalf of its controlled Affiliates, a Tennessee not for profit corporation ("Hospital") and Sumner Regional Medical Center, LLC, ("Transferor").

**RECITALS:**

- A. Hospital and Transferor each operate health care entities located in Tennessee.
- B. Saint Thomas Health is a health system which includes eight hospital campuses serving the Middle Tennessee area: Saint Thomas Midtown Hospital, Saint Thomas West Hospital, Saint Thomas Rutherford Hospital, Saint Thomas Hickman Hospital, Saint Thomas DeKalb Hospital, Saint Thomas Highlands Hospital, Saint Thomas River Park Hospital and Saint Thomas Stones River Hospital.

B. The parties desire to assure a continuity of care and appropriate medical treatment for the needs of each patient in their respective facilities, and have determined that, in the interest of patient care, the parties should enter into an agreement to provide for the transfer of patients from Transferor to Hospital on the terms and conditions set forth herein.

NOW THEREFORE, in consideration of the mutual promises herein contained and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties hereto agree as follows.

1. **Term and Termination.**

(a) **Term.** This Agreement shall be effective on the date first written above and shall continue for a period of one (1) year, at which time it shall automatically renew for successive one (1) year periods, unless earlier terminated in accordance with the terms hereof.

(b) **Termination.** Either party may terminate this Agreement without cause upon thirty (30) days written notice to the other party. The Agreement may also be terminated at any time by mutual consent of both parties. Notwithstanding the termination of this Agreement, each party shall reasonably provide for the continuity of care to all patients who are involved in the transfer process at the time of the termination of this Agreement. This Agreement shall terminate immediately should the other party fail to maintain the licenses, certifications or accreditations, including Medicare certification, required to operate its facility as it is currently being operated

2. **Transfer.**

(a) Upon such time that a patient's physician determines that the patient needs to be transferred from Transferor to Hospital pursuant to Transferor's physician's order, Hospital agrees to admit the patient as promptly as possible and provide healthcare services as necessary, provided all conditions of eligibility are met. Transferor agrees to send the following with each patient at the time of transfer, or as soon thereafter as possible in emergency situations:

- (i) an abstract of pertinent medical and other information necessary to continue the patient's treatment without interruption; and

- (ii) essential identifying and administrative information.
- (b) Transferor shall also perform the following:
  - (i) notify Hospital of the impending transfer;
  - (ii) receive confirmation that Hospital can accept the patient, and that a Hospital medical staff physician has done so;
  - (iii) obtain patient's consent to the transfer; and
  - (iv) arrange for the transportation of the patient, including mode of transportation and the provision of one or more health care practitioners as necessary.

3. Readmission of Patient

(a) When a patient has been transferred to Hospital from Transferor and is admitted and stabilized, but no longer requires specialized services or treatment only available at Hospital, Transferor agrees to accept the transfer of, and to readmit, the patient for further required hospitalization within 24-48 hours of such determination. In the event Transferor referring physician does not accept the patient, the Transferor's Chief of Medical Staff or other authorized representative shall facilitate identification of an appropriate accepting physician for the transfer. Only patients who are appropriate for transfer and who consent shall be transferred to Transferor.

4. Relationship of the Parties.

(a) The parties agree that the relationship between the parties is that of independent contractors and not partners or joint venturers.

(b)

(c) Nothing in this Agreement shall in any way affect the autonomy of either party. Each party shall have exclusive control of its management, assets and affairs. Neither party assumes any liability for the debts or obligations of the other party.

(d) Neither party shall be responsible, financially or otherwise, for the care and treatment of any patient while that patient is admitted to, or is under the care of, the other party's facility.

(e) Each party may contract or affiliate with other facilities during the term of this Agreement.

5. Patient Billing.

(a) The facility in which the patient is receiving services at the time that charges are incurred shall have the sole responsibility for billing and collecting such charges from the patient. Neither party shall assume any responsibility for the collection of any accounts receivables of the other party.

(b) The following clause ONLY applies in the event Transferor is a Skilled Nursing Facility. Hospital shall bill Transferor, and Transferor shall compensate Hospital, for all services

that are included in Medicare's Skilled Nursing Facility consolidated billing requirements ("Covered Services") provided to Facility patients who are Medicare beneficiaries at \_\_\_% of Hospital's charges as set forth in its charge master in effect at the time services are rendered. Hospital will submit invoices to Transferor within 45 days following the rendering of services. Transferor shall pay each invoice within 30 days of the date of invoice. Late payments shall bear interest at a rate equal to the maximum rate of interest allowed by law. Transferor shall have the sole authority to bill Medicare for the Covered Services, and Hospital will not bill Medicare for any Covered Service. Transferor's obligation to pay Hospital's invoices is not contingent upon Transferor's receipt of reimbursement from Medicare or any other payor or party and will not be delayed if a claim is denied. However, Hospital will reasonably cooperate with Transferor in appealing a denial, but Hospital shall not be responsible for any costs associated with the appeal.

6. EMTALA. The parties agree that any patient transfers made pursuant to this Agreement shall be in compliance with 42 U.S.C. § 1395dd, et seq. and any amendments thereto ("EMTALA"), EMTALA's implementing regulations, such other requirements as may be imposed by the Secretary of Health and Human Services, and any other applicable Federal or State patient transfer laws.

7. Indemnification. Transferor agrees to indemnify, defend and hold Hospital, its officers, trustees, employees and agents harmless, to the extent permitted by applicable law, from or against any loss, injury, damage or liability incurred by reason of any act or failure to act by Transferor, its officers, employees or agents in connection with the performance of this Agreement.

Hospital agrees to indemnify, defend and hold Transferor, its officers, employees and agents harmless, to the extent permitted by applicable law, from or against any loss, injury, damages or liability incurred by reason of any act or failure to act by Hospital, its officers, trustees, employees and agents in connection with the performance of this Agreement.

8. Insurance. Each party agrees to maintain insurance as will fully protect it from any and all claims, including malpractice, in amounts adequate to insure the party's perspective interest. A party may satisfy such requirement through a program of self-insurance or reinsurance. Upon the written request of Hospital, the Transferor shall provide Hospital with copies of the certificates of insurance and policy endorsements for all insurance coverage required by this agreement.

9. Confidential Information. Each party acknowledges that, as a result of its performance of its duties under this Agreement, it, its employees or agents may directly or indirectly receive medical information ("Patient Medical Information") regarding the other party's patients. Each party further acknowledges that Patient Medical Information is confidential pursuant to applicable State and federal law ("Applicable Privacy Laws"), including but not limited to, privacy standards imposed pursuant to the federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Each party agrees, therefore, that any Patient Medical Information it, its employees or agents receive regarding the other party's patients shall be treated as confidential to the extent necessary to comply with Applicable Privacy Laws.

10. Compliance. In compliance with federal law, including the provisions of Title IX of the Education Amendments of 1972, Section 503 and 504 of the Rehabilitation Act of 1973, the Age Discrimination in Employment Act of 1967 and 1975 and the Americans with Disabilities Act of 1990, and Title VI of the Civil Rights Act of 1964 each party hereto will not discriminate on the basis of race, sex, religion, color, national or ethnic origin, age, disability, or military service, AIDS and AIDS related conditions in its administration of its policies, including admissions policies, employment, or program activities.

11. Record Availability. Transferor agrees that, until the expiration of four (4) years after the furnishing of any goods and services pursuant to this Agreement, it will make available, upon written request of the Secretary of Health and Human Services or the Comptroller General of the United States or any of their duly authorized representatives, copies of this Agreement and any books, documents, records and other data of Transferor that are necessary to certify the nature and extent of the costs incurred by Hospital in purchasing such goods and services. If Transferor carries out any of its duties under this Agreement through a subcontract with a related organization involving a value or cost of ten thousand dollars (\$10,000) or more over a twelve-month period, Transferor will cause such subcontract to contain a clause to the effect that, until the expiration of four (4) years after the furnishing of any good or service pursuant to said contract, the related organization will make available upon written request of the Secretary of Health and Human Services or the Comptroller General of the United States or any of their duly authorized representatives, copies of this Agreement and any books, documents, records and other data of said related organization that are necessary to certify the nature and extent of costs incurred by Transferor for such goods or services. Transferor shall give Hospital notice immediately upon receipt of any request from the Secretary of Health and Human Services or the Comptroller General of the United States or any of their duly authorized representatives for disclosure of such information.

Transferor agrees to indemnify, defend and hold Hospital harmless from and against any loss, liability, judgment, penalty, fine, damages (including punitive and/or compounded damages), costs (including reasonable attorneys' fees and expenses) suffered or incurred by Hospital as a result of, in connection with, or arising from Transferor's failure to comply with this Section 6.

12. Anti-Referral; Fraud & Abuse Provisions. Any remuneration exchanged between the parties shall at all times be commercially reasonable and represent fair market value for rendered services or purchased items. No remuneration exchanged between the parties shall be determined in a manner that takes into account (directly or indirectly) the volume or value of any referrals or any other business generated between the parties. Transferor does not have an indirect compensation arrangement with Hospital (as defined in the Stark II Regulations). Nothing contained herein requires the referral of any business between the parties.

13. Exclusion from Federal Health Care Programs. Transferor represents and warrants that it has not been nor is it about to be excluded from participation in any Federal Healthcare Program. Transferor agrees to notify Hospital within one (1) business day of Transferor's receipt of a notice of intent to exclude or actual notice of exclusion from any such program. The listing of Transferor or any Transferor-owned subsidiary on the Office of Inspector General's exclusion list (OIG website) or the General Services Administration's Lists of Parties Excluded from Federal Procurement and Nonprocurement Programs (GSA website) for excluded individuals and entities shall constitute "exclusion" for purposes of this paragraph. In the event that Transferor is excluded from any Federal Healthcare Program, this Agreement shall immediately terminate. For the purposes of this paragraph, the term "Federal Healthcare Program" means the Medicare program, the Medicaid program, the Maternal and Child Health Services Block Grant program, the Block Grants for State for Social Services program, any state Children's Health Insurance program, or any similar program. Further, Transferor agrees to indemnify and hold Hospital harmless from and against any loss, liability, judgment, penalty, fine, damages (including punitive and/or compounded damages), costs (including reasonable attorneys' fees and expenses) incurred by Hospital as a result of Transferor's failure to notify the Hospital of its exclusion from any Federal Healthcare Program.

14. Ethical and Religious Directives. The parties acknowledge that the operations of Ascension Affiliate and its affiliates are in accordance with the Ethical and Religious Directives for Catholic Health Care Services, as promulgated by the United States Conference of Catholic Bishops, Washington, D.C., of the Roman Catholic Church or its successor (the "Directives") and the principles and beliefs of the Roman Catholic Church are a matter of conscience to Ascension Affiliate and their affiliates. The Directives are

located at <http://www.usccb.org/about/doctrine/ethical-and-religious-directives/index.cfm>. It is the intent and agreement of the parties that neither the Agreement nor any part hereof shall be construed to require Ascension Affiliate or its affiliates to violate the Directives in their operation and all parts of the Agreement must be interpreted in a manner that is consistent with the Directives.

15. **Corporate Compliance.** Hospital has in place a Corporate Responsibility Plan, which has as its goal to ensure that Hospital complies with federal, state and local laws and regulations. The plan focuses on risk management, the promotion of good corporate citizenship, including a commitment to uphold a high standard of ethical and legal business practices, and the prevention of misconduct. Transferor acknowledges Hospital's commitment to corporate responsibility. Transferor agrees to conduct its business transactions with Hospital in accordance with the principles of good corporate citizenship and a high standard of ethical and legal business practices.

16. **Miscellaneous.**

(a) The parties agree to provide each other with information regarding the resources each has available and the type of patients or health conditions that each is able to accept.

(b) Neither party shall use the name of the other in any promotional or advertising material unless the other party has been given the opportunity to review the material and prior written approval for the material and its use has been obtained.

(c) This Agreement supersedes all prior agreements, whether written or oral, between the parties with respect to its subject matter and constitutes a complete and exclusive statement of the terms of the agreement between the parties with respect to its subject matter. This Agreement may not be amended, supplemented, or otherwise modified except by a written agreement executed by the party to be charged with the amendment.

(d) If any provision of this Agreement is held invalid or unenforceable by any court of competent jurisdiction, the other provisions of this Agreement will remain in full force and effect. Any provision of this Agreement held invalid or unenforceable only in part or degree will remain in full force and effect to the extent not held invalid or unenforceable.

(e) This Agreement shall be governed by and construed and enforced in accordance with the laws and in the courts of the State where the Hospital is located.

(f) Hospital may assign this Agreement, without the consent of Transferor, to an entity that directly or indirectly controls, is controlled by, or is under common control with, Hospital. For the purposes of this paragraph, the terms "control" means, with respect to a person, the authority, directly or indirectly, to (i) act as controlling member, shareholder or partner or such person, (ii) appoint, elect or approve at least a majority of the individual members, shareholders or partners of such person, or (iii) appoint, elect or approve at least a majority of the governing body of such person. Except as set forth above, neither party may assign this Agreement or any obligation hereunder without first obtaining the written consent of the other party. Any attempted delegation or assigning in violation of this paragraph shall be null and void. Subject to the foregoing, this Agreement shall be binding on and inure to the benefit of the parties and their respective heirs, administrators, successors and permitted assigns. Nothing expressed or referred to in this Agreement will be construed to give any person other than the parties to this Agreement any legal or equitable right, remedy or claim under or with respect to this Agreement or any provision of this Agreement, except such rights as shall inure to a successor or permitted assignee pursuant to this paragraph.



(g) In the event that any legal action or other proceedings, including arbitration, is brought for the enforcement of this Agreement or because of an alleged dispute of breach, the prevailing party shall be awarded its costs of suit and reasonable attorney's fees.

(h) All notices, consents, waivers and other communications required or permitted by this Agreement shall be in writing and shall be deemed given to a party when (a) delivered to the appropriate address by hand or by nationally recognized overnight courier service (costs prepaid); or (b) received or rejected by the addressee, if sent by certified mail, return receipt requested, in each case to the following addresses and marked to the attention of the person (by name or title) designated below (or to such other address or person as a party may designate by notice to the other parties):

If to Hospital:	Saint Thomas Health 102 Woodmont Blvd., Suite 800 Nashville, TN 37205
With a copy to:	Ascension Southeast Legal Services 102 Woodmont Blvd., Suite 600 Nashville, TN 37205
If to Transferor:	Sumner Regional Medical Center, LLC 555 Hartsville Pike Gallatin, TN 37066

(i) The headings of the various sections of this Agreement are inserted merely for convenience and do not expressly or by implication limit, define or extend the specific terms of the sections so designated. Any rule of construction or interpretation otherwise requiring this Agreement to be construed or interpreted against any party shall not apply to any construction or interpretation hereof.


