

# **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

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## **LETTER OF INTENT**

The Publication of Intent is to be published in The Tennessean which is a newspaper of general circulation in Sumner County., Tennessee, on or before 04/15/2025 for one day.

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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 the establishment of a satellite hospital, under the single license of Sumner Regional Medical Center, at 225 Big Station Camp Boulevard in Gallatin, Sumner County, Tennessee. The satellite hospital will incorporate the existing free-standing emergency department on site and will have sixteen inpatient beds (twelve private medical beds and four intensive care unit beds), an endoscopy suite and ancillary spaces. The project will be bed neutral as the sixteen beds are included in Sumner Regional Medical Center d/b/a Highpoint Health – Sumner with Ascension Saint Thomas’ current and approved bed distribution. The sixteen beds will be relocated from the main campus (555 Hartsville Pike, Gallatin, Tennessee 37066) to the satellite hospital campus at Sumner Regional Medical Center d/b/a Highpoint Health - Sumner Station with Ascension Saint Thomas (225 Big Station Camp Boulevard, Gallatin, Tennessee 37066). The project involves the renovation of approximately 21,300 square feet of space.. The address of the project will be 225 Big Station Camp Blvd, Gallatin, Sumner County, Tennessee, 37066. The estimated project cost will be \$19,697,000.

The anticipated date of filing the application is 05/01/2025

The contact person for this project is Ms. Darcy Schaeffer who may be reached at Research & Planning Consultants - 6300 La Calma Drive, Suite 170, Austin, Texas, 78752 – Contact No. 512-371-8011.

Darcy Schaeffer

04/15/2025

[dschaeffer@rpcconsulting.com](mailto:dschaeffer@rpcconsulting.com)

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**Signature of Contact**

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**Date**

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**Contact’s Email Address**

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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.

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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) .



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## **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.**

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### **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 the establishment of a satellite hospital, under the single license of Sumner Regional Medical Center, at 225 Big Station Camp Boulevard in Gallatin, Sumner County, Tennessee. The satellite hospital will incorporate the existing free-standing emergency department on site and will have sixteen inpatient beds (twelve private medical beds and four intensive care unit beds), an endoscopy suite and ancillary spaces. The project will be bed neutral as the sixteen beds are included in Sumner Regional Medical Center d/b/a Highpoint Health – Sumner with Ascension Saint Thomas’ current and approved bed distribution. The sixteen beds will be relocated from the main campus (555 Hartsville Pike, Gallatin, Tennessee 37066) to the satellite hospital campus at Sumner Regional Medical Center d/b/a Highpoint Health - Sumner Station with Ascension Saint Thomas (225 Big Station Camp Boulevard, Gallatin, Tennessee 37066). The project involves the renovation of approximately 21,300 square feet of space.. The address of the project will be 225 Big Station Camp Blvd, Gallatin, Sumner County, Tennessee, 37066. The estimated project cost will be \$19,697,000.

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# **CRITERIA AND**

# **STANDARDS**



STATE OF TENNESSEE

## STATE HEALTH PLAN

### CERTIFICATE OF NEED STANDARDS AND CRITERIA

*FOR*

### Acute Care Beds

The Health Services Development Agency (HSDA) may consider the following standards and criteria for applicants seeking to establish Acute Care Beds. 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 Acute Care Bed programs 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 Tennesseans.
2. **Access:** Every citizen should have reasonable access to health care.
3. **Economic Efficiencies:** The state's health care resources should be developed to address the needs of Tennesseans while encouraging competitive markets, economic efficiencies and the continued development of the state's health care system.
4. **Quality of Care:** Every citizen should have confidence that the quality of health care is continually monitored and standards are adhered to by health care providers.
5. **Workforce:** The state should support the development, recruitment and retention of a sufficient and quality health care workforce.

## **Definitions**

**Licensed Beds:** The number of beds licensed by the agency having licensing jurisdiction over the facility.

**Staffed Beds:** Beds that are licensed and physically available for which staff is on hand to attend to the patient who occupies the bed. Staffed beds include those that are occupied and those that are vacant.

**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>

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

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

**Service Area:** The county or counties represented in an application as

the reasonable area in which a facility intends to provide services and/or in which the majority of its patients reside.

## **Standards and Criteria**

1. **Determination of Need:** The following methodology should be used and the need for hospital beds should be projected four years into the future from the current year.

Using the latest utilization and patient origin data from the Joint Annual Report of Hospitals and the most current populations projection series from the Department of Health, both by county, calculate need based on the following:

### **Step 1**

Determine the current Average Daily Census (ADC) in each county,

ADC=

Patient

nt

Days \_\_\_\_\_ 365 (366 in leap year)

### **Step 2**

To determine the service area population (SAP) in both the current and projected year(s):

- a. **Begin with a list of all the hospital discharges in the state, separated by county, and showing the discharges both by county where the patient actually lives (resident discharges), and the county in which the patient received medical treatment.**
- b. **For the county in which the hospital is (or would be) located (service county), determine which other counties have patients who are treated in your county (resident counties). Treat all of the discharges from another state as if that whole state were a single resident county. The total discharges**

of residents from another state should be calculated from state populations estimates and the latest National Center for Health Statistics southeastern discharge rates.

- c. For each resident county, determine what percent of their total resident discharges are discharged from a hospital in the proposed/existing service county (if less than one percent, disregard).
- d. For each resident county, apply the percentage determined above to the county's population (both projected and current). Add together the resulting numbers for all the resident counties and add that sum to the projected and current population of your service county. This will give you the service area population (SAP).

### **Step 3**

**Determine projected Average Daily Census as:**

$$\text{Projected ADC} = \text{Current ADC} \times \frac{\text{Projected SAP}}{\text{Current SAP}}$$

### **Step 4**

**Calculate Projected Bed Need for each county as:**

$$\text{Projected Need} = \text{Projected ADC} + 2.33 \times (\text{Square Root of Projected ADC})$$

**However, if projected occupancy:**

$$\text{Projected Occupancy} = \frac{\text{Projected ADC}}{\text{Projected Need}} \times 100$$

**If greater than 80 percent, then**

**calculate projected need:**

$$\text{Projected Need} = \frac{\text{Projected ADC}}{.8}$$

The need formula as outlined above results in a surplus of 105 licensed beds and a surplus of 50 staffed beds in Sumner County in 2029. See **Attachment Acute Care Beds-1** for the Excel workbook received from the Health Facilities Commission staff that calculates this surplus.

a. **New hospital beds can be approved in excess of the “need standard for a county” if the following criteria are met:**

i. **All existing hospitals in the proposed service area have an occupancy level greater than or equal to 80 percent for the most recent Joint Annual Report. Occupancy should be based on the number of staffed beds for two consecutive years.**

1. **In order to provide adequate information for a comprehensive review, the applicant should utilize data from the Joint Annual report to provide information on the total number of licensed and staffed beds in the proposed service area. Applicants should provide an explanation to justify any differences in staffed and licensed beds in the applicant’s facility or facilities. The agency board should take into consideration the ability of the applicant to staff existing unstaffed licensed beds prior to approving the application for additional beds.**

**The following table should be utilized to demonstrate bedcapacity for the most recent year.**

**Total Beds**

	<b>Total Licensed Beds</b>	<b>Staffed beds set up and in use on a typical day</b>	<b>Licensed beds not staffed</b>	<b>Licensed beds that could not be used within 24-48 hours</b>
SRMC	167	159	8	8
TriStar Hendersonville Medical Center	134	123	11	9
<b>Sumner County Total</b>	<b>301</b>	<b>282</b>	<b>19</b>	<b>17</b>

Source: 2023 Joint Annual Report Masterfile, Schedule F

The table below, which is also included in response to Question 4N, below, demonstrates that the beds in the service area are not operating at 80% occupancy, based on the number of staffed beds for two consecutive years.

<b>Facility</b>	<b>2023 Staffed Beds</b>	<b>Patient Days</b>			<b>Staffed Bed Occupancy</b>			<b>% Change in PatientDays 2021-2023</b>
		<b>2021</b>	<b>2022</b>	<b>2023</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>	
SRMC	159	29,935	29,545	31,001	52%	51%	53%	4%
TriStar Hendersonville Medical Center	123	33,692	33,435	32,551	75%	74%	73%	-3%
<b>TOTAL</b>	<b>282</b>	<b>63,627</b>	<b>62,980</b>	<b>63,552</b>	<b>62%</b>	<b>61%</b>	<b>62%</b>	<b>0%</b>

Source: 2021-2023 Joint Annual Report Master files

- ii. **All outstanding CON projects for new acute care beds in the proposed service area are licensed.**

There are no outstanding CON projects for new acute care beds in the proposed service area.

- iii. **The Health Services and Development Agency may give special consideration to applications for additional acute care beds by an existing hospital that demonstrates (1) annual inpatient occupancy for the twelve (12) months preceding the application of 80 percent or greater of licensed beds and (2) that the addition of beds without a certificate of need as authorized by statute will be inadequate to reduce the projected occupancy of the hospital's acute care beds to less than 80 percent of licensed bed capacity.**



This project does not propose additional acute care beds. The applicant acknowledges that the chart above, which relies on 2023 Joint Annual Report data, shows that SRMC has not been operating an annual inpatient occupancy for the twelve months preceding the application of 80 percent or greater of licensed beds.

## **Description of the Proposed Project**

Given the nature of the project, the applicant has provided background and additional information that demonstrates the need for the project, outside of the criteria outlined above.

### Background

In 1957, the need for better healthcare for Sumner County residents and the surrounding areas caused the Legislature to create the Sumner County Hospital Commission. The commission developed Sumner Regional Memorial Hospital, built with Hill-Burton funds and a county bond issue. Sumner Regional opened in December 1959 with 54 beds and 12 bassinets. As it expanded physically and in scope of service, the hospital was renamed Sumner Regional Medical Center (SRMC). On December 1, 1994, Sumner County transferred the operation of the medical center to Sumner Regional Health Systems, Inc. (SRHS), a Tennessee private, not-for-profit corporation.

As the community grew, SRMC continuously improved its services and programs to meet the changing needs of Gallatin, Hendersonville, and the surrounding areas. In 1995, the Sumner Medical Plaza was added to the SRMC campus. The plaza currently houses Highpoint Health Wound Care, physician practices, and the first cancer treatment center in Sumner County. It also provides a state-of-the-art renal dialysis center for patients throughout the region. In 2019, SRMC received Level III Trauma Center status from the Tennessee Department of Health. Today, SRMC (formally known as Highpoint Health – Sumner with Ascension Saint Thomas) operates as a 167-bed healthcare facility that provides quality care in numerous areas, including cancer treatment, cardiac care, same-day surgery, orthopedics, diagnostics, women’s health, and rehabilitation services.

SRMC opened a freestanding emergency department (FSED) at Sumner Station in 2017 with eight treatment rooms. The FSED provides emergency and outpatient services, including laboratory services and medical imaging onsite. Before 2017, the Sumner Station campus was home to Highpoint Health Imaging for Women and Highpoint Health Diagnostic Center. Sumner Station is also home to Carpenter Cancer Center, which includes a linear accelerator, a PET CT scanner, a nurse navigation program, and support groups for patients undergoing cancer treatment and their families. These services, along with the FSED, will remain at Sumner Station after completion of the project. Highpoint employs over 50 providers at its clinics and Medical Office Buildings (MOBs) including the clinic and MOB at Sumner Station. These providers specialize in cardiology, gastroenterology, general surgery, primary care, podiatry, wound care, orthopedics, endocrinology, and

obstetrics.

SRMC and Sumner Station are a part of Highpoint Health System, the regional health system that also includes Trousdale Medical Center in Hartsville, Riverview Regional Medical Center in Carthage, and more than 15 affiliated clinics and sites of care. Until recently, Highpoint Health System was owned by Lifepoint Health.<sup>1</sup> In 2023, Lifepoint Health and Ascension Saint Thomas formed a joint venture to jointly own Highpoint Health System.<sup>2</sup> This partnership brings together the 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.<sup>3,4</sup>

After the joint venture, Highpoint Health became formally known as Highpoint Health with Ascension Saint Thomas (referred to as "Highpoint Health" in this application for brevity), SRMC became formally known as Highpoint Health – Sumner with Ascension Saint Thomas ("SRMC" for brevity), and Sumner Station became formally known as Highpoint Health – Sumner Station with Ascension Saint Thomas ("Sumner Station" for brevity).

### The Project

Sumner Station is an existing licensed facility located on Big Station Camp Boulevard and State Highway 386 (Vietnam Veterans Boulevard), between the communities of Gallatin and Hendersonville, but in the Gallatin city limits. This community between Sumner County's two largest cities is referred to herein as "Station Camp." For eight years, Sumner Station has provided the surrounding community with high-quality and convenient emergency and outpatient services, including onsite access to laboratory services and medical imaging.

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<sup>1</sup> Lifepoint Health is a leading healthcare provider that serves patients, clinicians, communities, and partner organizations across the healthcare continuum. Lifepoint Health has 50,000 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. For more information about the company, visit [www.lifepointhealth.net](http://www.lifepointhealth.net).

<sup>2</sup> Lifepoint Health, "Lifepoint Health and Ascension Saint Thomas Partner to Advance Healthcare for Middle Tennesseans," December 1, 2023, <https://www.lifepointhealth.net/news/lifepoint-health-and-ascension-saint-thomas-partner-to-advance-healthcare-for-middle-tennesseans>.

<sup>3</sup> 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, non-profit health system in Middle Tennessee. Today, the health system has 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. Ascension Saint Thomas and its partner organizations employ more than 10,700 employees in Tennessee. 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).

<sup>4</sup> This collaboration was the second joint venture partnership for the two health systems, as Lifepoint Health and Ascension Saint Thomas also jointly own Ascension Saint Thomas Rehabilitation Hospital in Nashville.

Sumner Station will require only minimal renovations to add inpatient acute care services. The proposed project will renovate 21,300 square feet of existing space on the first and second floors, including 8,200 square feet on the second floor that is currently shell space.

Highpoint Health designed the proposed project to be the right size to provide care closer to home for area residents as quickly as possible. The proposed project is expected to be completed in 16 months from final CON approval. This will make beds available more quickly than adding a floor to the building. The proposed 12-bed medical/telemetry unit will allow for optimal nursing ratios in the unit. Based on the occupancy of the beds and the acuity of the patients, a 12-bed unit will allow Highpoint Health with Ascension Saint Thomas to staff the beds at a 1:4 or 1:6 nurse-to-patient ratio. The 12-bed unit also allows the nursing station to have sight lines to the beds on the unit, and to reach each patient room quickly. The 4-bed intensive care unit (ICU) will have its own nursing station; it will optimize staffing and maintain the ICU 1:2 nurse-to-patient ratio. The ICU will also serve as overflow for general medical/telemetry patients when there is a surge in demand for beds at the hospital.

#### *No Addition of Beds*

The proposed project does not include the addition of any beds. The proposed project moves sixteen licensed acute care beds from the main SRMC campus to Sumner Station for the proposed satellite hospital. The proposed project is bed-neutral as the number of beds on the SRMC license will remain the same. Sixteen beds will be moved from the main campus to Sumner Station to develop the proposed satellite hospital. Support services such as IT, medical staff support, human resources, supply chain/purchasing, public affairs, medical records, staff education, and legal will continue to be provided by SRMC.

#### *Addition of Services*

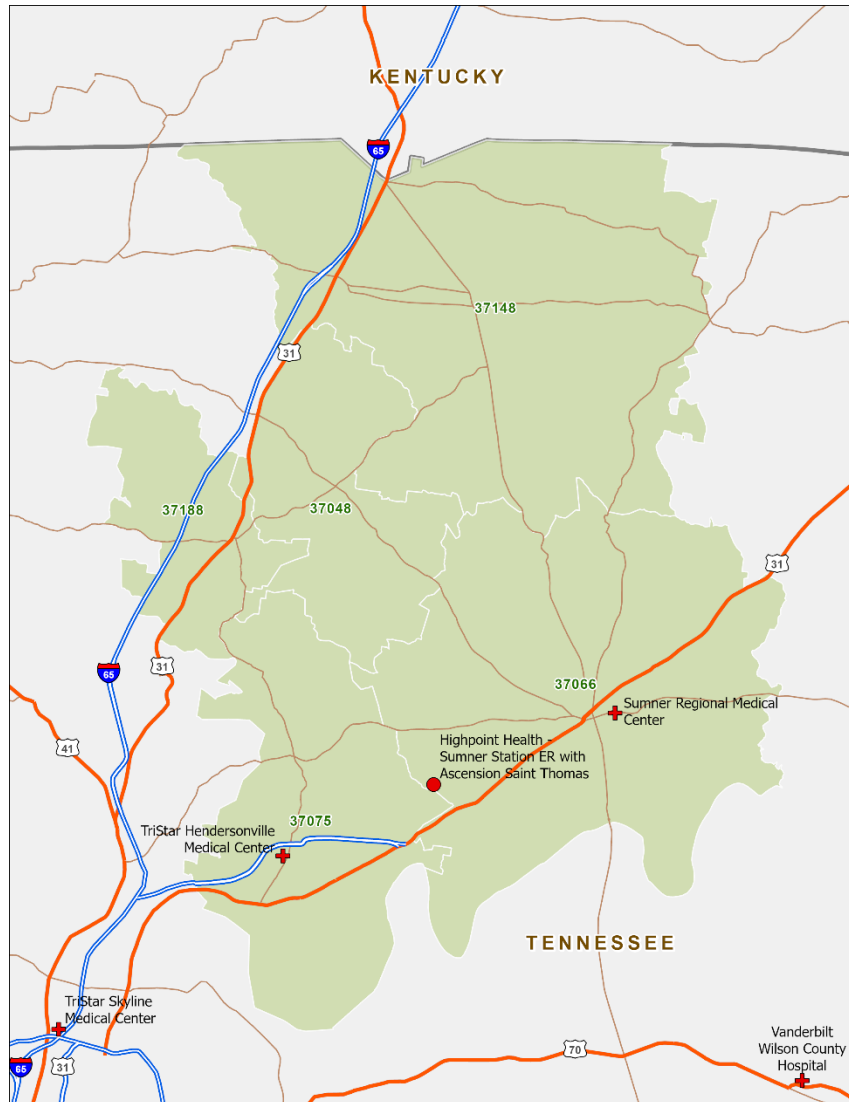
The proposed project includes the addition of endoscopy services and equipment to Sumner Station. This new service will allow better diagnostic capabilities at the proposed satellite hospital and will complement the imaging services already available onsite, which include X-Ray, Bone Density, Mammography, Diagnostic CT, PET CT, MRI, Nuclear Medicine, Ultrasound, and Radiation Therapy. There are no certificate of need (CON) standards applicable to endoscopy services. The proposed project does not add any reviewable medical equipment.

### **Need and Demand for the Proposed Project**

Over the past few decades, commercial and residential development in the area has exploded near Station Camp along State Highway 386 between Gallatin, Tennessee, and Hendersonville, Tennessee. New residential developments continue to fuel high growth north of Vietnam Veterans Boulevard. Station Camp has emerged as a prime area for current and future health care development in Sumner County, and the project site is a convenient location in the heart of this high-growth area. The map below shows the

location of Sumner Station and other area hospitals. The map also indicates Sumner Station's service area, which is discussed in more detail beginning on page 31.

### Sumner Station and Area Hospitals



There is both existing and projected demand for the proposed project based on:

#### Existing Demand

- Growth in Sumner Station ED visits and acute care inpatient transfers
- Increased access to acute care services in Sumner County
- EMS runs in the area
- Ability to decompress SRMC's main campus during surges in occupancy
- Primary and specialty physician presence near Sumner Station

- Local community support

#### Projected Demand

- The growing population of Sumner County
- The growing population of the City of Gallatin
- Growth and development of Station Camp
- The growing population of the Sumner Station service area

#### Existing Demand

##### *Growth in Sumner Station ED Visits and Acute Care Inpatient Transfers*

In the eight years of service to Sumner County, Sumner Station emergency room visits have greatly increased. In 2023, annual visits surpassed 13,000: a growth of 42 percent since 2019 and a compound annual growth rate (CAGR) of 9 percent.

##### **Sumner Station ED Visits**

	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>	<b>Growth 2019– 2023</b>	<b>CAGR 2019– 2023</b>
ED Visits	9,285	7,921	10,649	12,712	13,161	42%	9%
ED Treatment Rooms	8	8	8	8	8	0%	0%
Visits per Treatment Room	1,161	990	1,331	1,589	1,645	42%	9%

Source: Tennessee Department of Health, "Joint Annuals Reports (JAR)," 2019-2023,  
<https://www.tn.gov/health/health-program-areas/statistics/health-data/jar.html>.

From 2019–2023, acute care transfers from Sumner Station to SRMC grew 69 percent, a CAGR of 14 percent.

##### **Sumner Station Inpatient Transfers**

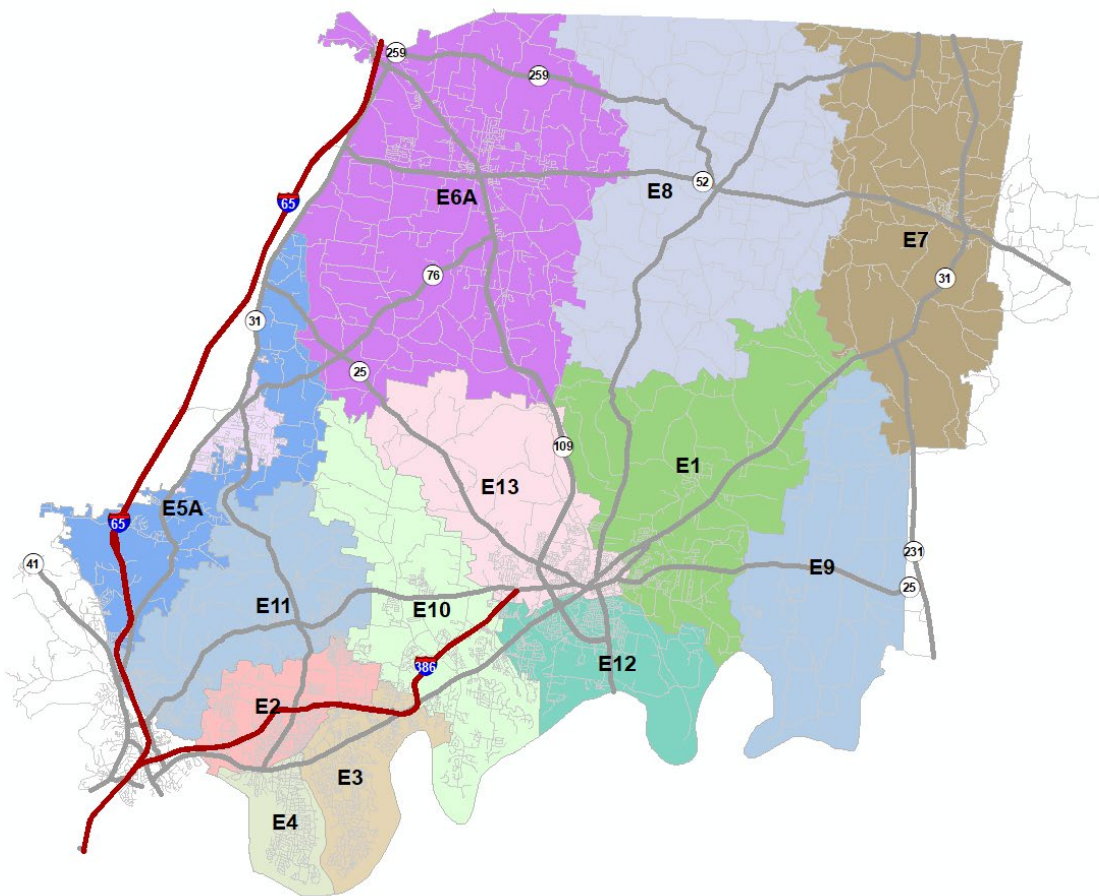
	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>	<b>Growth 2019–2023</b>	<b>CAGR 2019–2023</b>
IP Transfers to SRMC	330	252	321	439	559	69%	14%
IP Transfers to Other Acute Care Hospitals	232	247	363	408	372	60%	13%
IP Acute Care Transfers Subtotal	562	499	684	847	931	66%	13%

Source: Source: Tennessee Department of Health, "Joint Annuals Reports (JAR)," 2019-2023,  
<https://www.tn.gov/health/health-program-areas/statistics/health-data/jar.html>.