(j) This Agreement may be executed in one or more counterparts, each of which will be deemed to be an original copy of this Agreement and all of which, when taken together, will be deemed to constitute one and the same agreement. The exchange of copies of this Agreement and of signature pages by facsimile transmission shall constitute effective execution and delivery of this Agreement as to the parties and may be used in lieu of the original Agreement for all purposes. Signatures of the parties transmitted by facsimile shall be deemed to be their original signatures for all purposes.

[Signatures on Following Page]

IN WITNESS WHEREOF, the parties have executed this Patient Transfer Agreement as of the date first above written.

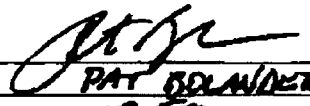
**HOSPITAL:**

SAINT THOMAS MIDTOWN HOSPITAL  
SAINT THOMAS WEST HOSPITAL  
SAINT THOMAS RUTHERFORD HOSPITAL  
SAINT THOMAS HICKMAN HOSPITAL  
SAINT THOMAS DEKALB HOSPITAL  
SAINT THOMAS HIGHLANDS HOSPITAL  
SAINT THOMAS RIVER PARK HOSPITAL  
SAINT THOMAS STONES RIVER HOSPITAL  
BY: SAINT THOMAS HEALTH, their parent

By:   
Name: Michelle Robertson  
Title: Chief Operating Officer  
Date: 4/29/2019

**TRANSFEROR:**

Sumner Regional Medical Center, LLC

By:   
Name: PAT BOLANDER  
Title: CFO  
Date: 4/26/19

**Attachment 8C**  
**Frequent Charges and Medicare Reimbursement**



## **Attachment 9C R2**

### **Frequent Charges and Medicare Reimbursement Comparisons to Charges of Similar Providers**

Table 9C R2 Highpoint FSED Proposed Most Frequent Gross Charges Compared to Existing Providers											
Level of Emergency Visit	Descriptor	Current Medicare Allowable	Proposed Gross Charge at Highpoint FSED			Nearest Similar Providers' Gross Charges in 2023					
			Current 2023 Average Sumner Station FSED	Year 1 2026	Year 2 2027	TriStar Hendersonville	TriStar Northcrest	TriStar Portland	TriStar Skyline	Sumner Station	Sumner Regional Medical Center
Level 1 99281	straightforward; very minor	\$ 84.59	\$684.97	\$719.22	\$755.18	\$ 882.59	\$ 876.15	\$ 882.59	\$ 715.59	\$684.97	\$684.97
Level 2 99282	straightforward; self-limited or minor	\$ 155.83	\$1,235.70	\$1,297.49	\$1,362.36	\$ 1,291.38	\$ 1,214.73	\$ 1,291.38	\$ 1,033.62	\$1,235.70	\$1,235.70
Level 3 99283	low to moderate severity	\$ 271.85	\$2,060.81	\$2,163.85	\$2,272.04	\$ 2,075.47	\$ 1,744.88	\$ 2,075.47	\$ 1,601.56	\$2,060.81	\$2,060.81
Level 4 99284	high severity; urgent evaluation	\$ 422.00	\$2,835.30	\$2,977.07	\$3,125.92	\$ 3,622.66	\$ 2,668.55	\$ 3,622.66	\$ 2,894.58	\$2,835.30	\$2,835.30
Level 5 99285	high severity; immediate threat to life or function	\$ 611.99	\$4,170.24	\$4,378.75	\$4,597.69	\$ 5,016.79	\$ 4,267.89	\$ 5,016.79	\$ 4,009.62	\$4,170.24	\$4,170.24

Source: CMS for Medicare; hospital management for Highpoint charges; charge comparisons as published in transparency websites.

**Attachment 3Q**  
**Licensure/Certification/Accreditation**



# State of Tennessee

## Health Facilities Commission

### Board for Licensing Health Care Facilities

License No. 116  
No. Beds 167

This is to certify that a license is hereby granted by the Health Facilities Commission to SUMNER REGIONAL MEDICAL CENTER, LLC to conduct and maintain an Hospital  
SUMNER REGIONAL MEDICAL CENTER  
Located at 555 HARTSVILLE PIKE, GALLATIN TN 37066  
County of SUMNER, TENNESSEE.

The license shall expire June 25, 2025 and is subject to the provisions of Chapter 11, Tennessee Code Annotated. This license shall not be assignable or transferable and shall be subject to revocation at any time by the Health Facilities Commission, for failure to comply with the laws of the State of Tennessee or the rules and regulations of the Health Facilities Commission issued thereunder.

In Witness Whereof, we have hereunto set our hand and seal of the State  
this 27th day June, 2024.



GENERAL HOSPITAL  
PEDIATRIC GENERAL HOSPITAL  
STEMI-REFERRING CENTER  
STROKE RELATED-PRIMARY  
TRAUMA CENTER LEVEL 3

By Caroline R. [Signature], Esq., C.H.C.  
Director, Licensure & Regulation

By [Signature]  
Executive Director





May 23, 2022

Susan Peach, BSN, MBA  
CEO  
Sumner Regional Medical Center, LLC  
555 Hartsville Pike  
Gallatin, TN 37066

Joint Commission ID #: 7832  
Program: Hospital Accreditation  
Accreditation Activity: 60-day Evidence of Standards  
Compliance  
Accreditation Activity Completed : 5/18/2022

Dear Ms. Peach:

The Joint Commission is pleased to grant your organization an accreditation decision of Accredited for all services surveyed under the applicable manual(s) noted below:

**Comprehensive Accreditation Manual for Hospitals**

This accreditation cycle is effective beginning March 19, 2022 and is customarily valid for up to 36 months. Please note, The Joint Commission reserves the right to shorten the duration of the cycle.  
Please note, If your survey was conducted off-site (virtually): Your organization may be required to undergo an on-site survey once The Joint Commission has determined that conditions are appropriate to conduct on-site survey activity.

Should you wish to promote your accreditation decision, please view the information listed under the 'Publicity Kit' link located on your secure extranet site, The Joint Commission Connect.

The Joint Commission will update your accreditation decision on Quality Check®.

Congratulations on your achievement.

Sincerely,

Mark G. Pelletier, RN, MS  
Chief Operating Officer and Chief Nurse Executive  
Division of Accreditation and Certification Operations

**Attachment 8Q R2**  
**Staffing Needs and Recruitment Needs**

<b>Table 8Q (A) R2: Recruitment of Staff</b>			
<b>Position Type</b>	<b>FTEs Needed for Proposed FSED</b>	<b>FTEs Currently Employed</b>	<b>FTEs that will be Recruited</b>
Physicians	0	0	0
Registered Nurses	8.4	0	8.4
ER Tech	0	0	0
EVS Tech	0	0	0
Radiology Tech	4.2	0	4.2
CT Tech	0	0	0
Ultrasonographer	0	0	0
Medical Tech	4.2	0	4.2
Other*	11.5	0	11.5
<b>Totals</b>	<b>28.3</b>	<b>0</b>	<b>28.3</b>

*Source: Hospital Management. These FTEs do not include contracted staff such as physicians, pharmacists, EVS, etc.*

*\*Other includes security , patient registration, respiratory therapist, and management.*

**Table 8Q(B) R2 : Contracted and Employed Staff**

Service	Hours Available	On-Site	Contracted or InHouse
Laboratory	24/7/365	yes	Pathologist contracted; other personnel employed
X Ray	24/7/365	yes	Radiologist contracted; other personnel employed
CT Scanner	24/7/365	yes	Radiologist contracted; other personnel employed
Ultrasound	24/7/365	yes	Radiologist contracted; other personnel employed
Pharmacy	24/7/365	yes	Pharmacist contracted; other personnel employed
Respiratory	24/7/365	yes	Physician contracted; other personnel employed
Other*	24/7/365	yes	Employed

Source: Hospital Management.

## **HIGHPOINT FSED LIST OF ATTACHMENTS**

**Attachment 10A -- Floor Plan**

**Attachment 2N R2-- County Level Map of Primary Service Area;**

**Zip Code Maps of Primary Service Area;**

**Location of Urgent Care Centers in Primary Service Area**

**Attachment 7A R2 -- Legal Entity Existence Documents;**

**Organization Chart of Applicant**

**Attachment 9A - - Site Control (Legal Interest in Site)**

**Attachment 12A -- Plot Plan**

**Attachment 1C R1-- Transfer Agreements**

**Attachment 1N R2 -- State Health Plan Criteria and Standards;**

**Required Applicable Tables**

**Attachment 3A -- Proof of Publication**

**Attachment 3N.B, R2 -- Service Area Demographic Table;**

**Service Area Population By Zip Code;**

**Service Area Payor Mix By Zip Code**

**Attachment 3Q R1-- Licensure/Certification/Accreditation**

**Attachment 5N R2 -- Utilization of Existing Services;**

**Approved But Unimplemented Services**

**Attachment 6N R2 -- 2 Year Utilization Projection 2026-2027**

**Attachment 8C -- Frequent Charges and Medicare Reimbursement (see 9C)**

**Attachment 9C -- Charges of Similar Providers**

**Attachment 8Q R2 -- Staffing and Recruitment**

**Additional Document 1 -- The Hospitals of Highpoint Health**

**Additional Document 2 R2 -- Driving Distance Study;**

**ER Patient Origin Data By PSA Zip Codes;**

**Designations as Medically Underserved Areas;**

**Letter of Commitment to Resources Needed**

**Additional Document 3      2C - Insurance Plans**

**Additional Document 4      Staffing and Recruitment**

**Additional Document 5      Medical Equipment Costing \$50,000 or More**

**Additional Document 1**  
**Highpoint Health Hospitals**  
**in Davidson and Sumner Counties**

Highpoint Health System with Ascension Saint Thomas is a regional health system majority-owned by Lifepoint Health, which includes Highpoint Health – Sumner and Highpoint Health – Sumner Station in Gallatin, Highpoint Health – Trousdale in Hartsville, Highpoint Health – Riverview in Carthage and more than 15 affiliated clinics and sites of care. The healthcare system's partnership with Ascension Saint Thomas brings together these organizations' clinical excellence, best practices and talented caregivers to collaborate in new ways that improve access to clinical programs and specialty care for patients and communities while expanding access to high quality care and services in Northern Middle Tennessee.

Highpoint Health serves the healthcare needs of the communities of northern Middle Tennessee through three hospitals, including:

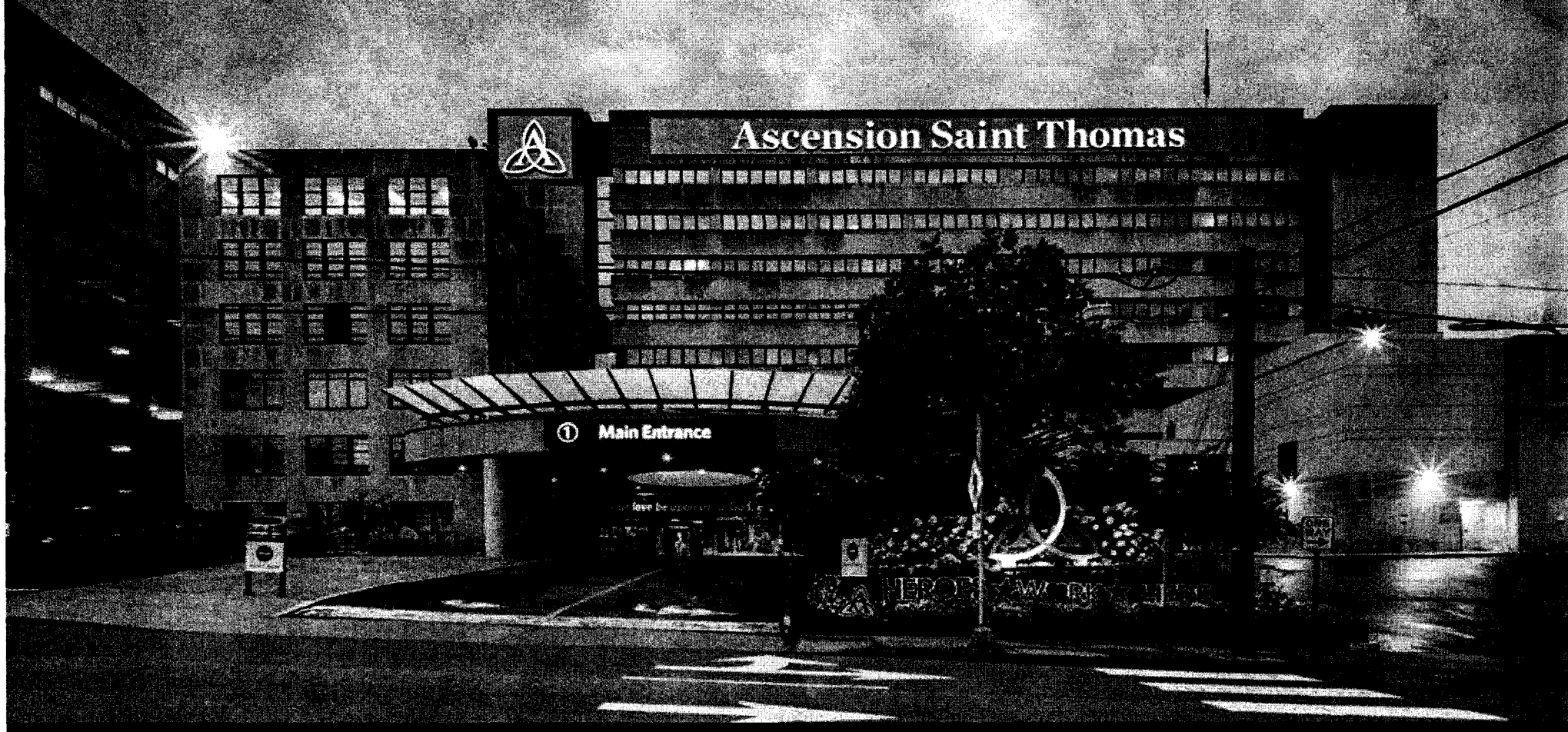
- Highpoint Health – Sumner, the 155-bed flagship hospital located in Gallatin
- Highpoint Health – Riverview, a 25-bed critical access hospital in Carthage
- Highpoint Health – Trousdale, a 25-bed critical access hospital in Hartsville

Lifepoint Health is a leading healthcare provider that serves patients, clinicians, communities, and partner organizations across the healthcare continuum. Driven by a mission of *making communities healthier®*, the company has a growing diversified healthcare delivery network comprised of more than 50,000 dedicated employees, 60 community hospital campuses, more than 60 rehabilitation and behavioral health hospitals and 250 additional sites of care, including managed acute rehabilitation units, outpatient centers and post-acute care facilities. Through its innovation strategy, Lifepoint Forward, the company is developing meaningful solutions to enhance quality, increase access to care, and improve value across the Lifepoint footprint and communities across the country. For more information about the company, visit [www.LifepointHealth.net](http://www.LifepointHealth.net).

### **About Ascension Saint Thomas**

Ascension Saint Thomas is a leading health care system with a 125-year history of providing care to the community, and is the only faith-based, nonprofit health system in Middle Tennessee. Today, the health system offers a highly comprehensive system of care, with more than 250 sites of care that cover a 45-county area in Tennessee consisting of 13 hospitals and a network of affiliated joint ventures, medical practices, clinics and specialty facilities. Across the state, Ascension Saint Thomas and its partner organizations employ more than 10,700 dedicated associates who care for millions of patients each year. Ascension Saint Thomas is part of Ascension, one of the nation's largest faith-based healthcare organizations committed to delivering compassionate, personalized care to all, with special attention to persons living in poverty and those most vulnerable. Ascension includes approximately 134,000 associates, 35,000 affiliated providers and 140 hospitals, serving communities in 19 states and the District of Columbia. Visit [www.ascension.org](http://www.ascension.org).

# Ascension Saint Thomas Midtown & West



 **Ascension  
Saint Thomas**



## Ascension Saint Thomas | Midtown & West Recognition

Ascension Saint Thomas earned a **"High Performing"** rating for the below procedures and conditions in recognition of care that was significantly better than the national average, as measured by factors such as patient outcomes. **"High Performing"** is the highest rating U.S. News awards for this type of care.

**Ascension Saint Thomas currently ranks #2 in the region and #6 in the state of Tennessee.**

- Aortic Valve Surgery
- Chronic obstructive pulmonary disease (COPD)
- Heart Attack
- Heart Bypass Surgery
- Heart Failure
- Hip Replacement
- Knee Replacement
- Leukemia, Lymphoma & Myeloma
- Lung Cancer Surgery
- Transcatheter Aortic Valve Replacement (TAVR)



## Ascension Saint Thomas Hospital

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### Clinical Services

- Bariatrics and Weight Loss
- Cardiac
- Chaplin Services
- Critical Care
- Pulmonary Rehabilitation Services
- Chest Pain and Stroke Network
- Diabetes
- Diagnostic Imaging
- Donor Care Services
- Emergency Services
- Gastroenterology
- Infusion Services
- Joint Replacement
- Laboratory Services
- Malignant Hematology
- Neurosciences
- Neonatal Services
- OB/GYN
- Oncology
- Orthopedics
- Palliative Care
- Pharmacy Services
- Robotic Surgical Procedures
- Spine
- Surgical Services
- Telemedicine
- Transplant (Kidney, Heart)
- Wound Care



# Our Year in Review | Awards and Accreditations - Midtown & West



## Midtown

- Triennial certification
- Primary Stroke Center
- Total Hip
- Total Knee
- Hip Fracture
- Chest Pain Center

## West

- Comprehensive Stroke Center
- Total Hip
- Total Knee
- Hip Fracture
- Chest Pain
- Ventricular Assist Device (VAD)



American  
Heart  
Association®

## Midtown

### Get with the Guidelines

- AFIB Gold Quality Achievement Award
- Stroke Gold Plus Achievement Award, Type 2 Diabetes Honor roll, Target Stroke Honor Roll

## West

### Get with the Guidelines

- Stroke Gold Plus
- Target: Stroke Elite Plus Honor Roll
- Target: Type 2 Diabetes Honor Roll
- Target: Stroke Advanced Therapy Honor Roll
- AFIB Gold Quality Achievement Award

Mitral Valve Repair Reference Award



*Other  
Achievements*

## Midtown

- Certified as an Orthopedic Aetna Institute of Quality
- Certified as a Blue Distinction Center for Total Hip Arthroplasty and Total Knee Arthroplasty
- Participant in TIPQC projects
  - Promotion of Vaginal Delivery
  - Severe Maternal Hypertension
  - Cardiac Conditions in Obstetric Care
- TIPQC 5-Star Rating for Optimal Cord Clamping Project
- Commission on Cancer Integrated Network Cancer Program (CoC)
- National Accreditation Program for Breast Cancer (NAPBC)
- National Accreditation Program for Rectal Cancer (NAPRC)

## West

- CMS 4 Star Rating
- Orthopedic Aetna Institute of Quality Certification
- Blue Distinction Center for Total Hip Arthroplasty and Total Knee Arthroplasty
- Center of Excellence in Hernia Surgery
- Highest 3 star TAVR rating



Ascension Saint Thomas



Commission  
on Cancer®

NAPBC  
NATIONAL ACCREDITATION PROGRAM  
FOR BREAST CENTERS

NCS NAPRC

National Accreditation Program  
for Rectal Cancer  
American College of Surgeons

# Saint Thomas Awards and Recognition

Ascension Saint Thomas continues to provide excellence service and compassionate care. See our awards and recognition below.

## Joint Commission Disease Specific Certifications

- **Total Joint Replacement (Hip and Knee)** - Ascension Saint Thomas Hospital Midtown, Ascension Saint Thomas Rutherford and Ascension Saint Thomas Hospital West
- **Chest Pain** - Ascension Saint Thomas Highlands, Ascension Saint Thomas Stones River, Ascension Saint Thomas Dekalb, Ascension Saint Thomas Rutherford, Ascension Saint Thomas Hospital Midtown, and Ascension Saint Thomas Hospital West
- **Advanced Comprehensive Stroke** - Ascension Saint Thomas Hospital West
- **Advanced Primary Stroke** - Ascension Saint Thomas Hospital Midtown and Ascension Saint Thomas Rutherford
- **Advanced Ventricular Assist Device (VAD)** - Ascension Saint Thomas Hospital West

## Cardiac

- **Joint Commission Chest Pain Certification** - Ascension Saint Thomas Highlands, Ascension Saint Thomas Stones River, Ascension Saint Thomas Dekalb, Ascension Saint Thomas Rutherford, Ascension Saint Thomas Hospital Midtown, and Ascension Saint Thomas Hospital West
- **Joint Commission Advanced Ventricular Assist Device (VAD) Certification** – Ascension Saint Thomas Hospital West
- **ICAEL Echo Lab Accreditation** – Ascension Saint Thomas Hospital West
- **Truven Top 50 Cardiovascular Hospital** – Ascension Saint Thomas Hospital West
- **Truven Top 100 Hospital 14 Consecutive Years** – Ascension Saint Thomas Hospital West
  - 1 of 5 in the Nation
- **Becker's 2016 Top 100 Cardiac Hospitals** - Ascension Saint Thomas Hospital West
- **STS 3-Star Site** - Ascension Saint Thomas Hospital West and Ascension Saint Thomas Hospital Midtown

## Saint Thomas Cancer Care

- The only Commission on Cancer Accredited Integrated Network Cancer Program with Commendation in Tennessee, uniting the cancer programs of Ascension Saint Thomas Hospital Midtown, Ascension Saint Thomas Rutherford, and Ascension Saint Thomas Hospital West.
- Largest National Accreditation Program for Breast Centers Breast Cancer Program in Tennessee with more than 1000 breast cancers diagnosed and/or treated in 2016 in our facilities
- Certified Quality Breast Center of Excellence, the highest level of recognition in the National Quality Measures for Breast Centers Program of the National Consortium of Breast Centers, Inc.
- Designated as a Breast Imaging Center of Excellence by American College of Radiology
- ADDARIO Lung Cancer Foundation Centers of Excellence

## Orthopedics

- **Joint Commission Accreditation** - for Total Hip Arthroplasty and Total Knee Arthroplasty – Ascension Saint Thomas Hospital Midtown and Ascension Saint Thomas Rutherford

- **Joint Commission Accreditation** - for Total Hip Arthroplasty, Total Knee Arthroplasty, and Hip Fracture – Ascension Saint Thomas Hospital West
- **Blue Cross Blue Shield** – Blue Distinction Center for Total Hip Arthroplasty and Total Knee Arthroplasty – Saint Thomas Midtown, Saint Thomas West, Saint Thomas Rutherford
- **Aetna Institute of Quality** – Total Knee Arthroplasty and Total Hip Arthroplasty – Saint Thomas Midtown, Saint Thomas West, Saint Thomas Rutherford
- Saint Thomas Midtown - First hospital in Tennessee to earn the Joint Commission Gold Seal of Approval for Total Hip and Knee Replacement
- Saint Thomas West - Care Chex ranked #1 in Tennessee and #28 nationally for Total Hip Arthroplasty and Total Knee Arthroplasty

## **Women's and Children's Services**

- **Baby Friendly Designation by Baby Friendly USA, Inc.** - Ascension Saint Thomas Hospital Midtown
- **Safe Sleep Gold Designation** – Ascension Saint Thomas Hospital Midtown

- **Safe Sleep Silver Designation** – Ascension Saint Thomas  
Rutherford

## **Bariatrics**

- **MBSAQIP Accredited Comprehensive Center Certification for Bariatric Surgery** - Ascension Saint Thomas Hospital Midtown
- **Aetna Institutes of Quality (IOQ) Bariatric Center** – Ascension Saint Thomas Hospital Midtown
- **Clinical Sciences Institute of Optum Bariatric Center of Excellence Network** – Ascension Saint Thomas Hospital Midtown

## **HIMSS Analytics Electronic Medical Record (EMR) Adoption Model**

Ascension Saint Thomas Hospital Midtown, Ascension Saint Thomas Rutherford and Ascension Saint Thomas Hospital West have Stage 6 of the HIMSS Analytics Electronic Medical Record (EMR) Adoption Model. Stage 6 hospitals have achieved a significant advancement in their IT capabilities that positions them to successfully address many of the upcoming industry transformations we will be experiencing in the near future (e.g., HIPAA Claims Attachment, pay for performance, and government quality reporting programs). Stage 6 hospitals are also well positioned to provide data to key stakeholders (e.g., payers, the



government, physicians, consumers, and employers) to support electronic health record (EHR) environments and regional health information organizations (RHIOs).

**Additional Document 2 R5**

**Distance and Drive Time Study**

**ER Patient Origin by Residents' Zip Codes**

**ER Patient Origin for Sumner Regional Medical Center**

**Medically Underserved Area Designations**

**Letter of Commitment of Resources**

**Table Additional Document 2 R2**  
**PSA Zip Code Distances and Drive Times to Existing Providers and the Project Site in White House**

			Proposed FSED White House Site		HCA Northcrest M.C. Springfield		HCA Portland FSED Portland		Hendersonville M.C. Hendersonville		HCA Skyline MC Nashville		Sumner Station FSED Gallatin		Sumner Reg'l M.C. Gallatin	
Zip Code	Zip Code Name	County	Distance	Drive Time	Distance	Drive Time	Distance	Drive Time	Distance	Drive Time	Distance	Drive Time	Distance	Drive Time	Distance	Drive Time
37048	Cottontown	Sumner	<b>5.3 mi</b>	10 min	21.3 mi	32 min	7.8 mi	12 min	14.1 mi	25 min	27.2 mi	29 min	13.0 mi	21 min	13.0 mi	24 min
37049	Cross Plains	Robertson	<b>8.8 mi</b>	12 min	16.4 mi	26 min	11.9 mi	17 min	20.0 mi	32 min	27.5 mi	30 min	19.8 mi	29 min	19.87 mi	33 min
37072	Goodlettsville	Sumner	12.4 mi	15 min	15.3 mi	24 min	27.9 mi	32 min	<b>11.0 mi</b>	19 min	12.4 mi	17 min	16.9 mi	22 min	22.9 mi	35 min
37073	Greenbrier	Robertson	10.9 mi	17 min	<b>8.0 mi</b>	14 min	26.5 mi	34 min	17.1 mi	28 min	18.5 mi	26 min	23.0 mi	30 min	29.1 mi	44 min
37075	Hendersonville	Sumner	14.3 mi	26 min	25.8 mi	42 min	22.8 mi	30 min	<b>2.7 mi</b>	8 min	14.4 mi	21 min	<b>6.2 mi</b>	10 min	<b>12.2 mi</b>	25 min
37141	Orlinda	Robertson	15.6 mi	24 min	17.4 mi	30 min	<b>15.5 mi</b>	24 min	32.8 mi	45 min	34.3 mi	42 min	26.5 mi	42 min	29.6 mi	42 min
37148	Portland	Sumner	21.0 mi	29 min	32.8 mi	51 min	<b>7.4 mi</b>	14 min	31.0 mi	41 min	39.7 mi	46 min	24.8 mi	33 min	<b>19.6 mi</b>	31 min
37172	Springfield	Robertson	13.0 mi	20 min	<b>5.1 mi</b>	14 min	25.8 mi	37 min	25.7 mi	40 min	26.8 mi	38 min	27.1 mi	41 min	31.3 mi	50 min
37188	White House	Robertson	<b>2.6 mi</b>	5 min	14.7 mi	24 min	18.3 mi	23 min	15.4 mi	27 min	21.4 mi	25 min	16.8 mi	27 min	19.7 mi	35 min

Source: Google Maps 8-31-24. Data was taken from zip code centroids.