##### *EMS Runs in the Area*

The map below shows the zones for the Sumner County EMS. Sumner Station is located in Zone E10, shown in the light mint green area. In 2024, there were 1,230 EMS runs for patients picked up in Zone E10. Zone E10 is closer to Sumner Station than any other hospital in Tennessee. For clinically appropriate patients, Sumner Station will be the closest hospital for receiving emergency medical care and inpatient services. If approved, Sumner Station will reduce the amount of time patients in this area need to travel when receiving emergency inpatient medical care and will also reduce the amount of time Sumner County EMS team members need to spend transporting patients.

### Sumner County EMS Zones



### *Improved Access to Acute Care Services in Sumner County*

To meet the Sumner County demand for inpatient services, SRMC must not only continue updating and modernizing SRMC but also plan for the expansion of healthcare services beyond the main campus, bringing them closer to Sumner County residents to best use its licensed acute care beds. Highpoint Health's planning process extends well beyond the next few years; hospital planning is a long-term endeavor that focuses on patients' needs and utilization trends expected over a longer horizon.

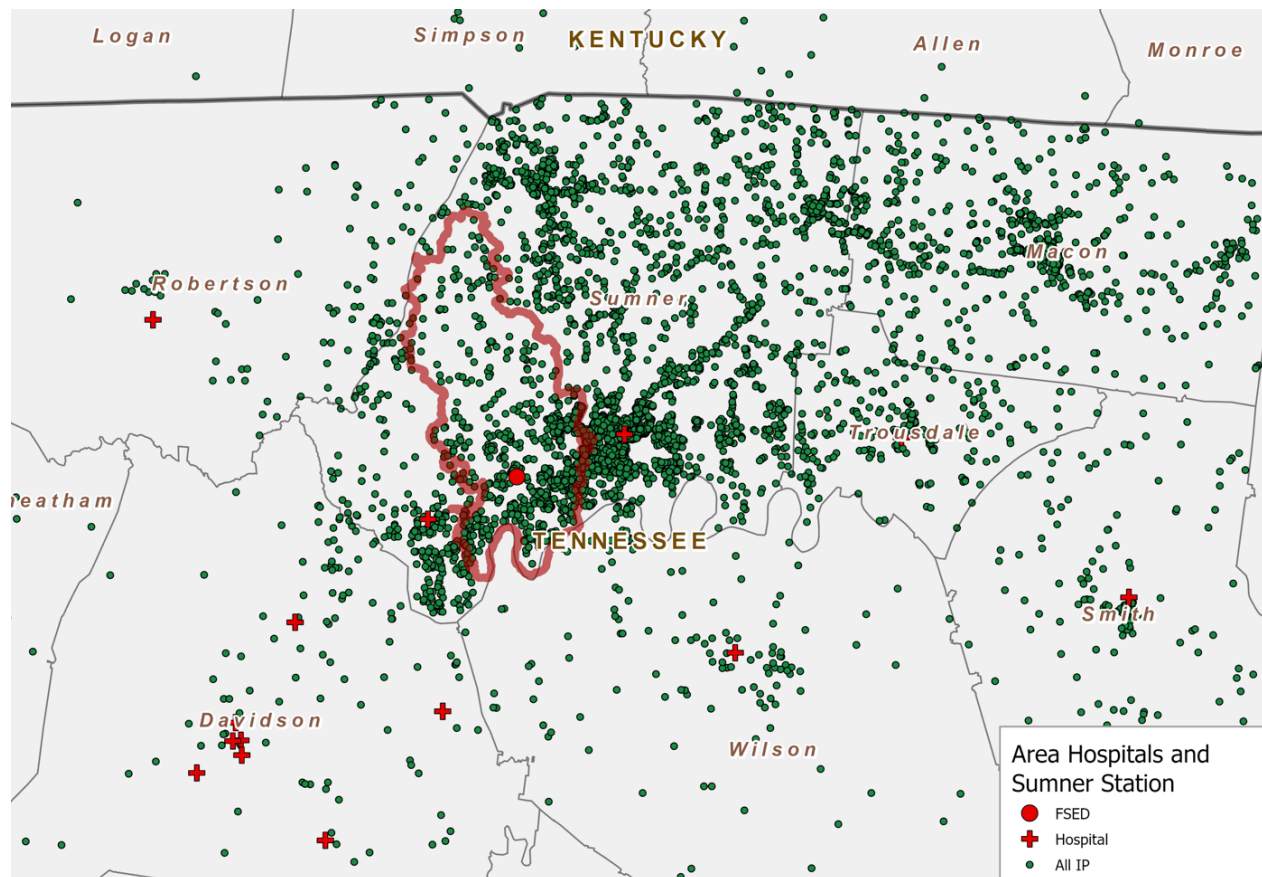
Although the number of beds will not increase in Sumner County, the availability of acute care services at a location away from the SRMC main campus will benefit patients through decreased travel times and increased ease of access to inpatient hospital services.

SRMC is currently the only Highpoint Health acute care hospital in Sumner County. The proposed project would give area residents a second, smaller hospital where they can access care from their trusted network of providers. SRMC provides inpatient care to Tennesseans living throughout Sumner County and adjacent counties. The map below shows the patient origin data for SRMC discharges in calendar year (CY) 2024. The red outline shows the area closer to Sumner Station than any other acute care hospital in Tennessee, based on drive time. Of the 9,409 patients<sup>5</sup> discharged from SRMC in 2024, 1,375 lived closer to Sumner Station than any other hospital in the state. These patients accounted for over 14 percent of all discharges from SRMC in the year. Patients residing in this area would benefit from the option to receive care at a Highpoint Health with Ascension Saint Thomas hospital closer to their homes. Of these 1,375 patients, more than 80 percent (1,108 patients) were in the diagnosis-related group (DRG) set appropriate for Sumner Station.

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<sup>5</sup> This excludes normal newborns (DRG 795). This number is based on internal SRMC discharge data for CY 2024. The applicant recognizes this number is slightly different than the number of discharges shown in other areas, based on Joint Annual Reports (9,414 discharges). The difference of five patients is not material.

## SRMC Inpatient Discharges, CY 2024, with Indication of Area Closest to Sumner Station

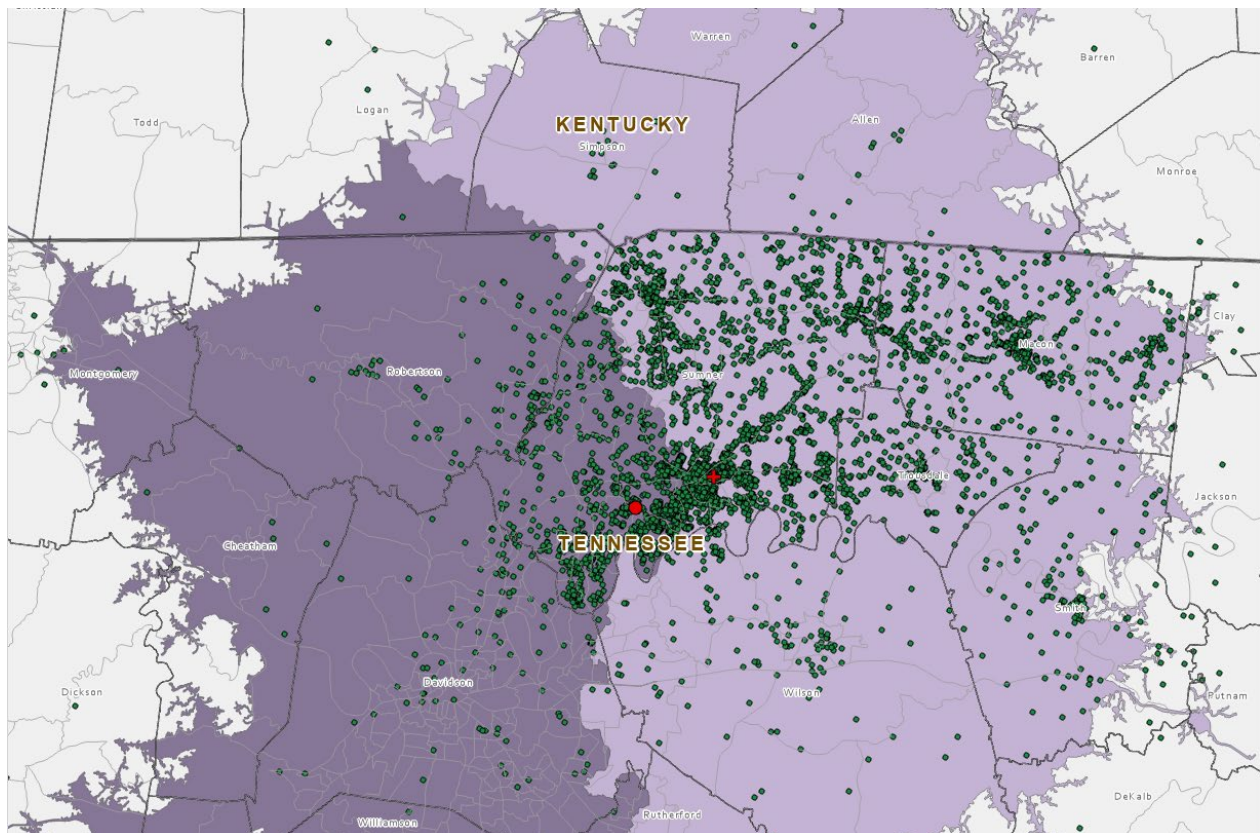


Source: SRMC Internal Data, CY 2024.

The map and analysis above are a conservative approach to estimating the number of Highpoint Health patients who would benefit from improved access if the proposed project is approved. All patients shown in the map above have, historically, chosen to receive care at SRMC. As the map shows, some patients who received care at SRMC resided closer to not only Sumner Station but also TriStar Hendersonville Medical Center or hospitals in Davidson or Robertson counties. Because these patients chose SRMC, it is logical to assume that most would choose to receive care at either SRMC or its satellite hospital. Following this logic, the applicants calculated how many of SRMC's 2024 inpatient discharges lived closer to Sumner Station than SRMC (not just closer to Sumner Station than any other hospital in the state). The map below shows the area, in dark purple, closer by drive time to Sumner Station than SRMC, limited to a 60-minute maximum drive time. In 2024, SRMC served 1,993 Tennessee patients that resided closer to Sumner Station than SRMC. The proposed hospital will improve access for these patients who account for 20 percent of the hospital's total 2024 discharges. One in five Tennessee patients currently receiving care at SRMC would receive care closer to home if they were treated at Sumner Station. Of those 1,993, almost 80 percent (1,565 patients) were also in the DRG set appropriate for care at Sumner Station.



## SRMC Inpatient Discharges, CY 2024, with Areas Closer to Sumner Station



Source: SRMC Internal Data, CY 2024.

Sumner Station currently receives patients through its ED who must be transferred to an inpatient facility to receive care. In 2024, there were 730 inpatients discharged from SRMC who were initially seen at the Sumner Station ED. Without this proposed project, these patients will continue to require an ambulance transfer between sites of care. The status quo delays patient care and reduces patient satisfaction. Approving this project with 12 acute care beds and a 4-bed ICU will let patients remain at Sumner Station for inpatient care and will let SRMC focus on treating higher acuity patients.

Today, EMS bypasses Highpoint Health – Sumner Station with a variety of emergency patients because it does not provide inpatient acute care. Offering inpatient services at Highpoint Health – Sumner Station will reduce the number of EMS patients automatically routed past Sumner Station to EDs farther away.

The large new residential developments in Sumner County will increase traffic congestion and the time it takes EMS, patients, and physicians who live in the Station Camp area to drive to SRMC or other Sumner County hospitals.<sup>6</sup> Adding inpatient beds to Sumner Station will

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<sup>6</sup> Gallatin News, "Gallatin Looks to Developers to Fund Big Station Camp Traffic Improvements," September 19, 2019, <https://mainstreetmediatn.com/articles/gallatinnews/gallatin-looks-to-developers-to-fund-big-station-camp-traffic-improvements/>.

improve access to health services in southeastern Sumner County and give residents and physicians a choice of acute care hospital services.

### *Ability to Decompress SRMC Main Campus*

SRMC is experiencing capacity constraints at its main campus due to the growth and aging of the population (discussed above) but also due to special circumstances, such as designated acute care units that restrict the availability of beds, and the absence of dedicated unlicensed observation beds. SRMC has 167 licensed beds and 161 staffed beds, of which 96 are medical/surgical, 23 are OB/GYN, 18 are ICU, 12 are psychiatric, and 12 are rehabilitation.

Not all acute care beds can be used on any day for any acute care patient. Some beds are limited for use by certain patients based on factors such as age, gender, diagnosis, or acuity level. SRMC currently designates many of its beds for limited use such as ICU, Cardiac Care Unit, Neuro ICU, Neonatal, Obstetrics, and Women's Health. These designated units cannot be used by adult medical-surgical patients and are held for patients who need these specialized services or have higher acuity.

In 2024, SRMC treated 2,769 observation patients, most of whom were medical/surgical patients. SRMC has no unlicensed beds dedicated to observation patients, which means that these patients use licensed acute care beds. Observation patients, while not meeting the definition of "inpatient," may nonetheless utilize inpatient acute care beds, whether it be for only a few hours or for up to two full days, without triggering Centers for Medicare & Medicaid Services' "two-midnight rule" to qualify as an inpatient stay. Observation patients typically present to the ED. Observation patients use beds and staff resources during the day and/or overnight for short-term treatment, assessment, and reassessment, while a decision is being made whether to admit them as inpatients or to discharge or transfer them.

SRMC is currently experiencing capacity constraints on the 96 beds designated for use as adult medical/surgical acute care beds. According to internal CY 2024 midnight census data that includes acute care and observation patients, SRMC's 96 adult medical/surgical acute care beds were at or above 80 percent occupancy 250 days of the year. In the same year, these beds were at or above 90 percent occupancy on 49 days. Because of capacity constraints, SRMC experiences longer ED hold times for patients who need to be admitted.

Inpatient acute care transfers from Sumner Station to SRMC have increased nearly 70 percent in the last five years, according to Tennessee Joint Annual Report data. If the capacity issues at SRMC continue, the main campus will be unable to keep up with demand, including demand from transfer patients from Sumner Station. Reallocating existing resources and moving lower acuity inpatient services to Sumner Station will alleviate some of the capacity constraints on SRMC's main campus and reduce the need to transfer acute care patients appropriate for inpatient care at Sumner Station. The physical beds that remain when the bed licenses are relocated will become unlicensed observation beds.

The acute care bed capacity issues will be exacerbated by increased demand due to growth and aging of the service area population. While Sumner Station is expected to shift some lower acuity inpatient volume from the main campus, not all care can—or should be—shifted to a smaller satellite hospital campus. SRMC can add licensed beds at the main campus if needed, without CON approval, when additional licensed beds are needed at SRMC.

### *Highpoint Health with Ascension Saint Thomas' Reputation for Delivering High Quality Healthcare*

Highpoint Health and Ascension Saint Thomas are committed to expanding access to high-quality care and services in Middle Tennessee and as an inpatient hospital, Sumner Station will benefit from their long history of providing high-quality services in the area.

SRMC is a Joint Commission-accredited hospital that 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.

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 United States, a U.S. News & World Report's 2023–2024 Best Regional Hospital, and a Becker's 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, and a Blue Distinction Center for Total Hip Surgery; it is also in the Commission on Cancer's Integrated Network Cancer Program. Ascension Saint Thomas is a joint-venture owner of Sumner Station 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. A full list of recent Ascension Saint Thomas awards and designations are found at the end of this Attachment.

SRMC'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. Sumner Station ED visits have grown 42 percent from 9,285 visits in 2019 to 13,161 visits in 2023, per the Tennessee Joint Annual Reports. 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. Highpoint Health's ability to operate exceptionally high-quality FSEDs like Sumner Station is evidenced by:

- Patient satisfaction ratings are among the highest in the area
- Only 0.6 percent Left Without Treatment (LWOT), the lowest in region
- The only in the region to staff ERs around the clock with board-certified emergency-

trained physicians

- Onsite imaging at site of FSED, which is accredited by the American College of Radiology (ACR)
  - CT accredited
  - MRI accredited
- Highpoint Health Sumner Station – ER is certified by the American College of Cardiology for Freestanding ED Cardiac Care

Sumner Station's inpatient services will be integrated into the structural framework of SRMC'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 (POCA) 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. Sumner Station 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.

The applicant has a strong focus on health equity and ensuring that patients, families, communities, and team members receive high-quality care and services when and where needed. Adding inpatient services will build upon the reputation of high-quality health care at SRMC and Sumner Station.

#### *Primary and Specialty Physician Presence Near Sumner Station*

SRMC has a network of physician and medical practices located in the home zip code for Sumner Station. These include:

- HighPoint Family Wellness (onsite at Sumner Station)
- HighPoint Inpatient Neurology
- HighPoint Endocrinology Associates
- HighPoint Family Wellness Hunt Club
- HighPoint Wound Care
- HighPoint Surgical Associates Gallatin
- HighPoint Gastroenterology and Liver
- HighPoint Inpatient Geropsychiatry

- HighPoint Neurology Associates
- HighPoint Orthopedic Associates
- HighPoint Foot and Ankle
- HighPoint Family Wellness Gallatin

Physicians at these locations will have the opportunity to admit and treat patients at both SRMC and Sumner Station.<sup>7</sup> SRMC and Sumner Station will have a unified medical staff that includes physicians, physicians' assistants, nurse anesthetists, and nurse practitioners. SRMC employs more than 49 physicians in 14 specialties. The Sumner Station medical staff, through onsite physicians and telemedicine, will have access to SRMC specialists offering a specialized level of care. Physicians who practice today at SRMC, both employed and community physicians, specialize in a full range of clinical specialties, including:

- |  |                     |
|--|---------------------|
| • Internal medicine                    | • Bariatric surgery |
| • Emergency medicine                   | • Urology           |
| • Cardiology                           |                     |
| • Gastroenterology                     |                     |
| • Hematology                           |                     |
| • Oncology                             |                     |
| • Radiation oncology                   |                     |
| • Pediatrics                           |                     |
| • Pulmonology                          |                     |
| • Radiology                            |                     |
| • Orthopedics                          |                     |
| • Obstetrics                           |                     |
| • Gynecology                           |                     |
| • Anesthesiology                       |                     |
| • Surgery                              |                     |
| • Neurology                            |                     |
| • Infectious disease                   |                     |
| • Physical medicine and rehabilitation |                     |
| • Palliative care                      |                     |
| • Wound care                           |                     |
| • Ophthalmology                        |                     |
| • Nephrology                           |                     |
| • Neurosurgery                         |                     |
| • ICU intensivist                      |                     |

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<sup>7</sup> Additionally, HighPoint has physician practices in Carthage, Gordonsville, Hartsville, Nashville, and Sumner, Tennessee.

## Local Community Support

SRMC has received support for this project from elected officials, physicians, and local community members.

### Projected Demand

#### *The Growing Population of Sumner County*

Sumner County is one of the fastest-growing counties in Tennessee. It grew from 172,714 residents in 2014 to 208,192 in 2024, a 20.5 percent increase.<sup>8</sup> In Tennessee, the county ranked seventh in population growth from April 2020 to July 2023.<sup>9</sup> The table below shows Sumner County's population is growing at a faster rate than Tennessee's population. Between 2024 and 2028, the county's total population is projected to increase by 5.8 percent, nearly double the state's growth rate of 2.9 percent. The county's senior population is expected to rise even more sharply, with a 12.1 percent increase compared to 8.6 percent statewide.

**Sumner County Population Growth (2024 to 2028)**

	<b>Total Population Estimate 2024</b>	<b>Total Population Estimate 2028</b>	<b>Senior Population (65+) Estimate 2024</b>	<b>Senior Population (65+) Estimate 2028</b>	<b>Growth Rate Total Population</b>	<b>Growth Rate Senior Population</b>
Sumner County	208,192	220,197	37,499	42,046	5.8%	12.1%
Tennessee	7,125,908	7,331,859	1,324,362	1,438,845	2.9%	8.6%

Source: Boyd Center for Business and Economic Research, University of Tennessee, Knoxville.

Reassembled by the Tennessee Department of Health, Division of Population Health Assessment.

The Nashville Area Metropolitan Planning Organization projects the county's population will continue to grow, reaching 233,998 residents by 2035, with long-term forecasts anticipating nearly 280,000 residents by 2045—a 50% increase over current levels.<sup>10</sup> Population growth will generate increased demand for hospital services.

#### *The Growing Population of the City of Gallatin*

Gallatin, Tennessee, has experienced substantial population growth, reflecting broader regional trends. The

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<sup>8</sup> Based on interpolated data from the US Census, Annual Estimates of the Resident Population: April 1, 2010, to July 1, 2014. "General Health Data: Population," Tennessee Department of Health, Division of PPA, <https://www.tn.gov/health/health-program-areas/statistics/health-data/population.html>.

<sup>9</sup> US Census Bureau, "Annual and Cumulative Estimates of the Components of Resident Population Change for Counties in Tennessee: April 1, 2020 to July 1, 2023 (CO-EST2023-COMP-47)," March 2024, <https://www.census.gov/data/tables/time-series/demo/popest/2020s-counties-total.html>.

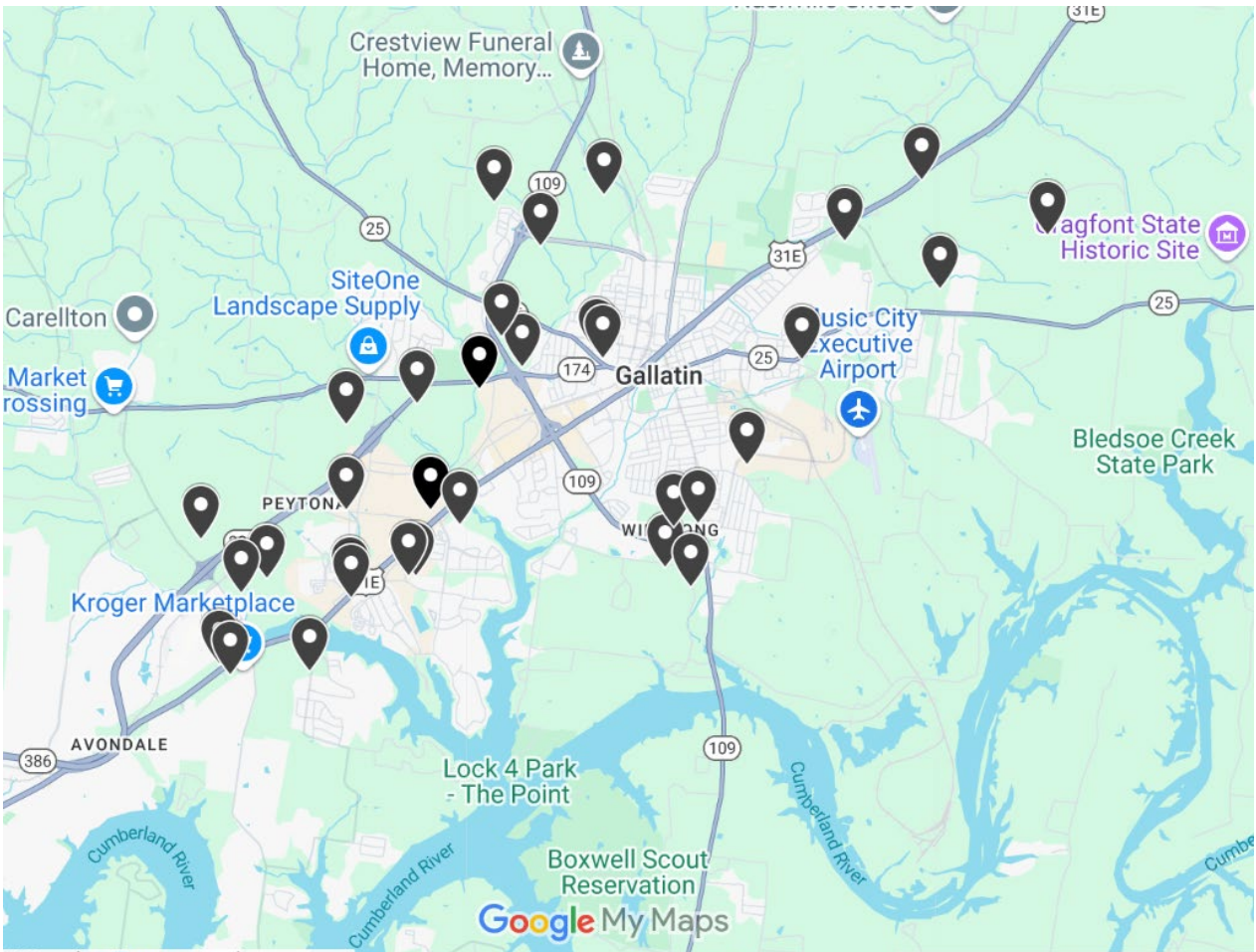
<sup>10</sup> Sumner County Construction & Development Department, "2035 Comprehensive Plan: Sumner County's Blueprint to the Future," July 27, 2010.



city's population increased from 37,460 in 2014 to 52,151 in 2024, a 39.2 percent rise over the past decade.<sup>11</sup>

Gallatin is undergoing extensive real estate development to support this increasing population. More than 50 projects are in progress across 1,500 acres, including new residential communities, retail centers, industrial facilities, and mixed-use developments. The map below, created by the Gallatin Planning Department, shows the location of these projects. The city's Planning Commission continues to approve projects that will further increase demand for healthcare.<sup>12</sup>

### New Developments in Gallatin, Currently Under Construction



Source: "Developments in Gallatin!," Gallatin Planning Department, <https://www.gallatintn.gov/1722/Developments-in-Gallatin>, accessed March 30, 2025.