**1N Criterion 8 Table: Service Area's Payor Mix of Emergency Room Visits By Zip Code -- 2022**

2022 Payor Mix	37048 Cottontown	37049 Cross Plains	37072 Goodlettsville	37073 Greenbrier	37075 Hendersonville	37141 Orlinda	37148 Portland	37172 Springfield	37188 White House	Payor Totals	Payor Group Percentage
Commercial	894	582	3,976	2,107	9,335	197	4,235	4,192	2,489	28,007	31.9%
Medically Indigent/Free	38	59	455	171	604	<11	392	756	132	2,607	3.0%
Medicare	706	516	3,701	1,574	7,281	115	3,385	4,526	1,673	23,477	26.8%
Other	81	60	438	220	881	25	492	587	225	3,009	3.4%
Self-Pay	166	151	1,444	471	2,024	36	1,189	1,799	399	7,679	8.8%
TennCare/Medicaid	527	422	3,509	1,353	5,530	159	4,894	5,311	1,184	22,889	26.1%
<b>Total All Groups</b>										<b>87,668</b>	<b>100.0%</b>

2022 Payor Percentages	37048 Cottontown	37049 Cross Plains	37072 Goodlettsville	37073 Greenbrier	37075 Hendersonville	37141 Orlinda	37148 Portland	37172 Springfield	37188 White House
Commercial	37.1%	32.5%	29.4%	35.7%	36.4%	36.6%	29.0%	24.4%	40.8%
Medically Indigent/Free	1.6%	3.3%	3.4%	2.9%	2.4%	<11	2.7%	4.4%	2.2%
Medicare	29.3%	28.8%	27.4%	26.7%	28.4%	21.4%	23.2%	26.4%	27.4%
Other	3.4%	3.4%	3.2%	3.7%	3.4%	4.6%	3.4%	3.4%	3.7%
Self-Pay	6.9%	8.4%	10.7%	8.0%	7.9%	6.7%	8.2%	10.5%	6.5%
TennCare/Medicaid	21.8%	23.6%	25.9%	22.9%	21.6%	29.6%	33.6%	30.9%	19.4%

Source: Hospital Discharge Data System (HDDS), 9-6-24; Development Support Group for payor totals and % of entire primary service area.

Note: Payor totals are based on percentages carried to one decimal point and then rounded to payor totals, whose sum is 87,668, within 99.99% of the 87,674 HDDS total in other tables.

**1N Criterion 8 Table: Applicant's Payor Mix of Emergency Room Visits By Zip Code -- 2022**

2022 Payor -- SRMC	37048	37049	37072	37073	37075	37141	37148	37172	37188	Total -- All Zips
Commercial	894	582	3,976	2,107	9,335	197	4,235	4,192	2,489	28,007
Medically Indigent/Free	38	59	455	171	604	<11	392	756	132	2,607
Medicare	706	516	3,701	1,574	7,281	115	3,385	4,526	1,673	23,477
Other	81	60	438	220	881	25	492	587	225	3,009
Self-Pay	166	151	1,444	471	2,024	36	1,189	1,799	399	7,679
TennCare/Medicaid	527	422	3,509	1,353	5,530	159	4,894	5,311	1,184	22,889
<b>Total -- All Payors</b>	<b>2,412</b>	<b>1,790</b>	<b>13,523</b>	<b>5,896</b>	<b>25,655</b>	<b>532</b>	<b>14,587</b>	<b>17,171</b>	<b>6,102</b>	<b>87,668</b>

2022	37048	37049	37072	37073	37075	37141	37148	37172	37188	% -- All Zips
Commercial	37.1%	32.5%	29.4%	35.7%	36.4%	36.6%	29.0%	24.4%	40.8%	31.9%
Medically Indigent/Free	1.6%	3.3%	3.4%	2.9%	2.4%	<11	2.7%	4.4%	2.2%	3.0%
Medicare	29.3%	28.8%	27.4%	26.7%	28.4%	21.4%	23.2%	26.4%	27.4%	26.8%
Other	3.4%	3.4%	3.2%	3.7%	3.4%	4.6%	3.4%	3.4%	3.7%	3.4%
Self-Pay	6.9%	8.4%	10.7%	8.0%	7.9%	6.7%	8.2%	10.5%	6.5%	8.8%
TennCare/Medicaid	21.8%	23.6%	25.9%	22.9%	21.6%	29.6%	33.6%	30.9%	19.4%	26.1%
<b>% of Payor Total by Zip Code</b>	<b>10.5%</b>	<b>7.8%</b>	<b>59.1%</b>	<b>25.8%</b>	<b>112.1%</b>	<b>2.3%</b>	<b>63.7%</b>	<b>75.0%</b>	<b>26.7%</b>	<b>383.0%</b>

Source: HDDS.

**PAYOR MIX OF SUMNER REGIONAL MEDICAL CENTER**

<b>2022 Payor – SRMC</b>	<b>37048</b>	<b>37049</b>	<b>37072</b>	<b>37073</b>	<b>37075</b>	<b>37141</b>	<b>37148</b>	<b>37172</b>	<b>37188</b>	<b>Total – All Zips</b>
Commercial	894	582	3,976	2,107	9,335	197	4,235	4,192	2,489	<b>28,007</b>
Medically Indigent/Free	38	59	455	171	604	<11	392	756	132	<b>2,607</b>
Medicare	706	516	3,701	1,574	7,281	115	3,385	4,526	1,673	<b>23,477</b>
Other	81	60	438	220	881	25	492	587	225	<b>3,009</b>
Self-Pay	166	151	1,444	471	2,024	36	1,189	1,799	399	<b>7,679</b>
TennCare/Medicaid	527	422	3,509	1,353	5,530	159	4,894	5,311	1,184	<b>22,889</b>
<b>Total – All Payors</b>	<b>2,412</b>	<b>1,790</b>	<b>13,523</b>	<b>5,896</b>	<b>25,655</b>	<b>532</b>	<b>14,587</b>	<b>17,171</b>	<b>6,102</b>	<b>87,668</b>

<b>2022</b>	<b>37048</b>	<b>37049</b>	<b>37072</b>	<b>37073</b>	<b>37075</b>	<b>37141</b>	<b>37148</b>	<b>37172</b>	<b>37188</b>	<b>% – All Zips</b>
Commercial	37.1%	32.5%	29.4%	35.7%	36.4%	36.6%	29.0%	24.4%	40.8%	<b>31.9%</b>
Medically Indigent/Free	1.6%	3.3%	3.4%	2.9%	2.4%	<11	2.7%	4.4%	2.2%	<b>3.0%</b>
Medicare	29.3%	28.8%	27.4%	26.7%	28.4%	21.4%	23.2%	26.4%	27.4%	<b>26.8%</b>
Other	3.4%	3.4%	3.2%	3.7%	3.4%	4.6%	3.4%	3.4%	3.7%	<b>3.4%</b>
Self-Pay	6.9%	8.4%	10.7%	8.0%	7.9%	6.7%	8.2%	10.5%	6.5%	<b>8.8%</b>
TennCare/Medicaid	21.8%	23.6%	25.9%	22.9%	21.6%	29.6%	33.6%	30.9%	19.4%	<b>26.1%</b>
<b>% of Payor Total by Zip Code</b>	<b>2.8%</b>	<b>2.0%</b>	<b>15.4%</b>	<b>6.7%</b>	<b>29.3%</b>	<b>0.6%</b>	<b>16.6%</b>	<b>19.6%</b>	<b>7.0%</b>	<b>100.0%</b>

Table Additional Documents 2 R2: Medically Underserved Area Designations of PSA Counties				
Proposed Service Area ZIP Code and/or County	Medically Underserved Area Check (X) if Applicable	Medically Underserved Populations Check (X) if Applicable	Health Professional Shortage Area Check (X) if Applicable	Shortage Area for Mental Health Services Check (X) if Applicable
Robertson County	X			
Sumner County	Sumner County has no designations of MUA.			

Discipline	MUA/P ID	Service Area Name	Designation Type	Primary State Name	County	Index of Medical Underservice Score
Primary Care	03228	ROBERTSON SERVICE AREA	Medically Underserved Area	Tennessee	Robertson County, TN	60.9

The MUA website offers no information on Sumner County TN



July 30, 2024

Mr. Logan Grant, Executive Director  
Tennessee Health Services and Development Agency  
Andrew Jackson Building, 9<sup>th</sup> Floor  
502 Deaderick Street, Nashville, TN 37243

**RE: Sources of Funds for the Certificate of Need application filed by Sumner Regional Medical Center, LLC for a satellite Emergency Department, White House, TN, Robertson County**

**Project Name: Highpoint Health White House – ER with Ascension Saint Thomas**

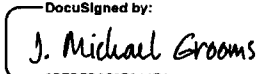
Dear Mr. Grant,

Sumner Regional Medical Center, LLC is an indirect, majority-owned subsidiary of Lifepoint Health, Inc. ("Lifepoint"). Sumner Regional Medical Center, LLC, plans to build a satellite Emergency Department in the White House, Tennessee community in Robertson County. The project is estimated to require approximately \$21 million. Lifepoint hereby commits to provide the funds necessary to successfully complete the project. The funds will come from Lifepoint's cash reserves in addition to amounts available for borrowing under its ABL Facility.

Please accept this letter as my acknowledgement that Lifepoint has \$103 million in available cash in addition to \$471 million available for borrowing under its ABL Facility as of June 30, 2024. All of these funds are unrestricted in nature and are immediately available for use for the proposed project.

Thank you for your time and attention.

Sincerely,

DocuSigned by:  
  
387878859781474...  
J. Michael Grooms  
SVP, Chief Accounting Officer  
Lifepoint Health, Inc.



**Attachment 8Q R2**  
**Staffing Needs and Recruitment Needs**

<b>Table 8Q (A) R2: Recruitment of Staff</b>			
<b>Position Type</b>	<b>FTEs Needed for Proposed FSED</b>	<b>FTEs Currently Employed</b>	<b>FTEs that will be Recruited</b>
Physicians	0	0	0
Registered Nurses	8.4	0	8.4
ER Tech	0	0	0
EVS Tech	0	0	0
Radiology Tech	4.2	0	4.2
CT Tech	0	0	0
Ultrasonographer	0	0	0
Medical Tech	4.2	0	4.2
Other*	11.5	0	11.5
<b>Totals</b>	<b>28.3</b>	<b>0</b>	<b>28.3</b>

*Source: Hospital Management. These FTEs do not include contracted staff such as physicians, pharmacists, EVS, etc.*

*\*Other includes security , patient registration, respiratory therapist, and management.*

**Table 8Q(B) R2 : Contracted and Employed Staff**

Service	Hours Available	On-Site	Contracted or InHouse
Laboratory	24/7/365	yes	Pathologist contracted; other personnel employed
X Ray	24/7/365	yes	Radiologist contracted; other personnel employed
CT Scanner	24/7/365	yes	Radiologist contracted; other personnel employed
Ultrasound	24/7/365	yes	Radiologist contracted; other personnel employed
Pharmacy	24/7/365	yes	Pharmacist contracted; other personnel employed
Respiratory	24/7/365	yes	Physician contracted; other personnel employed
Other*	24/7/365	yes	Employed

Source: Hospital Management.

## **HIGHPOINT FSED LIST OF ATTACHMENTS**

**Attachment 10A -- Floor Plan**

**Attachment 2N R2-- County Level Map of Primary Service Area;**

**Zip Code Maps of Primary Service Area;**

**Location of Urgent Care Centers in Primary Service Area**

**Attachment 7A R2 -- Legal Entity Existence Documents;**

**Organization Chart of Applicant**

**Attachment 9A - - Site Control (Legal Interest in Site)**

**Attachment 12A -- Plot Plan**

**Attachment 1C R1-- Transfer Agreements**

**Attachment 1N R2 -- State Health Plan Criteria and Standards;**

**Required Applicable Tables**

**Attachment 3A -- Proof of Publication**

**Attachment 3N.B, R2 -- Service Area Demographic Table;**

**Service Area Population By Zip Code;**

**Service Area Payor Mix By Zip Code**

**Attachment 3Q R1-- Licensure/Certification/Accreditation**

**Attachment 5N R2 -- Utilization of Existing Services;**

**Approved But Unimplemented Services**

**Attachment 6N R2 -- 2 Year Utilization Projection 2026-2027**

**Attachment 8C -- Frequent Charges and Medicare Reimbursement (see 9C)**

**Attachment 9C -- Charges of Similar Providers**

**Attachment 8Q R2 -- Staffing and Recruitment**

**Additional Document 1 -- The Hospitals of Highpoint Health**

**Additional Document 2 R2 -- Driving Distance Study;**

**ER Patient Origin Data By PSA Zip Codes;**

**Designations as Medically Underserved Areas;**

**Letter of Commitment to Resources Needed**

**Additional Document 3      2C - Insurance Plans**

**Additional Document 4      Staffing and Recruitment**

**Additional Document 5      Medical Equipment Costing \$50,000 or More**

**Additional Document 3**  
**72C Insurance Plans**

**Highpoint Sumner  
Contracted Group Healthplans and Networks**

<b>Aetna</b>	<b>Exchange Plans</b>	<b>TennCare</b>
<b>Elect Choice</b>	<b>Ambetter</b>	<b>Blue Care</b>
<b>Choice Point of Service</b>	<b>Ascension</b>	<b>Select</b>
<b>HMO</b>	<b>Blue Cross PPO</b>	<b>United Healthcare</b>
<b>Open Choice PPO</b>	<b>Blue Cross Select</b>	<b>Wellpoint</b>
<b>Open Access</b>	<b>Humana</b>	<b>BC Cover Kids</b>
<b>PPO</b>	<b>Oscar</b>	<b>UHC Cover kids</b>
<b>Meritain</b>		
<b>Vanderbilt</b>	<b>Medicare Advantage Plans</b>	<b>United Healthcare</b>
	<b>AARP MC Complete</b>	<b>Choice Plus</b>
<b>Blue Cross</b>	<b>Aetna HMO</b>	<b>Golden Rule</b>
<b>Network S</b>	<b>Aetna PPO</b>	<b>Navigate</b>
<b>Network P</b>	<b>Blue Care HMO</b>	<b>Options PPO</b>
<b>Out of State</b>	<b>Blue Care PPO</b>	<b>Oxford</b>
	<b>Blue Care Plus</b>	<b>River Valley</b>
<b>Cigna</b>	<b>Cigna</b>	<b>Surest</b>
<b>Allied Cigna</b>	<b>Devoted</b>	
<b>HMO</b>	<b>Farm Bureau</b>	<b>United Medical Resources</b>
<b>Open Access</b>	<b>Humana Choice HMO</b>	<b>Great West</b>
<b>Open Access Plus</b>	<b>Humana Choice PPO</b>	<b>The TN Plan</b>
<b>Local Plus</b>	<b>Humana Gold Plus</b>	<b>United Healthcare Choice</b>
<b>Oscar</b>	<b>UHC Complete Care</b>	
<b>PPO</b>	<b>UHC Community Plan</b>	<b>Multiplan</b>
	<b>UHC Dual Complete</b>	<b>PHCS</b>
<b>Greatwest Life</b>	<b>UHC PPO</b>	<b>Provider Network of America</b>
<b>HMO</b>	<b>Wellcare Cenetene</b>	<b>Signature Health Alliance</b>
<b>PPO</b>	<b>Wellpoint</b>	