To accommodate this growth, Gallatin is actively implementing policies to encourage higher-density development. Updates to the city's zoning ordinance align with PlanGallatin, the city's comprehensive growth strategy designed to manage rapid population increases by promoting higher-density, mixed-use developments and expanding residential and commercial capacity. The introduction of form-based codes

<sup>11</sup> Esri, "Demographic Estimates," 2024, <https://doc.arcgis.com/en/esri-demographics/latest/esri-demographics/updated-demographics.htm>.

<sup>12</sup> City of Gallatin, "Developments in Gallatin," <https://www.gallatintn.gov/1722/Developments-in-Gallatin>, accessed March 6, 2025.

in downtown Gallatin, just 6 miles from Sumner Station, and in key commercial areas facilitates higher-density development and streamlines the approval process for new projects.<sup>13</sup> Gallatin is developing mixed-use activity centers like the GreenLea Activity Center and the North 109 Nexus Project, which will add substantial new housing alongside new commercial and office spaces.<sup>14</sup> These efforts, combined with Gallatin's ongoing annexation and infrastructure expansion, are rapidly increasing the city's population and driving greater demand for healthcare services.

Gallatin is currently revising its Urban Growth Boundary to guide expansion and ensure adequate infrastructure planning.<sup>15</sup> City officials have been rezoning different portions of land around Gallatin to accommodate needs like housing or commercial business.<sup>16</sup> These efforts, combined with sustained population increases, will drive greater demand for healthcare services in Sumner County.

### *Growth and Development of Station Camp*

The growth in Sumner County is also reflected in the significant commuter traffic in the area, with the US Census Bureau reporting that over 14,000 individuals living outside of Gallatin commuted to the city for their jobs.<sup>17</sup> Areas of Sumner County like Station Camp that were once considered rural have become urbanized as commuters move into Sumner County for relatively short commutes to Nashville on State Highway 386 (Vietnam Veterans Boulevard) and I-65. The growth and annexations are primarily occurring along those corridors.

Infrastructure improvements are underway for the NETcorridor, a \$1 billion expansion of State Highway 386, that will improve connectivity between Gallatin, Nashville, and surrounding areas, reinforcing the city's role as a regional hub. Phase 1 of the NETcorridor, a \$200 million project, is the largest non-interstate infrastructure investment in the state.<sup>18</sup> The NETcorridor will run directly through Station Camp.

The maps below show development in Station Camp from 2000 to 2022 from the Gallatin Municipal Planning Commission and Google Maps.<sup>19</sup> The white star is the location of Sumner Station.

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<sup>13</sup> City of Gallatin, "PlanGallatin," 2022, <https://www.plangallatin.org/plan>.

<sup>14</sup> City of Gallatin, "PlanGallatin," 2022, <https://www.plangallatin.org/plan>.

<sup>15</sup> City of Gallatin, "PlanGallatin," 2022, <https://www.plangallatin.org/plan>.

<sup>16</sup> Sam Chimenti, "No Perfect Formula: Gallatin Mayor Discusses City's Growth," Nexstar Media, Inc., December 27, 2024, <https://www.yahoo.com/news/no-perfect-formula-gallatin-mayor-224507496.html>.

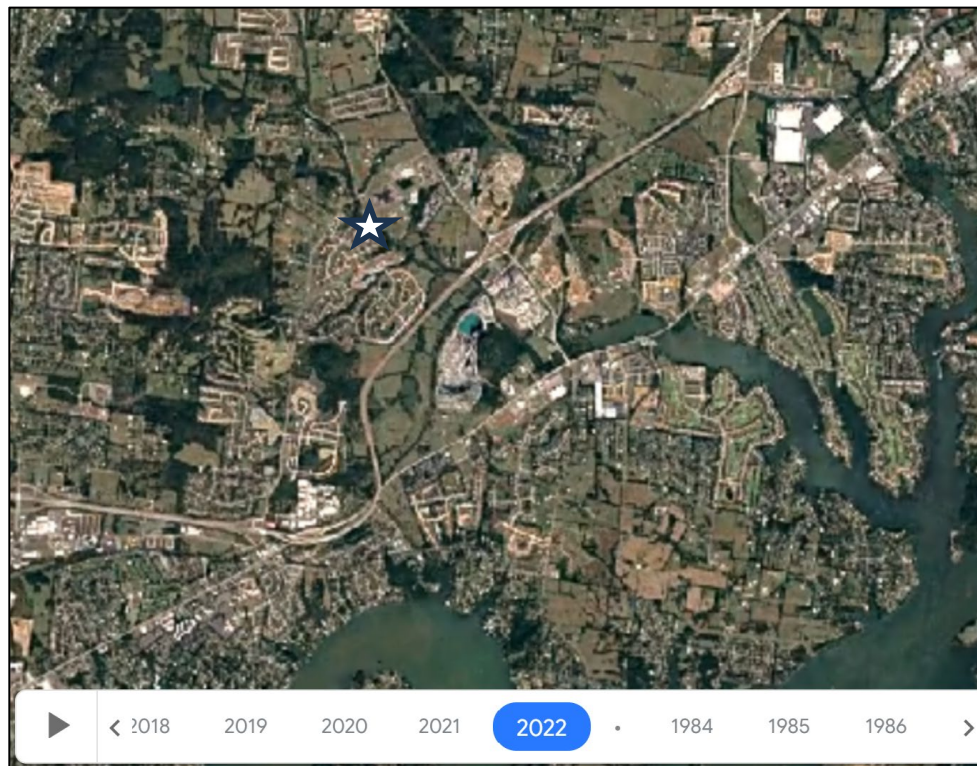
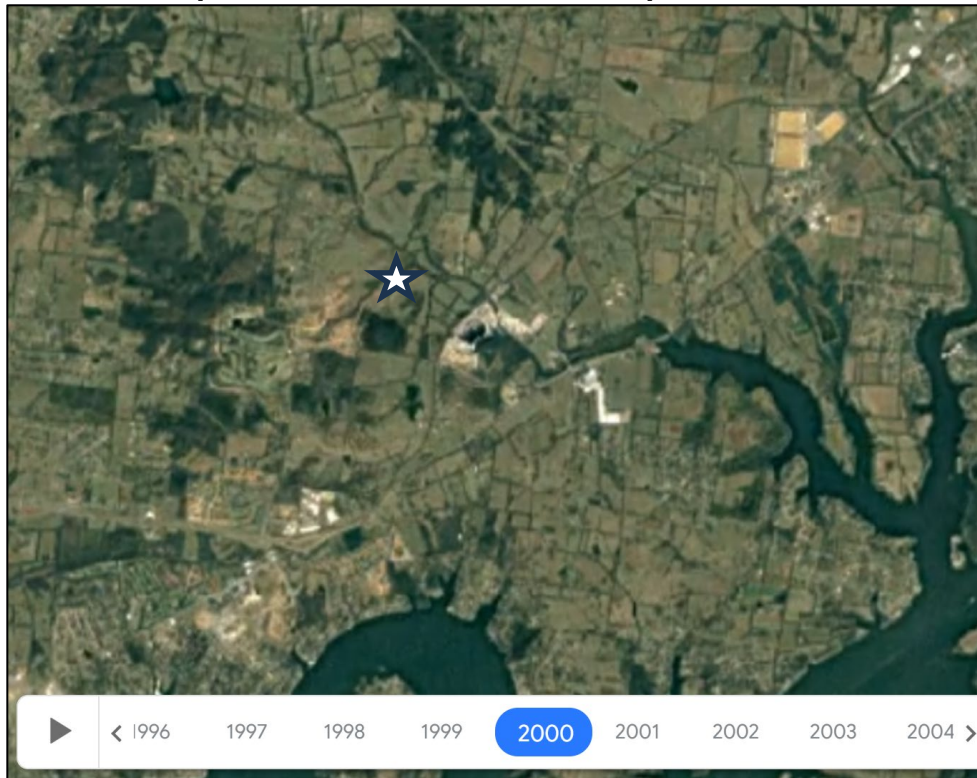
<sup>17</sup> US Census Bureau, "ONTheMap Application Destination Analysis, Workers Employed in Gallatin City, TN," <https://onthemap.ces.census.gov>.

<sup>18</sup> "NETcorridor," Forward Sumner, <https://forwardsumner.org/community-development/netcorridor/>, accessed March 7, 2025.

<sup>19</sup> "PlanGallatin," Gallatin Tennessee, <https://www.plangallatin.org/issuesandtrends>.

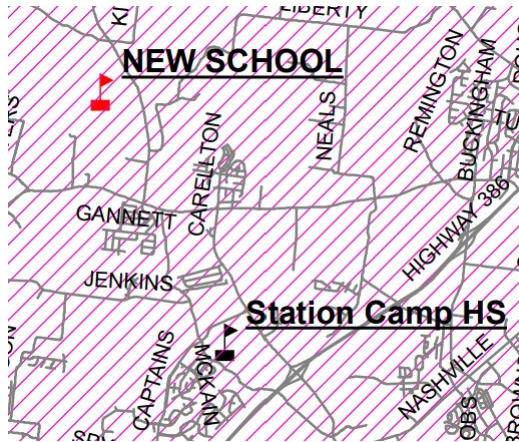


### Development Over Time: Station Camp Area 2000–2022



The recent development in the area and future growth opportunities strongly support the need for the

proposed Sumner Station project. Station Camp now draws people from the county and surrounding areas for shopping, employment, schools, and housing. The area where the city limits of Hendersonville and Gallatin meet is considered a regional employment center because of its proximity to a major transportation corridor.<sup>20</sup>



Station Camp High School was built within one mile from Highpoint Health – Sumner Station in 2002 for the rapid student population growth in the area. The high school was eventually paired with an elementary and middle school on the same site. All schools filled to capacity much faster than expected. In response, Sumner County developed a new campus in 2022 (Liberty Creek) located at 475 Upper Station Camp Creek Road. That campus is now home to a new elementary, middle, and high school, similar to the Station Camp campus.<sup>21</sup>

Adjacent to the Sumner Station site, north of Highway 386 and west of Big Station Camp Boulevard, a developer has received zoning approval and is moving forward with a large multi-use plan called The Crossings at Hidden Creek. The developers are proposing 235 single-family detached residential lots, 83 multi-family townhome lots, and 2 commercial outparcels.<sup>22</sup>

Nearby, at 190 Big Station Camp Boulevard, at the corner of Highway 386, Station Commons—a commercial development on 32 acres—is underway with preliminary approval granted.<sup>23</sup> An indoor sports complex is the centerpiece of the development plan that also proposes commercial lots and 2 hotels.<sup>24</sup>

McCain's Station, also north of Highway 386 and east of Big Station Camp Boulevard, is currently under construction. McCain's Station is a mixed-use development on 130 acres for 112 single-family detached residential lots, 195 multi-family (townhome) units, 377 townhomes/flat units, and 6 commercial lots/outparcels. Also under construction, and already selling completed homes, is Paddock at Kennesaw Farms, a mixed-use development on 205 acres for 632 single-family detached residential lots, 56 single-family attached residential lots, 682 multi-family units, and 4 commercial lots. It is located east of Big Station Camp Boulevard, north of Nashville Pike, and south of the CSX Railroad. Fox Creek (formerly Station Camp Creek) has received final approval for a 140 single-family lot development on 58 acres, off Big Station Camp Boulevard. The recent and anticipated residential and commercial developments in the area will increase

<sup>20</sup> Typically located near major transportation corridors and may include office parks, manufacturing centers, corporate campuses, or major universities. Sumner County Construction & Development Department, "Sumner County Comprehensive Plan," July 27, 2010, <https://sumnercountyttn.gov/wp-content/uploads/2021/06/Sumner-County-Comprehensive-Plan.pdf>.