**Additional Document 5**  
**Medical Equipment Costing \$50,000 or More**

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<b>WHITE HOUSE FSED--ITEMS COSTING \$50,000 OR MORE PER UNIT</b>			
<b>EQUIPMENT ITEM</b>	<b>PRETAX UNIT PRICE</b>	<b>SALES TAX @ 9.25%</b>	<b>TOTAL COST</b>
CT	\$473,000	\$44,935	\$517,935
Radiographic Unit	\$500,000	\$47,500	\$547,500
Ultrasound Unit	\$75,000	\$7,125	\$82,125
C-Arm	\$175,000	\$16,625	\$191,625
Portable Radioographic	\$300,000	\$28,500	\$328,500
Medication Dispensing Unit	\$200,000	\$19,000	\$219,000
Nurse Station Monitoring System	\$175,000	\$16,625	\$191,625
Transportable Ventilator	\$55,000	\$5,225	\$60,225
<b>TOTALS, ALL EQUIPMENT</b>			<b>\$2,138,535</b>



**P**

**Attachment 9A**  
**Site Control (Legal Interest in Site)**

**Response: The applicant has not entered into an agreement to pay civil or administrative penalties.**

**Response: The applicant has not entered into an agreement to pay civil monetary penalties**

**Project Name :** Sumner Regional Medical Center

**Supplemental Round Name :** 1

**Due Date :** 9/6/2024

**Certificate No. :** CN2407-019

**Submitted Date :** 8/15/2024

### 1. 5A. Type of Institution

Please select "Other - Freestanding Emergency Department" in response to Item 5A. of the main application.

**Response : Response: This has been done in the application.**

### 2. 7A. Type of Ownership of Control

Please attach an ownership structure organizational chart.

**Response : Response : This has been done in Attachment 7A R1 .**

### 3. 1E. Overview

Please clarify in the "Description" section of Item 1E. that the proposed FSED will be a satellite of Sumner Regional Medical Center, which already has one existing FSED. Please also discuss the location of the proposed FSED in relation to the host hospital.

Please list the actual nine ZIP Codes and associated geographic area with each in response to Item 1E.

Please list the other hospitals in the service area, as well as the host hospital and its existing FSED in response to the "Existing similar service providers" section of Item 1E.

There appears to be a typo in response to the "Staffing" section of 1E. Please remove.

**Response : Description Clarification:**

**Response: This has been done in the application.**

**Description of Nine Zip Codes:**

**Response: This has been done in the application.**

**Staffing Section Typo:**

**Response: This has been done in the application.**

**4. 2E. Rationale for Approval**

The limitations of the payor sources accepted by the existing emergency services providers in the service area is noted. What additional information is available regarding the applicant's in-network payors compared to the existing service area providers? Are there any plans the applicant accepts that the existing provider does not and vice versa?

**Response : Response : The applicant provided a comprehensive list of its own in-network payors, in the originally filed Attachment Additional Document 3. However, the applicant cannot comment on other providers' in-network contracts, beyond what the applicant has already stated with respect to Blue Cross S patients. However, Sumner Regional Medical Center does receive transfers of stabilized patients from HCA emergency rooms, whom HCA does not want to transport to an HCA hospital due to the patients' insurance plans. Sumner Regional accepts those patients and admits them for hospital care regardless of insurance issues.**

**5. 2N. Service Area**

Please include a ZIP Code level breakdown of projected utilization in response to Item 2N. Please include the counties associated with each ZIP Code.

Please provide a clearer illustration of the proposed service area ZIP Codes and their proximity to existing emergency services in the proposed service area counties.

Please discuss the access challenges for residents of the service area to emergency services. Why were the specific ZIP Codes selected for the service area? Which, if any portions of the service area ZIP Codes are located closer to other existing ER facilities?

What is the size of the population in the service area for whom this FSED will represent the closest ER facility?

What is the number of patients within the service area who are currently travelling to the host hospital of Sumner Station FSED?

The Attachment "Additional Document 2 - Drive Time Studies" is noted. Please include the host hospital and Sumner Station FSED in this table along with other ER facilities that may be closer to portions of some of the service area ZIP Codes than the proposed FSED, such as TriStar Skyline Medical Center for portions of 37072.

**Response : Utilization by Zip Code and Associated Counties:**

**Response:** This has been provided in the application, for the zip codes as well as the two counties where they are located.

**Zip Code Illustrations:**

**Response:** Revised Attachment 2N R1 contains higher quality maps of the primary service area, showing zip code boundaries and emergency care locations in and near the area.

**Access Challenges, Selection of Zip Codes, and Facilities Near Applicant:**

**Response:** Communities in the defined service area primarily seek emergency care at three providers that are within those zip codes. However, those three providers are on the periphery of the primary service area, at a significant distance west, east, and south of the high growth area of White House in the center of the service area. Communities in the service area currently seek emergency care at the three peripheral providers for several different reasons. First, they may be the closest provider at this time. Second, local patients know local roads better than they know highways outside the service area. Third, using other facilities requires driving through a ridge of difficult terrain that imposes risks in inclement weather. However, a facility on the Interstate and in White House itself is a location that well serves area residents who want to receive emergency care in the middle of their area rather than on its periphery. The specific zip codes for this area were chosen to serve eastern Robertson County and Western Sumner County, and most of the area from Davidson County north to Kentucky. The applicant's driving distance table in Attachment "Additional Documents Highway Distances R1" provides comprehensive information on the highway distance from each zip code (as defined by Google) to each provider. The data identify what facilities are closest to each zip code. However, the applicant has no source with which to identify distances between facilities and portions of a zip code.

Please note that the data are from Google Maps, whose data often vary somewhat, depending on what day, and what time of day, they are taken. That is because at different times and/or on different days, Google often calculates and displays different "fastest routes".

**What is the size of the population in the service area for whom this FSED will represent the closest ER facility:**

**Response:** To be submitted separate cover.

**Service Area Patients Currently Using Host Hospital**

**Response:** This is provided in Attachment 5N R1.

**Additional Document 2-Drive time studies:**

**Response:** Sumner Regional Medical Center and Sumner Station have been added in the table.

The applicant's driving table in Attachment "Additional Documents 2 R1" provides comprehensive information on the highway distance from each zip code (as defined by Google) to each provider. The data identify what facilities are closer to each zip code, including the project site. However, the applicant knows of no source to identify distances between providers and "portions" of a zip code. Please note that the data are from Google Maps, whose data often vary, depending on what day, and what time of day, they are taken. That is because at different times and/or on different days, Google often calculates and displays different "fastest routes".

## 6. 2N. Service Area

Some of the distances and drive times included in Attachment "Additional Document 2 - Time Studies" appear to be inaccurate. Please recheck the drive times and distances included in the table for the following:

The largest community in 37072 appears to be Goodlettsville not Millersville. Please revise the table to reflect this.

37172 - Distance and Drive Times to the proposed SRMC in White House.

37148 - Distance and Drive Times to the proposed SRMC in White House.

37048 - Distance and Drive Times to HCA Northcrest Medical Center

37048 - Distance and Drive Times to HCA Portland FSED

37072 - Distance and Drive Times to HCA Portland FSED

37075 - Distance and Drive Times to HCA Portland FSED

37188 - Distance to HCA Portland FSED

**Response :** Response: In revised Attachment “Additional Document 2 R1”, the original distance and drive time table is withdrawn. Driving distances are provided in a new table that provides comprehensive information on the highway distance from each zip code (as defined by Google) to each provider. The data show what facilities are closest to each zip code. The Goodlettsville zip code has a corrected name. However, the applicant has no access to a source for identifying distances between providers and portions of a zip code.

### 7. 3N. Demographics

Please include a demographic table as Attachment 3NB.

Please provide detail on the age profile of each service area ZIP Code, i.e. number of residents 65+. The data can be accessed at the following website: [Census Bureau Data](#)

**Response :** Please include a demographic table:

Response: The table is provided as Attachment 3NB R1.

#### Age Profiles:

Response: Age profiles for the main age cohorts do not appear to be provided currently on the Census website. The applicant filed a request with HDDS to provide this information, but it has not yet been provided.

### 8. 4N. Special Needs of Service Area

What percentage of the service area residents accessing emergency services are TennCare, or Self-Pay patients?

**Response :** Response: Please see the demographic table in Attachment 3N.B R1 for this data for Robertson and Sumner Counties, which will approximate the percentages in the primary service area zip codes that cover most of those counties. HDDS data by zip code would reflect only the payor mix of patients who sought emergency care.

### 9. 5N. Unimplemented services

Please separate the data presented for Sumner Regional Medical Center and Sumner Station FSED in Table 5N on Page 15 of the application into two separate rows.



Please include utilization for TriStar Skyline Medical Center in the Table for 5N.

Please include the referenced Attachment 5N.

**Response :** Separation of data for SRMC and Sumner Station:

**Response:** This has been done in Table 5N (A) R1, which is based on JAR data that identifies the hospital and its FSED utilization separately. However, Table 5N(B) RI contains only HDDS claims-based utilization that that did not provide the applicant with a separation of the two facilities' utilization.

**Please see revised Attachment 5N R1.**

#### 10. 6N. Utilization and/or Occupancy Statistics

Please provide additional details regarding the methodology used to project utilization. The methodology must include detailed calculations and identification of all assumptions.

What is the emergency services utilization in the service area ZIP Codes historically? Where are residents currently accessing services? How many of those patients are accessing care the applicant's host hospital or FSED?

The utilization data for the host hospital should be included in response to this item.

Please attach the referenced Attachment 6N.

**Response :** Methodology for Projections:

**Response:** Projection of the FSED's visits in its first two years is based on an estimated 15 visits per day in Year One and 20 visits per day in Year Two. Those are conservative assumptions, given that existing ERs in the area already exceed ACEP utilization standards, and given strong increases of visits to ERs located within the project service area. No other methodologies were utilized in the utilization projections. The applicant has confidence in these projections because its experience with opening Sumner Station FSED was very close to this application's estimated visits in its first two years.

**Historic utilization of Service Area Facilities, Gallatin facilities and Selected Davidson County Facilities:**

**Response:** This information is provided in the two new tables 5N(A) R1 and 5N(B) R1, in revised attachment 5N R1. HDDS claims-based data in Table 5N(B) R1 indicates that in 2020-2022, the three HCA facilities in the service area experienced a collective increase of 19.4% in ER visits-- ranging from 28% at TriStar in Hendersonville to 12 % at TriStar Northcrest in Springfield. No distinction is made by HDDS between Sumner Regional Medical Center and Sumner Station. However, the JAR-based Table 5N(A) R1 does. It shows total ER utilization. The HCA facilities at Portland and Hendersonville experienced 27% increases in this period. Sumner station FSED experienced a 60.5% increase.

**Attachment 6N:**

**Response:** This has been done in Attachment 6N R1.

**11. 7N. Outstanding CoN**

Are there any outstanding CONs associated with Ascension Saint Thomas Health?

**Response :** This information is not yet available. It will be submitted under separate cover.

**12. 1C. Transfer Agreements**

Please identify any proposed transfer agreements and revise the response to Item 1C. in the main application.

**Response**

:

**Response:**

**Attachment 1C R1 contains one example of transfer agreements that are in place with 24 faci including hospitals, nursing homes, and other types of providers. The agreement in this attachment covers transport to Sumner Regional Medical Center.**

**13. 3C. Effects of Competition and/or Duplication**

What non-emergency services are available in the proposed service area that are affiliated with the applicant such as primary care, urgent care, specialty clinics? Where are these services located in relation to the proposed FSED?

Are there any differences in proposed charge rates for the facility from those of existing providers in the service area.

**Response :** **Response:** The application contains an attachment comparing this project's proposed charges by level of care to those currently published for HCA emergency services. Those gross charges are reasonably comparable.

#### 14. 4C. Accessibility to Human Resources

Does the applicant have any affiliations with training programs to support staffing of the proposed facility?

Will laboratory staff and imaging staff be in-house or contracted through a third party?

**Response :** **Affiliations For Training:**

**Response:** Training is provided by staff in the host hospital, not off-site with an external third party.

#### **Laboratory and Imaging staff:**

**Response:** Tennessee law prohibits employing physicans. The ER physicians and the radiologist (imaging) must be contracted with a local organization. Nursing and laboratory staff will be employed.

#### 15. 5C. License/Certification

Who will serve as Medical Director for the facility?

Will ER physician staff be in-house or contracted through a third party?

Please document the applicant's quality assurance policies and programs, utilization review policies and programs, record keeping, clinical staffing requirements, and staff education.

Will the applicant pursue ACR accreditation for its CT services?

Are there any other types of certification or accreditation that the applicant intends to pursue for its FSED services?

**Response : Medical Director:**

**Response: Zachariah Ramsey, M.D.**

**Physician staff:**

**Response: They will be contracted through a local third party, not a national one.**

**QA, UR, records, staffing:**

**Response:**

The White House FSED will be integrated into the structural framework of Highpoint Health – Sumner’s Continuous Quality Improvement Plan. The organizational goals include providing a safe environment for patients, visitors, and associates; developing a culture for continual improvement for all; engaging all caregivers; and ensuring optimal outcomes for our patients. The plan uses the Plan, Do, Check, Act (PDCA) cycle for continuous quality improvement. The reporting on progress to goals and plan oversight is accomplished through committee meetings and data reviews, including, but not limited to, Medical Staff Quality Committee, Patient Safety Clinical Quality Committee, Chest Pain Committee, Emergency Department Committee, [et.al](#). The White House FSED quality reviews will use a variety of methods to obtain outcome and process monitoring metrics, such as, medical record reporting and review, core measure abstraction analysis, chart reviews, regulatory compliance, and outcome measures to ensure safe, high-quality care is given to all patients utilizing services.