<sup>21</sup> "Information Regarding New Schools and Station Camp Area Zoning Changes," Sumner County Schools, <https://sumnerschools.org/index.php/projects?highlight=WzEwLDEyLDEzLDE0LDE1LDE2LDE3LDE4LDE5XQ==>.

<sup>22</sup> Gallatin News, "City Moves Forward with Rezone for Crossings at Hidden Creek," January 16, 2024, <https://mainstreetmediatn.com/articles/gallatinnews/city-moves-forward-with-rezone-for-crossings-at-hidden-creek/>.

<sup>23</sup> City of Gallatin, "Developments in Gallatin!," <https://www.gallatintn.gov/1722/Developments-in-Gallatin>.

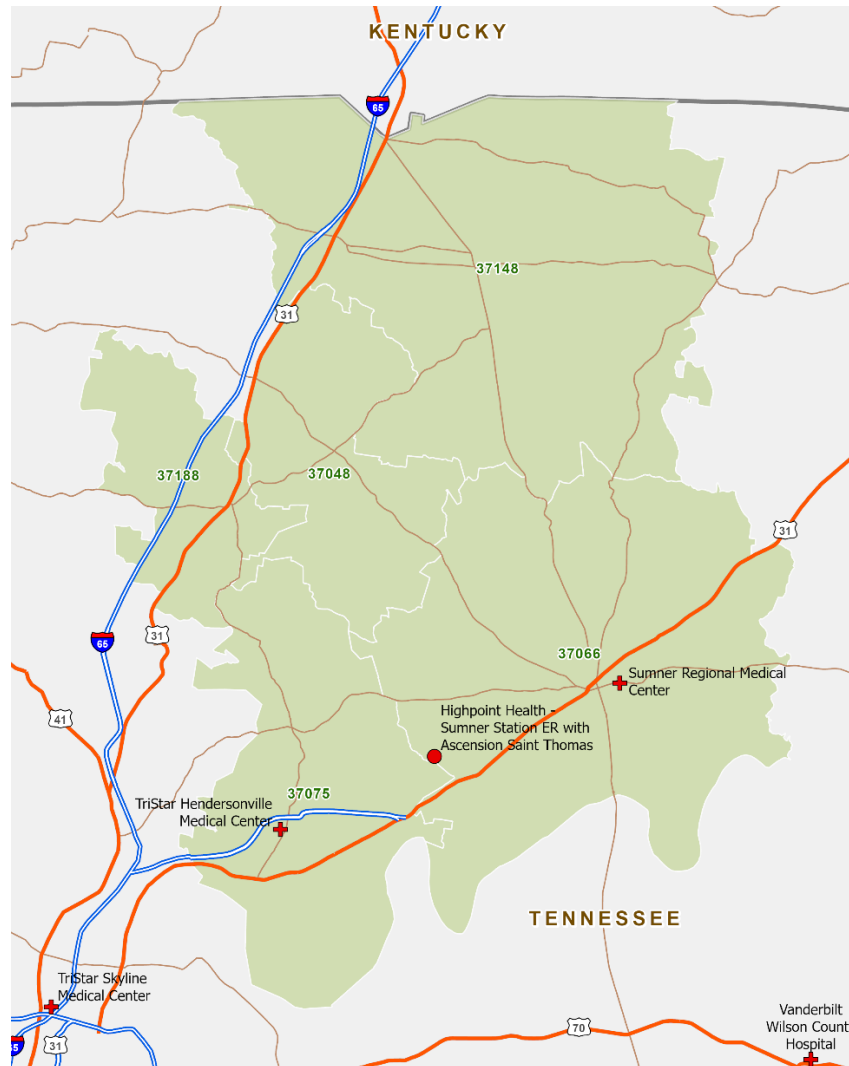
<sup>24</sup> Nashville Tennessean, "Gallatin Considers Sports Complex as Centerpiece to Hotels, Restaurant Development," December 7, 2022, <https://www.yahoo.com/news/gallatin-considers-sports-complex-centerpiece-191809145.html>.

the need for healthcare services.

### *The Growing Population of the Sumner Station Service Area*

The Sumner Station service area is the five zip codes shown in the map below.

#### **Highpoint Health – Sumner Station with Ascension Saint Thomas, Hospital Service Area**



To determine the service area, the applicant evaluated the area road network, the locations of existing acute care hospitals, the patient origin data for the Sumner Station ED, and patient origin data for SRMC. The table below shows residents of these zip codes were about 82 percent of the 13,480 ED visits to Sumner Station in 2024, as shown below.

### Sumner Station CY 2024 ED Visits from Service Area Patients

ZIP Code	Sumner Station ED Visits	% of Total
37066 (Gallatin)	7,455	55.3%
37075 (Henderson)	2,497	18.5%
37048 (Cottontown)	303	2.2%
37148 (Portland)	458	3.4%
37072 (Goodlettsville)	311	2.3%
<i>Subtotal Service Area</i>	<i>11,024</i>	<i>81.8%</i>
Outside of Service Area	2,456	18.2%
<b>Total</b>	<b>13,480</b>	<b>100.0%</b>

Source: SRMC Internal Data, CY 2024.

The Service Area population has seen rapid growth in the last 15 years. The population in Gallatin grew 34.2 percent from the 2010 Census through 2019 and then another 18.2 percent over the next five years from 2019 to 2024. During the same periods, the service area total population grew 21.2 percent and 12.4 percent, respectively, as shown in the table below.

### Sumner Station Service Area Total Population, 2019–2024

ZIP Code	2010	2019	2024	Growth 2010–2019	Growth 2019–2024
37066 (Gallatin)	42,842	57,494	67,938	34.2%	18.2%
37075 (Hendersonville)	59,338	69,556	75,014	17.2%	7.8%
37048 (Cottontown)	6,161	7,043	7,489	14.3%	6.3%
37148 (Portland)	22,149	24,688	25,998	11.5%	5.3%
37188 (White House)	13,479	15,657	19,708	16.2%	25.9%
<b>Service Area Total</b>	<b>143,969</b>	<b>174,438</b>	<b>196,147</b>	<b>21.2%</b>	<b>12.4%</b>

Source: Esri, "Demographic Estimates," 2024, <https://doc.arcgis.com/en/esri-demographics/latest/esri-demographics/updated-demographics.htm>.

Based on Esri projections, the service area's population is projected to grow by an additional 8 percent from 2024 to 2029.<sup>25</sup> Esri projects that the 65+ population will be the fastest-growing population, increasing by nearly 20 percent over the next five years. Seniors accounted for over 17 percent of the service area's population in 2024 and are expected to increase to 19.7 percent of the service area's population by 2029.

<sup>25</sup> Esri is the global market leader in geographic information system (GIS) software, location intelligence, and mapping. Esri provides an advanced demographics dataset for the United States sourced from data provided by the US Census Bureau, the US Census Bureau's American Community Survey, public and private data sources, and Esri's demographic data development team.

### Sumner Station Service Area Total Population, 2024–2029

ZIP Code	2024	2029	Growth
37048 (Cottontown)	7,489	7,781	3.9%
37066 (Gallatin)	67,938	77,472	14.0%
37075 (Hendersonville)	75,014	77,584	3.4%
37148 (Portland)	25,998	26,655	2.5%
37188 (White House)	19,708	22,412	13.7%
<b>Service Area Total</b>	<b>196,147</b>	<b>211,904</b>	<b>8.0%</b>

Source: Esri, "Demographic Estimates," 2024, <https://doc.arcgis.com/en/esri-demographics/latest/esri-demographics/updated-demographics.htm>.

### Sumner Station Service Area Population Age 65 and Over, 2024–2029

ZIP Code	2024	2029	Growth
37048 (Cottontown)	1,457	1,717	17.8%
37066 (Gallatin)	12,837	15,768	22.8%
37075 (Hendersonville)	12,682	14,709	16.0%
37148 (Portland)	4,095	4,727	15.4%
37188 (White House)	2,916	3,776	29.5%
<b>Grand Total</b>	<b>33,987</b>	<b>40,697</b>	<b>19.7%</b>

Source: Esri, "Demographic Estimates," 2024, <https://doc.arcgis.com/en/esri-demographics/latest/esri-demographics/updated-demographics.htm>.

The elderly population uses healthcare services at a higher rate than those under 65 years of age. The population growth in the service area, including the growth of the 65 and over demographic, supports the future demand for the proposed project. Furthermore, elderly residents may benefit from Sumner Station's smaller campus, which does not require patients and their families to navigate a parking deck and multiple buildings to receive care.

- b. **Applicants applying for acute care beds in service area counties where there is no hospital, and thus no bed occupancy rate numbers to provide for the need formula, should provide any relevant data that supports its claim that there is a need for acute care beds in the county or counties. Data may include, for example, the number of residents of the county or counties who over the previous 24 months have accessed acute care bed services in other counties.**

Not applicable. There are existing acute care hospitals in Sumner County.

**Data: Applicants should utilize population data from the University of Tennessee, Tennessee State Data Center, Boyd Center for Business & Economic**



Research (UTCEBER) for determination of need calculations. These data are made publicly available at the following link:

<http://tndata.utk.edu/sdcpopulationprojections.htm>

Department of Health Acute Care Bed Need Projections are available upon request at the following link under "Submit a Request":

<https://tn.gov/health/section/statistics>

**Note:** A Critical Access Hospital (CAH) that has Centers for Medicare and Medicaid Services (CMS) approval to furnish swing bed services may use any acute care bed within the CAH for the provision of swing bed services, with the following exceptions: within their IPPS-excluded rehabilitation or psychiatric distinct part unit, in an intensive care-type unit, and for newborns.

See: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/SwingBedFactsheet.pdf>

The applicant used the data sources indicated above.

- 2. Quality Considerations:** Applicants should utilize Centers for Disease Control & Prevention's (CDC) National Healthcare Safety Network (NHSN) measures. Applicants must provide data from the most recent four quarters utilizing the baseline established by the NHSN within the dataset.

**Data Source:** Hospital Compare

<https://www.medicare.gov/hospitalcompare/search.html?>

**Applicants should utilize the following table to demonstrate the quality of care provided at the existing facility.**

Please see the table below, which was completed using the Hospital Compare data, accessed May 5, 2025.

<b>Centers for Disease Control &amp; Prevention's (CDC) National Healthcare Safety Network (NHSN) Measures</b>				
<b>Measure</b>	<b>Source</b>	<b>National Benchmark</b>	<b>Hospital Standardized Infection Ratio (SIR)</b>	<b>Hospital Evaluation(above, at, or below national benchmark)</b>
Catheter associated urinary tract infection (CAUTI)	Hospital Compare: Complications& Deaths – Healthcare- associated infections	Standardized infection ratio (SIR) national benchmark = 1.	0.260	No different than national benchmark (1.000)
Central line associated blood streaminfection (CLABSI)	Hospital Compare: Complications& Deaths – Healthcare- associated infections	Standardized infection ratio (SIR) national benchmark = 1.	0.390	No different than national benchmark (1.000)
Methicillin resistant staphylococcus aureus (MRSA)	Hospital Compare: Complications& Deaths – Healthcare- associated infections	Standardized infection ratio (SIR) national benchmark = 1.	0.988	No different than national benchmark (1.000)
Clostridium difficile (C.diff.)	Hospital Compare: Complications& Deaths – Healthcare- associated infections	Standardized infection ratio (SIR) national benchmark = 1.	0.174	Better than national benchmark (1.000)
<b>Surgical Site Infections (SSI)</b>				
SSI: Colon	Hospital Compare: Complications & Deaths – Healthcare-associated infections	Standardized infection ratio(SIR) national benchmark = 1.	1.527	No different than national benchmark (1.000)

SSI: Hysterectomy	Hospital Compare: Complications& Deaths – Healthcare- associated infections	Standardized infection ratio (SIR) national benchmark = 1.	Not available.	
		<b>National Average</b>	<b>Tennessee Average</b>	<b>Hospital Percentage</b>
<b>Healthcare work influenza vaccinations</b>	<b>Hospital Compare: Timely &amp; Effective Care – Preventive Care</b>	80%	81%	67%

**Applicants should provide the above metrics and any improvement plans that are in place to improve the hospital's performance on these metrics.**

**In addition to the above metrics, the applicant should list, or briefly summarize, any significant quality accreditations, certifications, or recognitions that might be appropriate for Agency consideration (i.e. Joint Commission, TDH/BLHCF survey results, CMS standing, and/or clinical quality awards).**

Sumner Station will operate under the SRMC license. SRMC is accredited by The Joint Commission. SRMC is also 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.

SRMC'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. SRMC was recently approved for a new FSED in Whitehouse, Tennessee.

Please see Attachment 1N submitted with the original application for more information on the applicant and Ascension Health's history of providing quality care.

**The above metrics should serve as a guide for the Agency to better understand the quality of care that is provided by the applicant at the existing facility. National and state averages serve as an indicator by which the board may**



**evaluate the applicant.**

**Note: In the event quality data is unavailable for an applicant's existing facility, the applicant should provide data from a comparable, existing facility owned by the applicant. If no comparable data is available, the absence of such information should not disadvantage the applicant over another with available quality data.**

Please see the table above, which provides data for SRMC, the license under which Sumner Station's FSED currently operates, and the license under which the proposed satellite hospital will operate.

**3. Establishment of 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 service area for Sumner Station consists of the home zip code for the project site (37066) and four contiguous zip codes: 37075 (Hendersonville), 37048 (Cottontown), 37148 (Portland), and 37188 (White House). The applicant projects 90 percent of inpatients at Sumner Station will be residents of the service area. This is reasonable, based on the patient origin patterns at the FSED. Based on internal data, in 2024, 82 percent of Sumner Station ED visits came from the five service area zip codes (18 percent in-migration). The map below shows the service area zip codes.

### Sumner Station Proposed Zip-Code Level Service Area



The proposed site will also reduce travel time for inpatient care for residents of these zip codes. The

table below shows the drive times from the population centroid of each service area zip code to Sumner Station and the two existing hospitals in the service area. The proposed hospital will be as close or closer to residents of each zip code (based on population centroid) except 37148, whose residents are located one minute closer to SRMC than Sumner Station. The proposed service area considers the benefits to area residents and patients in terms of access to timely care.

**Sumner Station Service Area Zip Codes, with Drive Times from Population Centroids to Sumner County Hospitals**

Service Area Zip Code	Population Centroid		Drive Time in Minutes to Sumner Station	Drive time in Minutes to SRMC	Drive Time in Minutes to TriStar Hendersonville
	LAT	LON			
37048	36.497	-86.607	22	26	27
37066	36.377	-86.472	10	10	18
37075	36.317	-86.606	11.5	23	11.5
37148	36.574	-86.506	26	25	35
37188	36.466	-86.668	23	35	23

Source: Zip Code Population Weighted Centroids, U.S. Department of Housing and Urban Development, available from [https://hudgis-hud.opendata.arcgis.com/datasets/d032efff520b4bf0aa620a54a477c70e\\_0/about](https://hudgis-hud.opendata.arcgis.com/datasets/d032efff520b4bf0aa620a54a477c70e_0/about). Google Maps drive time, assumed departure on Monday, May 12 at 9am.

In determining the service area, the applicant considered not only the historical patient origin of the FSED at Sumner Station, but also the major area roadways and the area of the county that is closer to Sumner Station, based on drive time, than any other hospital in Tennessee. The map below shows the service area zip codes shaded in green, and the area closer to Sumner Station than any other hospital in the state, outlined in red. As the map illustrates, portions of each of the five primary zip codes are closer to Sumner Station than any other hospital in the state.

# Sumner Station Primary Service Area Zip Codes, with Area Closest to Sumner Station, by Drive Time



- 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 increase in acute care beds on existing providers in the proposed service area and shall include how the applicant's services may differ from these existing services. The agency should consider if the approval of additional beds in the service area will result in unnecessary, costly duplication of services. This is applicable to all service areas, rural and others.**

Please see the tables below. As shown in the tables, the patient days at both SRMC and TriStar Hendersonville Medical Center have been increasing since 2021.

This proposal does not include an increase in acute care beds in the service area. The proposed satellite hospital's 16 beds will be transferred from SRMC's main campus. As such, there will be no unnecessary duplication of services. The existing complement of beds at SRMC will be redistributed to allow patients in the Station Camp area to be served closer to home. The project will reduce the travel time required for these patients and will reduce the number of Sumner Station ED patients that must be transferred elsewhere to receive inpatient care.

Please see the discussion of need for this project included in the original filing for more detail on how this project will improve access and quality for Tennesseans. The applicant does not expect this project to have a materially adverse impact on any existing hospital in the state. As shown in the projected patient days in the original filing, the Applicant expects Sumner Station will be utilized by patients who would otherwise receive inpatient care at SRMC's main campus.

**The following tables should be utilized to demonstrate existing services in the proposed service area.**

Facility	County	2023 Licensed Beds	Patient Days			Licensed Bed Occupancy			% Change in Patient Days 2021-2023
			2021	2022	2023	2021	2022	2023	
SRMC	Sumner	167	29,935	29,545	31,001	49%	48%	51%	4%
TriStar Hendersonville Medical Center	Sumner	134	33,692	33,435	32,551	69%	68%	67%	-3%
<b>TOTAL</b>		301	63,627	62,980	63,552	58%	57%	58%	0%

Facility	County	2023 Staffed Beds	Patient Days			Staffed Bed Occupancy			% Change in Patient Days 2021-2023
			2021	2022	2023	2021	2022	2023	
SRMC	Sumner	159	29,935	29,545	31,001	52%	51%	53%	4%
TriStar Hendersonville Medical Center	Sumner	123	33,692	33,435	32,551	75%	75%	73%	-3%
<b>TOTAL</b>		282	63,627	62,980	63,552	62%	61%	62%	0%

Source: Tennessee Joint Annual Reports

**Rural: Additional acute care beds should only be approved in a rural service area if the applicant can adequately demonstrate the proposed facility will not have a significant negative impact on existing rural facilities that draw patients from the proposed service area.**

Not applicable. Sumner County is not a rural county.

- 5. Services to High-Need and Underserved Populations: Special consideration shall be given to applicants providing services fulfilling the unique needs and requirements of certain high-need populations, including uninsured, low-income, and underserved geographic regions, as well as other underserved population groups.**

The proposed project will provide another point of care for area uninsured and low-income residents. Like all Highpoint Health providers, Sumner Station will provide inpatient care in accordance with Highpoint Health with Ascension Saint Thomas' Financial Assistance policy. Financial assistance eligibility is based solely on need. The discount guidelines provide a graduated discount, based on the patient's family income. The discounts range from 100% for patients at less than or equal to 200% of the Federal Poverty Guidelines to a 60% discount for families whose income is between 276% and 300% of the Federal Poverty Guidelines. The financial assistance policy is available at:

<https://www.highpointhealthsystem.com/sites/highpoint/assets/uploads/Highpoint%20Health-Financial%20Assistance%20Policy.pdf>

- 6. 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.**

Beginning on page 9 of this attachment, the applicant provides a detailed discussion of the need for this project. That discussion includes a discussion of geographic access. The proposed project will provide the following benefits:

- Improved consumer access to care: The proposed hospital will reduce the amount of time it takes for area residents and those who are picked up in the area by EMS to reach a high-quality acute care hospital. By reducing the number of inter-facility transfers, the proposed hospital will also reduce the amount of time patients who initially present at Sumner Station must wait before they receive inpatient care.
- Improved quality: The primary purpose of an emergency department is to evaluate and stabilize patients. For patients who require an inpatient level of care, comprehensive treatment begins when they are admitted to an inpatient bed.

Currently, patients presenting at the Sumner Station ED must first be seen in the emergency department, wait for an ambulance to be available to transfer them to an inpatient hospital, undergo the commute to the other hospital, and then be assessed by a team at the other hospital and admitted. This results in delays in care.

The sooner a patient receives inpatient care, assessment from the hospitalist and any other physicians on the clinical team, and any additional testing, the sooner the underlying cause of their symptoms can be treated. Receiving treatment more quickly improves quality of care and patient outcomes.

- Reduced cost: The proposed project will reduce the number of inter-facility transfers via EMS that occur for patients presenting at Sumner Station. This will result in fewer patients who incur the expense of a transfer and will reduce the cost of care for both patients and insurers. The hospital will also provide another site of care that accepts Blue Cross S-plans.
- Improved patient experience: As discussed above, the proposed hospital will reduce interfacility transfers and delays in care, thereby reducing the overall length of stay for an inpatient who presents at Sumner Station. Longer lengths of stay are associated with lower levels of patient satisfaction. The proposed hospital will reduce transfers, reduce costs to patients and lower overall length of stay which will improve patient experience.

**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 a limited access in the proposed service area.**

The applicant will serve all clinically appropriate patients on the proposed 16 beds, regardless of the county or zip code in which they live. In addition, Sumner Station will continue to meet all EMTALA requirements and will provide care to anyone coming to an emergency department for

care, regardless of their insurance status, ability to pay, geographic origin or any other factor.

The applicant recognizes that there are two existing hospitals in Sumner County. As discussed above, this project does not include the addition of beds. Instead, it proposes to redistribute SRMC's acute care bed capacity across two campuses. Highpoint Health designed the proposed project to be the right size to provide care closer to home for area residents as quickly as possible. The proposed project will be a more convenient and accessible inpatient facility for patients from the Station Camp area who are now coming to SRMC, and it will benefit emergency medical system (EMS) providers by allowing a wider range of patients to be treated at Sumner Station, reducing the volume of emergency department (ED) transfers from Sumner Station to SRMC and other acute care hospitals.

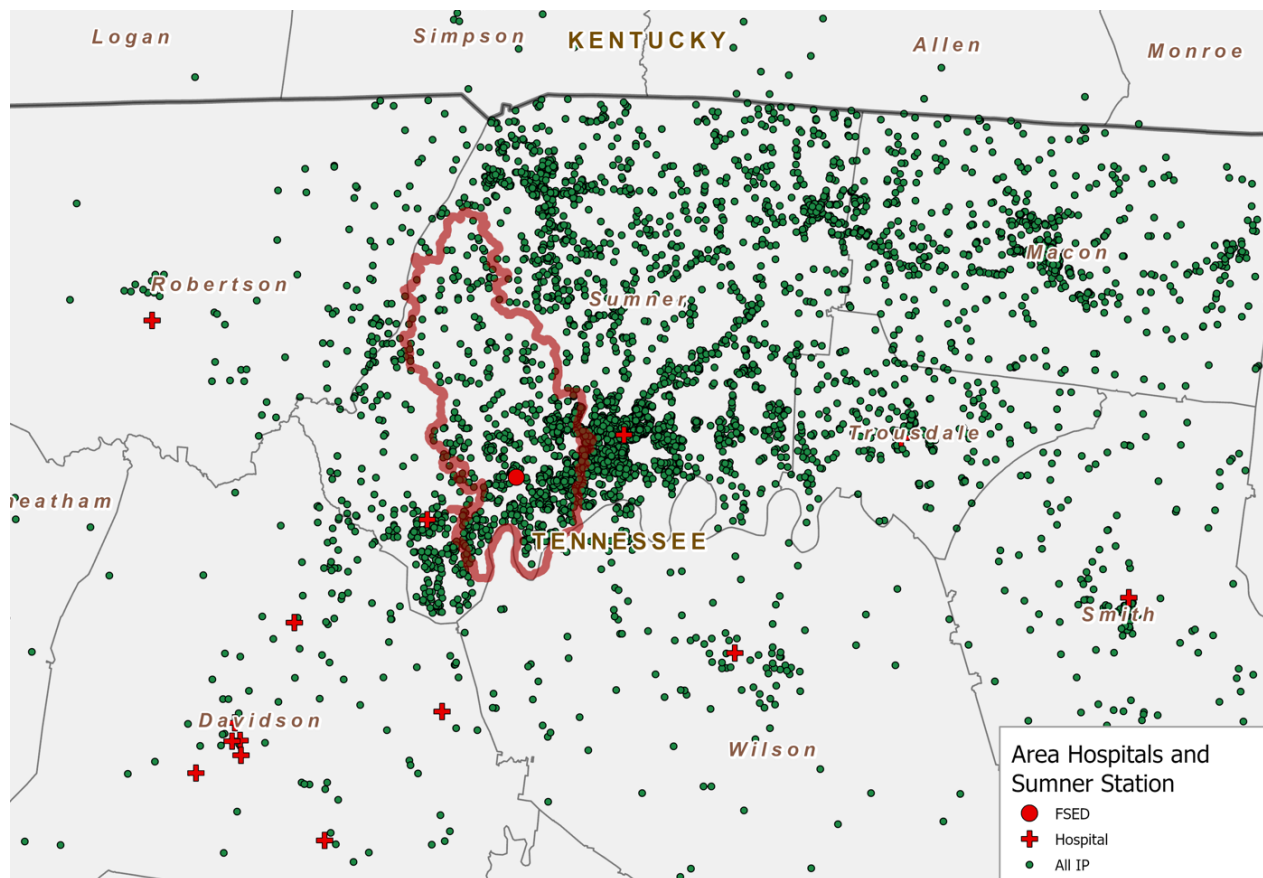
The map below shows the patient origin data for SRMC discharges in calendar year (CY) 2024. The red outline shows the area closer to Sumner Station than any other acute care hospital in Tennessee, based on drive time. Of the 9,409 patients<sup>26</sup> discharged from SRMC in 2024, 1,375 lived closer to Sumner Station than any other hospital in the state. These patients accounted for over 14 percent of all discharges from SRMC in the year. Patients residing in this area would benefit from the option to receive care at a Highpoint Health with Ascension Saint Thomas hospital closer to their homes. Of these 1,375 patients, more than 80 percent (1,108 patients) were in the diagnosis-related group (DRG) set appropriate for Sumner Station.