Highpoint Health-Sumner is committed to the provision of high-quality patient care, while promoting appropriate and efficient utilization of system resources. The Utilization Review Plan is in accordance with the requirements of Health and Human Services Conditions of Participation, Centers for Medicare and Medicaid Services guidelines and Standards of The Joint Commission. The Board of Trustees has ultimate responsibility for the review of quality, appropriateness, and medical necessity of admissions, continued stays, and supportive services. It delegates specific functions to the Medical Staff to develop and implement a comprehensive Utilization Management Plan. The Utilization Management Plan is under the direction of the Utilization Management Committee.

**Clinical Staffing Plan:** Nurse-patient assignments help coordinate daily unit activities, matching nurses with patients to meet unit and patient needs for a

specific length of time. They take into consideration safety measures, skill mix/competency and acuity. Clinical staffing plans are evaluated and re-evaluated throughout the shift for appropriateness.

**Training and Education:** The Orientation, Training and Education Plan is developed from the following primary components: New Employee Orientation, Nurse, Orientation, Learning Management System, Clinical Documentation Training, and Departmental Unit Specific Orientation. Education utilizes topics that include but are not limited to Quality of Care, Organizational Culture, Safety and Security and Performance Expectations.

**Quality:** The purpose of the Quality Improvement Plan is to provide an organizational framework and functional strategies to be used in coordinating the design, measurement, assessment, continuous monitoring and evaluation to improve the quality of clinical and operation processes. Part of the quality initiatives are the responsibility of the Board of Trustees and hospital leadership including medical staff leaders and medical staff. Clinical risk management, safety management, utilization management and infection control are essential components of the improvement process. Highpoint Health- Sumner uses the PDCA model as a framework for the improvement process. The Plan, Do, Check, Act is a dynamic model which is continuous and can always be reanalyzed.

**Accreditation for CT:**

**Response:** This has not been determined.

**Other Certifications and Accreditations:**

**Response:** · The Emergency Room at Sumner Station has earned Chest Pain Center Certification from the American College of Cardiology. Chest Pain Center Certification shows dedication and expertise in evaluating, diagnosing, and treatment of patients with urgent cardiac problems. This certification means these facilities have processes and protocols to provide excellence in community outreach, pre-hospital care, early stabilization and acute care, transitional care, clinical quality and more. The Highpoint FSED will seek this certification also.

**16. 8C. Proposed Charges**

Provide the proposed charges for the project and discuss any adjustment to current charges that will result from the implementation of the proposal. Additionally, describe the anticipated revenue from the project and the impact on existing patient charges.

**Response :** **Response:** The average gross charge for the Highpoint FSED in Year One will be \$5,793 (rounded). The CON application currently filed for HCA's TriStar FSED in White House calculates to \$5,876 (rounded) in Year One. The Highpoint FSED will be part of the Emergency Department of Sumner Regional Medical Center and will operate with a positive margin, having no adverse impact on the host hospital's charges.

### 17. 9C. Other Facilities Charges

Compare the proposed project charges to those of similar facilities/services in the service area/adjoining services areas. Please compare public chargemaster data for CPT Codes 99281-99285 for all service area providers including the applicant and its affiliates.

Please provide the referenced Attachment 9C.

**Response :** **Response:** The average gross charge for the Highpoint FSED in Year One will be \$5,793 (rounded). The CON application currently filed for HCA's TriStar FSED in White House calculates to \$5,876 (rounded) in Year One. The applicant expects that the gross charges of both providers will initially be comparable. Attachment 9C R1 is a table comparing the proposed FSED's charges to Medicare allowable reimbursement and to charges of other area providers.

### 18. 10C. Project Only Payor Mix

Is the projected payor mix projected to be different from the host hospital's due to the different service area?

Is the charity care projection for the project consistent with the applicant's historical provision of charity care for its emergency services?

**Response :** **Payor mix differences:**

**Response:** The host hospital's payor mix is very close to that of Sumner Station FSED, whose payor mix was used as a model for this project's payor mix projection.

**Charity Care provisions historically:**

**Response:** It is reasonably consistent with the host hospital's charity care currently. The hospital's charity care in 2024 was approximately 4% of gross revenues; the FSED's charity is projected at 5.3%.

## 19. 7Q. Legal Judgements

Please address the following items in response to Item 7Q:

<https://www.justice.gov/usao-edmi/pr/ascension-michigan-pay-28-million-resolve-false-claims-act-allegations>

**Response :** Ascension Michigan settled false claims allegations with the HHS in 2021. There was no admission of liability.

Ascension Michigan has no ownership in the Highpoint joint venture. Ascension Tennessee cannot comment beyond what is in the settlement agreement.

## 20. 1N. Criteria and Standards

### Attachment 1N, Freestanding Emergency Departments, Criterion #1, Determination of Need

Please confirm whether the applicant is demonstrating need under Geographic Isolation, Capacity Challenges and/or Low Quality of Care.

Please complete all applicable tables in the [Freestanding-Emergency-Dept-Application-Guide.pdf \(tn.gov\)](#) for Criterion #1.

Please revise and resubmit Attachment 1N (labeled as Attachment 1NR).

**Response :** Demonstration of Need:

**Response:** Geographic Isolation and Capacity Challenges

**Completion of tables for Criterion 1:**

**Response:** These will be submitted under separate cover.

**Attachment 1N**

**Response:** Please see Attachment 1N R1.

## 21. 1N. Criteria and Standards

### **Attachment 1N, Freestanding Emergency Departments, Criterion #3, Relationship to Existing Similar Services in the Area**

Please confirm whether the proposed facility is located in a rural area and whether the service area contains any Critical Access Hospitals.

Please complete all applicable tables in the [Freestanding-Emergency-Dept-Application-Guide.pdf \(tn.gov\)](https://www.tn.gov/freestanding-emergency-dept-application-guide.pdf) for Criterion #3.

Please revise and resubmit Attachment 1N (labeled as Attachment 1NR).

**Response :**

#### **Rural Area and Critical Access Hospitals:**

**Response:** Most of the service area is a mix of rural and suburban residents. It is not a designated Rural Service Area. It does not contain any Critical Access Hospitals.

#### **Applicable Tables:**

**Response:** They will be provided under separate cover.

**1N:**

**Response:** Please see Attachment 1N R1.

## 22. 1N. Criteria and Standards

### **Attachment 1N, Freestanding Emergency Departments, Criterion #4, Host Hospital Emergency Department Quality of Care**

Please respond to Criterion #4.



Please complete all applicable tables in the [Freestanding-Emergency-Dept-Application-Guide.pdf \(tn.gov\)](#) for Criterion #1.

Please revise and resubmit Attachment 1N (labeled as Attachment 1NR).

**Response : Response: Please see Attachment 1N R1.**

### **23. 1N. Criteria and Standards**

#### **Attachment 1N, Freestanding Emergency Departments, Criterion #5, Appropriate Model for Delivery of Care**

Please respond to Criterion #5.

Please revise and resubmit Attachment 1N (labeled as Attachment 1NR).

**Response : Response: Please see Attachment 1N R1.**

### **24. 1N. Criteria and Standards**

#### **Attachment 1N, Freestanding Emergency Departments, Criterion #7, Access**

Please respond to Criterion #7.

Please revise and resubmit Attachment 1N (labeled as Attachment 1NR).

**Response : Response: Please see Attachment 1N R1.**

### **25. 1N. Criteria and Standards**

#### **Attachment 1N, Freestanding Emergency Departments, Criterion #8, Services to High Need Populations**

Please respond to Criterion #8.

Please complete all applicable tables in the [Freestanding-Emergency-Dept-Application-Guide.pdf \(tn.gov\)](#) for Criterion #8.

Please revise and resubmit Attachment 1N (labeled as Attachment 1NR).

**Response :** Please respond to Criterion #8.

Please complete all applicable tables in the  
[Freestanding-Emergency-Dept-Application-Guide.pdf \(tn.gov\)](#) for Criterion #8

Please revise and resubmit Attachment 1N (labeled as Attachment 1NR).

**Response:** Please see Attachment 1N R1.

## 26. 1N. Criteria and Standards

### Attachment 1N, Freestanding Emergency Departments, Criterion #9, Establishment of Service Area

Please respond to Criterion #9. Please indicate whether the project is for the establishment of a non-rural or rural service area.

Please complete all applicable tables in the [Freestanding-Emergency-Dept-Application-Guide.pdf \(tn.gov\)](#) for Criterion #9.

Please revise and resubmit Attachment 1N (labeled as Attachment 1NR).

**Response :** **Response:** Please see Attachment 1N R1.

## 27. 1N. Criteria and Standards

### Attachment 1N, Freestanding Emergency Departments, Criterion #10, Relationship to Existing Applicable Plans; Underserved Area and Population

Please respond to Criterion #10.

Please complete all applicable tables in the [Freestanding-Emergency-Dept-Application-Guide.pdf \(tn.gov\)](#) for Criterion #10.

Please revise and resubmit Attachment 1N (labeled as Attachment 1NR).

**Response : Response: Please see Attachment 1N R1.**

## 28. 1N. Criteria and Standards

**Attachment 1N, Freestanding Emergency Departments, Criterion #11, Composition of Services**

Please respond to Criterion #11.

Please complete all applicable tables in the [Freestanding-Emergency-Dept-Application-Guide.pdf \(tn.gov\)](#) for Criterion #11.

Please revise and resubmit Attachment 1N (labeled as Attachment 1NR).

**Response : Response: Please see Attachment 1N R1.**

## 29. 1N. Criteria and Standards

**Attachment 1N, Freestanding Emergency Departments, Criterion #13, Assurance of Resources**

Please include the referenced letter and identify the Attachment name.

**Response : Response: Please see Attachment 1N R1.**

## 30. 1N. Criteria and Standards

**Attachment 1N, Freestanding Emergency Departments, Criterion #14, Adequate Staffing**

Please respond to Criterion #14.

Please complete all applicable tables in the [Freestanding-Emergency-Dept-Application-Guide.pdf \(tn.gov\)](#) for Criterion #14.

Please revise and resubmit Attachment 1N (labeled as Attachment 1NR).

**Response : Response: Please see Attachment 1N R1.**

### 31. 1N. Criteria and Standards

#### **Attachment 1N, Freestanding Emergency Departments, Criterion #15, Medical Records**

Please provide additional information about the integration of the medical records system given the partnership between systems for this project.

Please revise and resubmit Attachment 1N (labeled as Attachment 1NR).

**Response : Response: Please see Attachment 1N R1.**

### 32. 1N. Criteria and Standards

#### **Attachment 1N, Freestanding Emergency Departments, Criterion #16, Stabilization and Transfer Availability for Emergent Cases**

Please respond to Criterion #16.

Please revise and resubmit Attachment 1N (labeled as Attachment 1NR).

**Response : Response: Please see Attachment 1N R1.**

### 33. 1N. Criteria and Standards

#### **Attachment 1N, Freestanding Emergency Departments, Criterion #16, Stabilization and Transfer Availability for Emergent Cases**

Please respond to Criterion #16.

Please revise and resubmit Attachment 1N (labeled as Attachment 1NR).

**Response : Response: Please see Attachment 1N R1.**

**34. 1N. Criteria and Standards**

**Attachment 1N, Freestanding Emergency Departments, Criterion #17, Education and Signage**

Please respond to Criterion #17.

Please revise and resubmit Attachment 1N (labeled as Attachment 1NR).

**Response : Response: Please see Attachment 1N R1.**

**35. 1N. Criteria and Standards**

**Attachment 1N, Freestanding Emergency Departments, Criterion #18, Community Linkage Plan**

Please respond to Criterion #18.

Please revise and resubmit Attachment 1N (labeled as Attachment 1NR).

**Response : Response: Please see Attachment 1N R1.**

**36. 1N. Criteria and Standards**

**Attachment 1N, Freestanding Emergency Departments, Criterion #20, Quality Control and Monitoring**

Please respond to Criterion #20.

Please revise and resubmit Attachment 1N (labeled as Attachment 1NR).

**Response : Response: Please see Attachment 1N R1.**

**37. 1N. Criteria and Standards****Attachment 1N, Freestanding Emergency Departments, Criterion #21, Provider Based Status**

Please respond to Criterion #21.

Please revise and resubmit Attachment 1N (labeled as Attachment 1NR).

**Response :** Response: Please see Attachment 1N R1.

**38. 1N. Criteria and Standards****Attachment 1N, Freestanding Emergency Departments, Criterion #22, Licensure and Quality Considerations**

Please respond to Criterion #22.

Please revise and resubmit Attachment 1N (labeled as Attachment 1NR).

**Response :** Response: Please see Attachment 1N R1.

**39. 10A. Floor Plan**

What is the square footage of the proposed facility?

**Response :** Response: 11,115 SF

**Project Name :** Sumner Regional Medical Center

**Supplemental Round Name :** 2

**Due Date :** 9/9/2024

**Certificate No. :** CN2407-019

**Submitted Date :** 8/19/2024

## 1. 1N. Criteria and Standards

### Attachment 1N, Freestanding Emergency Departments, Criterion #3, 8 & 9

Please obtain and utilize HDDS data for the responses to these items that is reflective of the applicant's defined nine ZIP Code service area (only) and does not include masking of other providers.

In order to obtain useful data within the limits established by TDH i.e. (suppression of individual ZIP Codes with 20K or less population), please request grouped data for the five service area ZIP Codes which are currently suppressed: 37188 - White House, 37073 - Greenbrier, 37049 - Cross Plains, 37048 - Cottontown and 37141 - Orlinda. Do not include additional non-service area ZIP Codes within the request.

A sample HDDS data request is available below:

#### Patient Origin

*“Looks at the current ER patient origin by Zip Code for an applicant so that it can be compared to the proposed service area of the freestanding ED.”*

- Applicant Hospital ED Patient Origin by Zip Code (grouped for the five service area ZIP Codes that would be individually suppressed and reported fully for those four ZIP Codes with a population of 20K or greater), Ranked highest to lowest. For Zip Codes 10 or less patients, include those volumes into category of “Other Zip Codes” followed by a Grand Total.

#### Patient Destination

*“Where residents of the Zip Code region were currently going for emergency room care; for each hospital that had 50 or more ER encounters from resident in a Zip Code, the level of dependence that hospital had on that Zip Code for ER encounters, and each of those hospital’s market share in those Zip Codes.”*

- For Total Service Area ED Visits by Hospital (grouped for the five service area ZIP Codes that would be individually suppressed and reported fully for those four ZIP Codes with a population of 20K or greater), Ranked highest to lowest. For hospitals with volumes 10 or less, put these volumes in category “Other Hospitals” followed by a grand total. Include a column for total hospital ED visits.

- Same report for service area counties.

#### Pay Mix

*“Identifies the payor mix of the Zip Code residents in a declared service area seeking emergency care.”*

- Payor Mix for Zip Code service area (grouped for the five service area ZIP Codes that would be individually suppressed and reported fully for those four ZIP Codes with a population of 20K or greater)
- Payor Mix for each service area county(s)

#### Patient Mix

*“Identifies emergency room visits by resident of a Zip Code by acuity levels of care utilizing CPT Codes 99281-99285.”*

- For Zip Code Service Area (grouped for the five service area ZIP Codes that would be individually suppressed and reported fully for those four ZIP Codes with a population of 20K or greater), ER Visits by each of the 5 CPT Codes
- Same for County

Please submit a revised HDDS request which includes all data required to fully respond, at a minimum, to FSED Criteria #3, 8, and 9 identifying the DR# for the HDDS data utilized in each response.

Please revise and resubmit Attachment 1NR (labeled as Attachment 1NR2).

**Response :**



**Project Name :** Sumner Regional Medical Center

**Supplemental Round Name :** 2a

**Certificate No. :** CN2407-019

**Due Date :** 9/11/2024

**Submitted Date :** 8/22/2024

**1. 5A. Type of Institution**

Please select "Other - Freestanding Emergency Department" in response to Item 5A. of the main application. This is still not addressed in the main application.

**Response :** The applicant has checked this in response to 5A in the main application.

**2. 7A. Type of Ownership of Control**

Please attach an ownership structure organizational chart.

The referenced Attachment 7A R1 is not included.

**Response :** See Attachment 7A R2, which includes an ownership organization chart.

**3. 2N. Service Area**

The referenced revised Attachment 2N R1 is not attached.

Please include a ZIP Code level breakdown of projected utilization in response to Item 2N. Please include the counties associated with each ZIP Code.

Please provide a clearer illustration of the proposed service area ZIP Codes and their proximity to existing emergency services in the proposed service area counties.

What is the size of the population in the service area for whom this FSED will represent the closest ER facility? The separate cover referenced in the supplemental response is not included.

What is the number of patients within the service area who are currently travelling to the host hospital of Sumner Station FSED? The referenced Attachment 5N R1 in the supplemental response is not included.

The Attachment "Additional Document 2 - Drive Time Studies" is noted. Please include the host hospital and Sumner Station FSED in this table along with other ER facilities that may be closer to portions of some of the service area ZIP Codes than the proposed FSED, such as TriStar Skyline Medical Center for portions of 37072. The referenced Attachment Additional Documents 2 R1 is not included.

**Response :** See Attachment 2N R2, which contains zip code and county level maps of the service area, and maps of the locations of urgent care facilities in the service area.

The zip code level breakdown is provided in the main application.

The service area maps in Attachment 2N R2 provide these illustrations.

The populations of the Cottontown, Cross Plains, Greenbrier, Orlinda and White House zip codes are closer to the project than they are to any other zip code. They will total 47,013 residents in 2026 (Year One of this project), which is 22% of the total service area population of 218,502 projected by Intellimed based on Esri Census data released to Intellimed in August.

**Regarding the number of patients, HDDS appears to combine Sumner Station data with that of the host hospital, Sumner Regional Medical Center. HFC requires applicants to submit HDDS data, which is shown below for their most recent year, 2022.**

<b>Sumner Regional Medical Center and Sumner Station ER Visits from the Service Area -- 2022</b>	
37075 Hendersonville	2,833
37048 Cottontown	521
37049 Cross Plains	88
37072 Goodlettsville	418
37073 Greenbrier	64
37141 Orlinda	19
37148 Portland	2,779
37172 Springfield	118
37188 White House	386
<b>Totals</b>	<b>7,226</b>

*Source: HDDS.*

**Sumner Regional Medical Center, Sumner Station, and TriStar Skyline Medical Center and have been added to the applicant's new distance and drive time table in**

Attachment Additional Documents 2 R2, which provides the distance and drive times from each zip code centroid (as defined by Google) to each ER provider. The applicant knows no way to measure distances between providers and portions of a zip code.

The new table identifies which facilities are closer than this project is, to each service area zip code. They are identified by right-justifying, enlarging, and italicizing their distances. The White House FSED will be closest to the White House, Cottontown, and Cross Plains zip codes, whose combined population in 2026 (Year One of the project) will be 32,109 residents. However, it is important to note that compared to six existing facilities, the White House site will be the second closest to the Greenbrier, Orlinda, Portland, and Springfield zip codes, and third closest to the Hendersonville zip code.

Please note that the data are from Google Maps, whose data often vary somewhat, depending on what day, and what time of day, they are taken. That is because at different times and/or on different days, Google often calculates and displays different “fastest routes.” Because of this, the applicant’s new distance table shows Google’s fastest routes taken on a single day.

#### 4. 3N. Demographics

Please include a demographic table as Attachment 3NB.

Please provide detail on the age profile of each service area ZIP Code, i.e. number of residents 65+.

The data can be accessed at the following website: [Census Bureau Data](#)

The referenced Attachment 3NB R1 is not included.

**Response :** The table is provided in Attachment 3NB R2. It includes complete information for Sumner and Robertson Counties. However, the applicant has no source for identifying individual zip codes’ TennCare enrollments and median income data.

**Age profiles for the main age cohorts no longer appear on the Census website. The applicant is submitting information from the consulting firm Intellimed, which processes Esri data that comes from the U.S. Census. They are highly regarded and their age profiles are based on very recently released U.S. Census data. Intellimed’s projections are provided in Attachment 3NB R2.**

(The Esri age cohorts are only available as shown in the age profile table provided in Attachment 3N.B R2.)

#### 5. 4N. Special Needs of Service Area

What percentage of the service area residents accessing emergency services are TennCare, or Self-Pay patients?

The referenced Attachment 3N.B R1 is not included.

**Response :** Payor mix information from 2022 has now been provided by HDDS; it is included in a new table in Attachment 3NB R2. HDDS data shows that 3.0% of the service area payor mix was classified as medically indigent/free care (2,607 persons); and 26.1% was TennCare and Medicaid (22,889 persons).

#### 6. 5N. Unimplemented services

Please separate the data presented for Sumner Regional Medical Center and Sumner Station FSED in Table 5N on Page 15 of the application into two separate rows.

The referenced tables Table 5N (A) R1 and Table 5N(B) RI are not included.

**Response :** They are separated in Attachment 5N Table B R2, which shows JAR data for both. However, Attachment 5N Table A R2 provides HDDS claims-based utilization, and HDDS combines the two Sumner ED sites.

#### 7. 6N. Utilization and/or Occupancy Statistics

Please attach the referenced tables 5N(A) R1, 5N(B) R1 and Attachment 6N R1.

**Response :** Please see the new tables 5N(A-C) R2, in revised Attachment 5N R2. In summary, HDDS claims-based data in Table 5N(A) R2 indicates that in 2020-2022, the three facilities in the service area zip codes experienced an 8.5% collective increase in ER visits from the service area HDDS does not provide separate data for Sumner Regional Medical Center and Sumner Station.

	ER Visits From	ER Visits From	Percent Change

	Service Area in 2020	Service Area in 2022	
TriStar Hendersonville Medical Center	22,044	26,617	+20.7%
TriStar Northcrest Medical Center	16,627	16,982	+2.1%
TriStar Portland Medical Center	9,497	9,282	+2.3%
PSA Subtotal (HCA TriStar)	48,168	52,281	+8.5%
Sumner Regional Medical Center & Sumner Station	7,693	7,226	-6.1%

Source: HDDS, Table 5N(A) R2

#### 8. 7N. Outstanding CoN

Are there any outstanding CONs associated with Ascension Saint Thomas Health?

**Response :** This information will be submitted under separate cover.

#### 9. 3C. Effects of Competition and/or Duplication

What non-emergency services are available in the proposed service area that are affiliated with the applicant such as primary care, urgent care, specialty clinics?

Where are these services located in relation to the proposed FSED?

Are there any differences in proposed charge rates for the facility from those of existing providers in the service area?

The referenced attachment comparing this project's proposed charges by level of care to those currently published for HCA emergency services is not included.

**Response :** The applicant has no affiliated non-emergency services in the proposed service area, other than one employed nurse practitioner based in Portland in Sumner County.

Portland is approximately 21 miles from the site of the proposed FSED.

Please see Attachment 9C R2, which compares the proposed facility's charge rates to those of existing providers, to the extent the applicant was able to identify their published charges using the transparency website. Initially the project's charges will be comparable to those of existing hospitals. However, this database does not provide consumers with

any data on patient copays and thus is of limited value when evaluating potential savings for consumers who are billed out-of-pocket costs not reimbursed to providers by insurance plans.

Please see Attachment 9C R2, which compares the proposed facility's charge rates by levels of care to those of the HCA providers, to the extent the applicant was able to identify HCA's charges on the published database. The table also shows Medicare allowable reimbursement to the provider, by level of care.

#### **10. 9C. Other Facilities Charges**

Compare the proposed project charges to those of similar facilities/services in the service area/adjoining services areas. Please compare public chargemaster data for CPT Codes 99281-99285 for all service area providers including the applicant and its affiliates.

Please provide the referenced Attachment 9C. There reference Attachment 9C R1 is not included.

**Response :** Please see Attachment 9C R2, which compares the proposed facility's charge rates by levels of care to those published by existing providers, and also shows Medicare allowable reimbursement to the provider, by level of care. The Highpoint FSED's charges will be based on those of Sumner Station. Highpoint FSED's projected gross charges in 2026 appear to be reasonably consistent with the published 2024 charges of existing providers. The applicant has no way to know whether these will be consistent in future years.

#### **11. 7Q. Legal Judgements**

Please provide a response to Item 7Q.

**Response :** This settlement concerned hospitals in Michigan, not in Tennessee. Mr. Matthew Jagger, legal counsel for Ascension, has stated that Ascension Michigan settled false claims allegations with the HHS in 2021. There was no admission of liability. Ascension Michigan has no ownership in the Highpoint joint venture. Ascension Tennessee cannot comment beyond what is in the settlement agreement.

#### **12. 1N. Criteria and Standards**

##### **Attachment 1N, Freestanding Emergency Departments, Criterion #1, Determination of Need**

Please complete all applicable tables for Geographic Isolation and Capacity Challenges in the Freestanding-Emergency-Dept-Application-Guide.pdf (tn.gov) for Criterion #1.

The data pertaining to Criteria 1B.1 Wait Times should be based on CMS Care Compare data rather than internal records. Please update the response to this item. [Find Healthcare Providers: Compare Care Near You | Medicare](#)

What ZIP Codes are included in the suppressed ZIP Code file DR#12751209?

Please revise and resubmit Attachment 1N R1 (labeled as Attachment 1NR2).

**Response :** Please see Attachment 1N R2, which addresses the State Health Plan's Guidelines for Growth and contains applicable tables.

This application is now based on Geographic Isolation. The applicant no longer is basing it on Capacity Challenges at its existing facilities in Gallatin, because its high utilization at Sumner Station will soon be addressed by the addition of four treatment rooms (a 50% increase) at Sumner Station.

The new HDDS data received via the HFC staff on Friday September 6 provided suppressed data for five zip codes: 37048, 37049, 37073, 37141, and 37188. Respectively those are Cottontown, Cross Plains, Greenbrier, Orlinda, and White House.

### 13. 1N. Criteria and Standards

#### **Attachment 1N, Freestanding Emergency Departments, Criterion #3, Relationship to Existing Similar Services in the Area**

Please confirm whether the proposed facility is located in a rural area and whether the service area contains any Critical Access Hospitals.

Please complete all applicable tables in the Freestanding-Emergency-Dept-Application-Guide.pdf (tn.gov) for Criterion #3.

Please revise and resubmit Attachment 1N R1 (labeled as Attachment 1NR2).

**Response :** Please see Attachment 1N R2, which addresses the State Health Plan's Guidelines for Growth and contains applicable tables.

### 14. 1N. Criteria and Standards

**Attachment 1N, Freestanding Emergency Departments, Criterion #4, Host Hospital Emergency Department Quality of Care**

Please respond to Criterion #4 utilizing CMS data rather than internal data.

Please complete all applicable tables in the Freestanding-Emergency-Dept-Application-Guide.pdf (tn.gov) for Criterion #1.

Please revise and resubmit Attachment 1N R1 (labeled as Attachment 1NR2).

**Response :** Please see Attachment 1N R2, which addresses the State Health Plan's Guidelines for Growth and contains applicable tables.

**15. 1N. Criteria and Standards**

**Attachment 1N, Freestanding Emergency Departments, Criterion #8, Services to High Need Populations**

Please respond to Criterion #8.

Please complete all applicable tables in the Freestanding-Emergency-Dept-Application-Guide.pdf (tn.gov) for Criterion #8.

Please revise and resubmit Attachment 1N R1 (labeled as Attachment 1NR2).

**Response :** Please see Attachment 1N R2, which addresses the State Health Plan's Guidelines for Growth and contains applicable tables.

**16. 1N. Criteria and Standards**

**Attachment 1N, Freestanding Emergency Departments, Criterion #9, Establishment of Service Area**

Please respond to Criterion #9. Please indicate whether the project is for the establishment of a non-rural or rural service area.



Please complete all applicable tables in the Freestanding-Emergency-Dept-Application-Guide.pdf (tn.gov) for Criterion #9.

Please revise and resubmit Attachment 1N R1 (labeled as Attachment 1NR2).

**Response :** Please see Attachment 1N R2, which addresses the State Health Plan's Guidelines for Growth and contains applicable tables.

#### 17. 1N. Criteria and Standards

##### **Attachment 1N, Freestanding Emergency Departments, Criterion #10, Relationship to Existing Applicable Plans; Underserved Area and Population**

Please respond to Criterion #10. The referenced Attachment Additional Document #2 isn't included.

Please complete all applicable tables in the Freestanding-Emergency-Dept-Application-Guide.pdf (tn.gov) for Criterion #10.

Please revise and resubmit Attachment 1N (labeled as Attachment 1NR).

**Response :** Please see Attachment 1N R2, which addresses the State Health Plan's Guidelines for Growth and contains applicable tables.

#### 18. 1N. Criteria and Standards

##### **Attachment 1N, Freestanding Emergency Departments, Criterion #11, Composition of Services**

Please respond to Criterion #11.

Please complete all applicable tables in the Freestanding-Emergency-Dept-Application-Guide.pdf (tn.gov) for Criterion #11.

Please revise and resubmit Attachment 1N R1 (labeled as Attachment 1NR2).

**Response :**

Please see Attachment 1N R2, which addresses the State Health Plan's Guidelines for Growth and contains applicable tables.

#### 19. 1N. Criteria and Standards

##### **Attachment 1N, Freestanding Emergency Departments, Criterion #13, Assurance of Resources**

Please include the referenced letter and identify the Attachment name.

**Response :** Please see Attachment 1N R2, which addresses the State Health Plan's Guidelines for Growth and contains applicable tables. The letter is provided in Attachment Additional Documents 2 R2.

#### 20. 1N. Criteria and Standards

##### **Attachment 1N, Freestanding Emergency Departments, Criterion #14, Adequate Staffing**

Please respond to Criterion #14.

Please complete all applicable tables in the Freestanding-Emergency-Dept-Application-Guide.pdf (tn.gov) for Criterion #14.

Please revise and resubmit Attachment 1N R1 (labeled as Attachment 1NR2).

**Response :** Please see Attachment 1N R2, which addresses the State Health Plan's Guidelines for Growth and contains applicable tables

**Project Name :** Sumner Regional Medical Center

**Supplemental Round Name :** 3

**Certificate No. :** CN2407-019

**Due Date :** 9/11/2024

**Submitted Date :** 8/23/2024

### 1. 1N. Criteria and Standards

Please be advised that HFC staff has submitted a request for the necessary ZIP Code level data from the Tennessee Department of Health to include patient origin, patient destination, payor mix and patient mix by acuity level for the service area of this project. A copy of the outputs will be provided promptly upon receipt by HFC staff to the applicant's listed point of contact for this application.

Upon receipt of the requested data, the applicant should develop tables in response FSED Criteria and Standards #3, 8, and 9 that incorporate the HDDS source data. Once revised data has been completed, please resubmit Attachment 1NR (labeled as Attachment 1NR2).

**Response :**

**Project Name :** Sumner Regional Medical Center

**Supplemental Round Name :** 4

**Certificate No. :** CN2407-019

**Due Date :** 9/13/2024

**Submitted Date :** 9/11/2024

### 1. 5A. Type of Institution

Please select "Other - Freestanding Emergency Department" in response to Item 5A. of the main application. This is still not addressed in the main application.

**Response :** This has now been done in the main application.

### 2. 3N. Demographics

The referenced data table Attachment 3NB R2 is not attached.

**Response :** Please see Attachment 3NB R4.

### 3. 4N. Special Needs of Service Area

The referenced data table Attachment 3NB R2 is not attached.

**Response :** Please see the payor mix table in Attachment 3NB R4.

### 4. 5N. Unimplemented services

There appear to be errors in the following:

5N R2 Table A (2022): TriStar Stonecrest Medical Center - Grouped 5 ZIP Codes & Grand Total from the PSA.

5N R2 Table B (2021): The rows for TriStar Portland Medical Center and TriStar Skyline Medical Center are reversed.

5N R2 Table B (2021): The rows for TriStar Stonecrest Medical Center and TriStar Horizon Medical Center are reversed.

5N R2 Table B (2021): The rows for TriStar Ashland City Medical Center and Williamson Medical Center are reversed.

5N R2 Table C (2020): Grouped 5 ZIP Codes & Grand Total from the PSA are incorrect for TriStar Hendersonville Medical Center, Northcrest Medical Center, TriStar Skyline Medical Center, TriStar Portland Medical Center, Sumner Regional Medical Center, Vanderbilt University Medical Center, TriStar Centennial Medical Center, Saint Thomas Midtown Hospital, Saint Thomas West Hospital, TriStar Summit Medical Center and All Others.

Please ungroup the data for 37188, 37073, 37048, 37049, and 37141 and resubmit the tables for 5N.

**Response :** Please see revised Attachment 5N R4 Tables A-C.

The data are ungrouped and corrections have been made. Please see Attachment 5N R4.

## 5. 6N. Utilization and/or Occupancy Statistics

The response to Item 6N must include utilization statistics for the past three years and project annual utilization for the first two years of the project by service area ZIP Code. Please provide the required data in response to Item 6N.

The data provided for 2020 in response to supplemental 2a, Question #7, Pages 4 & 5 is not correct. There is also an error in the PSA Subtotal (HCA TriStar) row for 2022. Please revise and resubmit.

**Response :** Please see Attachment 6N R4.

## 6. 7N. Outstanding CoN

Are there any outstanding CONs associated with Ascension Saint Thomas Health?

**Response :** Yes. Please see the application table listing those with required information.

## 7. 1N. Criteria and Standards

**Attachment 1N, Freestanding Emergency Departments, Criterion #3, Relationship to Existing Similar Services in the Area**

Please confirm whether the proposed facility is located in a rural area and whether the service area

contains any Critical Access Hospitals.

Please complete all applicable tables in the Freestanding-Emergency-Dept-Application-Guide.pdf (tn.gov) for Criterion #3.

**Response :** The facility is not in a designated Rural Area and the primary service area does not contain any Critical Access Hospitals.

The applicable tables 3A 1-3 and 3B have been included in Attachment 3N.B R4.

## 8. 1N. Criteria and Standards

### **Attachment 1N, Freestanding Emergency Departments, Criterion #8, Services to High Need Populations**

Please respond to Criterion #8.

Please complete all applicable tables in the Freestanding-Emergency-Dept-Application-Guide.pdf (tn.gov) for Criterion #8.

**Response :** Please see Attachment 1N R4.

## 9. 1N. Criteria and Standards

### **Attachment 1N, Freestanding Emergency Departments, Criterion #9, Establishment of Service Area**

Please respond to Criterion #9. Please indicate whether the project is for the establishment of a non-rural or rural service area.

Please complete all applicable tables in the Freestanding-Emergency-Dept-Application-Guide.pdf (tn.gov) for Criterion #9.

**Response :**

**The project is not for establishment of a rural service area.** See Attachment 1N R4 for revised responses to the Freestanding Emergency Department standards and criteria.

#### 10. 1N. Criteria and Standards

##### **Attachment 1N, Freestanding Emergency Departments, Criterion #11, Composition of Services**

**Please respond to Criterion #11.**

Please complete all applicable tables in the Freestanding-Emergency-Dept-Application-Guide.pdf (tn.gov) for Criterion #11.

**Response :** See Attachment 1N R4 for revised responses to the Freestanding Emergency Department standards and criteria.

The tables for recruitment needs and onsite staff have been added to the main pplication.

#### 11. 1N. Criteria and Standards

##### **Attachment 1N, Freestanding Emergency Departments, Criterion #14, Adequate Staffing**

Please include the information included as Table 8Q(B) R2: Contracted and Employed Staff within the response to Criterion #14.

**Response :** See Attachment 1N R4 for revised responses to the Freestanding Emergency Department standards and criteria.

The tables for recruitment needs and onsite staff have been added to the main pplication.

#### 12. 1N. Criteria and Standards

Please re-number the Criteria in Attachment 1N R2 as they are not correctly identified. It appears that Criterion #5 Appropriate Model for Delivery of Care is not numbered and Criterion 6 - 8 are mislabeled as a result.

**Response :** See Attachment 1N R4 for revised responses to the Freestanding Emergency Department standards and criteria, with these criteria renumbered.

**13. 1N. Criteria and Standards****Attachment 1N, Freestanding Emergency Departments, Criterion #10, Relationship to Existing Applicable Plans; Underserved Area and Population**

There appears to be a typo in response to Criterion #10 on Page 21. Please revise.

**Response :** See Attachment 1N R4 for revised responses to the Freestanding Emergency Department standards and criteria.



**Project Name :** Sumner Regional Medical Center

**Supplemental Round Name :** 5

**Certificate No. :** CN2407-019

**Due Date :** 9/16/2024

**Submitted Date :** 9/13/2024

### 1. 6N. Utilization and/or Occupancy Statistics

The response to Item 6N must include utilization statistics for the past three years and project annual utilization for the first two years of the project by service area ZIP Code. Please provide the required data in response to Item 6N.

The data provided for 2020 in response to supplemental 2a, Question #7, Pages 4 & 5 is not correct.

There is also an error in the PSA Subtotal (HCA TriStar) row for 2022. Please revise and resubmit.

**Response :** a. Attachment 6N R5 provides the historic ED visits of Sumner Regional Medical Center for 2020–2022 and Highpoint FSED’s projected visits for its first three years 2026–2028. The visits are HDDS data.

b. HDDS claims-based data in Attachment 5N R5 contains tables A-C showing that in 2020-2022, the three existing facilities in the service area experienced a 16.4% collective increase in ER visits from service area residents. HDDS includes Sumner Station visits with visits to Sumner Regional Medical Center.

	ER Visits From Service Area Residents in 2020	ER Visits From Service Area Residents in 2022	Percent Change
TriStar Hendersonville Medical Center	21,465	26,617	+24.0%
TriStar NorthCrest Medical Center	16,554	16,982	+2.6%
TriStar Portland Medical Center	7,418	9,282	+25.1%
PSA Subtotal (HCA TriStar)	45,437	52,881	+16.4%
Sumner Regional Medical Center & Sumner Station	7,182	7,226	0.6%

Source: HDDS

### 2. 1N. Criteria and Standards

**Attachment 1N, Freestanding Emergency Departments, Criterion #3, Relationship to Existing**

## Similar Services in the Area

Please complete all applicable tables in the Freestanding-Emergency-Dept-Application-Guide.pdf (tn.gov) for Criterion #3.

3A.1 and 3A3 are not attached to 3NB R4.

**Response :** The applicable tables for Criterion #3 are now provided in Attachment 1N R5.

### 3. 1N. Criteria and Standards

#### **Attachment 1N, Freestanding Emergency Departments, Criterion #8, Services to High Need Populations**

The required Table is still missing for #8 and the referenced Attachment 1N R4 does not include the referenced data. Please utilize HDDS data in the responses. THA data may be presented, but the available HDDS data must be utilized in this response.

The table providing the payor mix for all ZIP Codes is not accurate. The attached table is identified as representing Sumner Regional Medical Center when it should be labeled as representing all ED visits by payor source.

**Response :** Attachment 1N R5 contains the HDDS payor mix data for Criterion 8, accurately labeled. It provides payor mix data for the PSA zip codes and also for Sumner Regional Medical Center.

### 4. 1N. Criteria and Standards

#### **Attachment 1N, Freestanding Emergency Departments, Criterion #4, Host Hospital Emergency Department Quality of Care**

A response to this Criteria was previously included with a supplemental response and is now missing. Please provide a response to Criterion #4.

**Response :** Attachment 1N R5 restores the requested Criterion 4 tables.

### 5. 1N. Criteria and Standards

## **Attachment 1N, Freestanding Emergency Departments, Criterion #9, Establishment of Service Area**

Please respond to Criterion #9. Please indicate whether the project is for the establishment of a non-rural or rural service area.

Please complete all applicable tables in the Freestanding-Emergency-Dept-Application-Guide.pdf (tn.gov) for Criterion #9.

**Response :** The project does not propose to establish a facility in a designated rural service area. Attachment 1N R5 contains the requested Criterion 9 table for projected patient origin by zip code.

### **6. 1N. Criteria and Standards**

#### **Attachment 1N, Freestanding Emergency Departments, Criterion #10, Relationship to Existing Applicable Plans; Underserved Area and Population**

There appears to be a typo in response to Criterion #10 on Page 21. Please revise.

**Response :** This has been corrected in Attachment 1N R5 in the State Health Plan document.

### **7. 1N. Criteria and Standards**

#### **Attachment 1N, Freestanding Emergency Departments, Criterion #11, Composition of Services**

Please respond to Criterion #11.

Please complete all applicable tables in the Freestanding-Emergency-Dept-Application-Guide.pdf (tn.gov) for Criterion #11.

**Response :** This is provided in Attachment 1N R5.

### **8. 1N. Criteria and Standards**

#### **Attachment 1N, Freestanding Emergency Departments, Criterion #14, Adequate Staffing**

Please include the information included as Table 8Q(B) R2: Contracted and Employed Staff within the response to Criterion #14.

**Response :** This has been done in the revised response to Criterion14 in the State Health Plan in 1N R5.

**Project Name :** Sumner Regional Medical Center

**Supplemental Round Name :** 6

**Certificate No. :** CN2407-019

**Due Date :** 9/16/2024

**Submitted Date :** 9/16/2024

### 1. 6N. Utilization and/or Occupancy Statistics

Attachment 5N R5 Table A contains incorrect data for the service area. Please revise or remove the table from the application.

**Response :** Please withdraw Table A from the application.

### 2. 1N. Criteria and Standards

#### Attachment 1N, Freestanding Emergency Departments, Criterion #3, Relationship to Existing Similar Services in the Area

The table labeled Item 1N Criterion #3: Relationship to Existing Similar Services in the Area contains errors for all hospital facilities in the "PSA Resident ED Visits in 2022 at Hospital (A)" column.

The Market Share Table is still missing from the applicant's response. Please complete the table below:

**Market Shares of ED Facilities in the Proposed Service Area: Table 3A2**

ZIP Code/County	% Highest Market Share ED	% 2 <sup>nd</sup> Highest Market Share ED	% 3 <sup>rd</sup> Highest Market Share ED	% Applicant Host ED (if not top 3)

The applicant's response to Criterion #3 references Attachment 5N R5 when the correct description should reference Attachment 1N R5 (Item 1N Criterion #3).

Please revise this table which is included with Attachment 1N R5 (labeled as Attachment 1N R6).

**Response :** This information has been corrected and. the market share table has been completed. They are in uploaded Attachment 1N R5.

### 3. 1N. Criteria and Standards

Criteria #2 and #3 are numbered incorrectly in Attachment 1N R5.

Please revise and resubmit Attachment 1N R5.

**Response :** We would appreciate your renumbering the guidelines criteria to reflect the appropriate numbers.