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<sup>26</sup> This excludes normal newborns (DRG 795). This number is based on internal SRMC discharge data for CY 2024. The applicant recognizes this number is slightly different than the number of discharges shown in other areas, based on Joint Annual Reports (9,414 discharges). The difference of five patients is not material.



## SRMC Inpatient Discharges, CY 2024, with Indication of Area Closest to Sumner Station



Source: SRMC Internal Data, CY 2024

- Adequate Staffing:** 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.

Because the proposed hospital will be a satellite of SRMC, it will need fewer additional staff than a separate hospital. Most of the administrative functions will be performed by staff at the main hospital. With the relocation of beds, some existing staff at the main hospital will transfer to Sumner Station. There will be a need for 44.5 more FTEs. The applicant has a long and successful experience in recruiting, training, and retaining medical and hospital staff at its hospitals and FSEDs.

- Assurance of Resources:** The applicant shall document that it will provide the resources necessary to properly support the applicable level of services. Included in such documentation shall be a letter of support from the applicant's

**governing board of directors, Chief Executive Officer, 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 services. The applicant shall also document the financial costs of maintaining these resources and its ability to sustain them.**

The applicant has included a letter of support from Michael Grooms, SVP, Chief Accounting Officer for Lifepoint Health, documenting the full commitment to developing the proposed project, as outlined in this application, including the required project costs and staffing costs to provide inpatient services at Sumner station.

**10. Data Requirements: Applicants shall agree to provide the Department of Health and/or the Health Services and Development Agency 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.**

The applicant agrees to this.

**11. 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.**

Sumner Station's inpatient services will be integrated into the structural framework of SRMC'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 (POCA) 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. Sumner Station 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.

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

**12. Licensure and Quality Considerations: Any existing applicant for this CON service category shall be in compliance with the appropriate rules of the TDH. The applicant shall also demonstrate its accreditation status with the Joint Commission or other applicable accrediting agency.**

SRMC is in compliance with all appropriate rules of the TDH. SRMC is licensed and is accredited by the Joint Commission. Please see Attachment 3Q, which was submitted with the original application.

**13. Community Linkage Plan: The applicant shall describe its participation, if any, in a community linkage plan, including its relationships with appropriate health care system providers/services and working agreements with other related community services assuring continuity of care.**

**Rationale: The 2014 Update to 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 current State Health Plan.**

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 and urgent care centers. It will include education on the inpatient services that will be provided at SRMC, including what types of patients are appropriate for inpatient care at Sumner Station. The applicant will educate referral sources and the general public about the levels of care available at Sumner Station (general medical and ICU) as well as the availability of both inpatient and outpatient endoscopy services.

Please also see the applicant’s response to request for additional information # 1089, which provides more detail on the applicant’s plan to educate EMS and service area residents about the services available at Sumner Station.

# **Assurances of Resources**



May 9, 2025

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 Hospital in Gallatin, Tennessee**

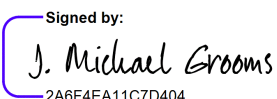
**Project Name: Highpoint Health – Sumner, Sumner Station Satellite Hospital**

Dear Mr. Grant,

Sumner Regional Medical Center, LLC, doing business as Highpoint Health – Sumner with Ascension Saint Thomas (“Highpoint Health – Sumner”), is a majority-owned subsidiary of Lifepoint Health, Inc. (“Lifepoint”). Highpoint Health – Sumner plans to relocate sixteen acute care beds to a satellite hospital in Gallatin, Tennessee, a community within Sumner County with an estimated cost of approximately \$20 million. Lifepoint hereby commits to provide the funds necessary to successfully complete this project from its cash reserves and amounts available for borrowing under its asset-based revolving loan credit facility (collectively the “Reserves”).

Please accept this letter as my confirmation that Lifepoint has \$614 million in Reserves. The Reserves are unrestricted and available for use for this proposed project.

Sincerely,

Signed by:  
  
2A6F4EA11C7D404...  
J. Michael Grooms  
SVP, Chief Accounting Officer

# **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)

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## **CERTIFICATE OF NEED APPLICATION**

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

Sumner Regional Medical Center

---

**Name**

225 Big Station Camp Blvd

Sumner County

---

**Street or Route**

---

**County**

Gallatin

Tennessee

37066

---

**City**

---

**State**

---

**Zip**

<https://www.highpointhealthsystem.com/sumner>

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**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**

Darcy Schaeffer

Consultant

---

**Name**

---

**Title**

Research and Planning Consultants

[dschaeffer@rpcconsulting.com](mailto:dschaeffer@rpcconsulting.com)

---

**Company Name**

---

**Email Address**

6300 La Calma Drive, Suite 170

---

**Street or Route**

Austin

Texas

78752

---

**City**

---

**State**

---

**Zip**

Consultant

512-371-8011

---

**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:** 04/15/25

**Date LOI was Published:** 04/15/25

**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 -

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Hospital -

General Medical and Surgical

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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
<b>Street or Route</b>		<b>Phone Number</b>
Gallatin	Tennessee	37066
<b>City</b>	<b>State</b>	<b>Zip</b>

**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 in Attachment 7A. 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 20 percent ownership held by Baptist Healthcare Affiliates, Inc. (a subsidiary of Saint Thomas Health) and 80 percent 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 (a freestanding emergency department (FSED) in Gallatin operating under the Sumner Regional Medical Center, LLC license to which the proposed 16 beds will be relocated), Highpoint Health – Riverview with Ascension Saint Thomas (a hospital in Carthage), and Highpoint Health – Trousdale with Ascension Saint Thomas (a hospital in Hartsville).

**8A. Name of Management/Operating Entity (If Applicable)**

<b>Name</b>		
<b>Street or Route</b>		<b>County</b>
<b>City</b>	<b>State</b>	<b>Zip</b>

**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 land and leases the structure from a related entity. Documentation of ownership is 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:** Sumner Station is a two-story building with approximately 112,700 square feet that houses an FSED, an outpatient imaging center, physician office space and the Carpenter Cancer Center. These services will remain at Sumner Station after completion of the project. Highpoint employs over 50 providers at its clinics and Medical Office Buildings (MOBs) including the clinic and MOB at Sumner Station. These providers specialize in cardiology, gastroenterology, general surgery, primary care, podiatry, wound care, orthopedics, endocrinology, and obstetrics. When complete, Sumner Station will be a satellite hospital operating under the SRMC license. The proposed project involves renovation of about 21,300 square feet of space. After completion, the satellite hospital will have sixteen private beds, twelve of which will be inpatient medical/telemetry beds and four of which will be intensive care unit (ICU) beds. The telemetry capability will connect Sumner Station with medical and hospital staff at SRMC. SRMC and Sumner Station will have the same medical staff. The ICU beds will be on the second floor adjacent to the medical/telemetry unit, allowing efficient staffing of both units. The hospital will have a hospitalist onsite 24/7 with intensivist coverage 24/7. The satellite hospital will also have an endoscopy suite and existing space will be renovated to add a cafeteria/dietary space, laboratory, materials management, admitting area, and expanded pharmacy See Attachment 10A.

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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:** See Attachment 11A.

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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. Sumner Station is located at 225 Big Station Camp Boulevard. The site has 24.57 acres and is bounded by Vietnam Veterans Boulevard (State Highway 386) and Big Station Camp Boulevard in the city limits of Gallatin in Sumner County.

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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:**

SRMC is seeking approval to add inpatient beds to Sumner Station by transferring them from SRMC's main campus. This project will consist of a 12-bed inpatient medical/telemetry unit, a 4-bed ICU, an endoscopy suite, and additional ancillary spaces to support inpatient services.

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- Ownership structure

**RESPONSE:** The applicant is Sumner Regional Medical Center, LLC, a limited liability company. The applicant is owned by Highpoint Healthcare, LLC, a joint venture with 20 percent ownership held by Baptist Health Care Affiliates, Inc. (a subsidiary of Saint Thomas Health), and 80 percent 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 in Tennessee and nationally. Highpoint Health – Sumner with Ascension Saint Thomas (formerly Sumner Regional Medical Center) will be the main hospital with Highpoint Health – Sumner Station with Ascension Saint Thomas as its satellite hospital under the same license.

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- Service Area

**RESPONSE:** The service area for Sumner Station consists of the home zip code for the project site (37066) and four contiguous zip codes within a ten-mile radius of the site: 37075 (Hendersonville), 37048 (Cottontown), 37148 (Portland), and 37188 (White House). The applicant projects 90 percent of inpatients at Sumner Station will be residents of the service area.

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- Existing similar service providers

**RESPONSE:** Sumner Station is between SRMC in Gallatin, Tennessee, and HCA's TriStar Hendersonville Medical Center in Hendersonville, Tennessee. There are no other inpatient acute care facilities in the service area.

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- Project Cost

**RESPONSE:** The estimated project cost is \$19,697,000.

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- Staffing

**RESPONSE:** The proposed hospital will provide inpatient and outpatient services as a satellite of Sumner Regional Medical Center (SRMC). It will employ all nursing and support staff required to provide these services. The proposed hospital requires 44.5 more full-time equivalents (FTEs) than presently employed, who will be recruited using Highpoint Health with Ascension Saint Thomas's recruiting resources. The emergency room will continue to provide all six levels of emergency room care, including trauma care, and will treat both pediatric and adult patients. The ED medical staff will be Board-certified and Board-eligible emergency care physicians and will belong to the medical staff of SRMC. The proposed satellite hospital will share medical staff with SRMC, which is an open-staff hospital. The proposed hospital will allow all properly credentialed physicians and other providers to practice at the hospital. The Highpoint Health with Ascension Saint Thomas medical staff has physicians in the Gallatin area in a wide range of specialties including but not limited to: internal medicine, emergency medicine, family medicine,

cardiology, gastroenterology, oncology, pediatrics, pulmonology, radiology, orthopedics, obstetrics, neonatology, gynecology, anesthesiology, surgery, neurology, infectious disease, endocrinology, nephrology, wound care, ophthalmology, pain management, plastic surgery, and dermatology.

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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:** Sumner County has over 200,000 residents and is one of the fastest-growing counties in Tennessee, with 20.5 percent growth since 2014. The city of Gallatin has outpaced all other locations in Sumner County, with a population growth of 39.2 percent in the last ten years. As Nashville continues to expand, Sumner County will experience growth in the need for high-quality inpatient services. As described in Attachment 1N, there is both existing and projected demand for the proposed project based on: Existing Need • Growth in Sumner Station ED visits and acute care inpatient transfers • Increased access to acute care services in Sumner County • EMS runs in the area • Ability to decompress SRMC's main campus during surges in occupancy • Highpoint Health with Ascension Saint Thomas' Reputation for Delivering High Quality Healthcare • Primary and specialty physician presence near Sumner Station • Local community support Projected Need • The growing population of Sumner County • The growing population of the City of Gallatin • Growth and development of Station Camp • The growing population of the Sumner Station Service Area

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- Quality Standards

**RESPONSE:** The applicant is a joint undertaking between Ascension Saint Thomas and Highpoint Health – Sumner Station with Ascension Saint Thomas. The Gallatin and Nashville hospitals associated with this project have a history of 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. SRMC'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. SRMC was recently approved for a new FSED in Whitehouse, Tennessee. 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 United States 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, and a Blue Distinction Center for Total Hip Surgery; it is in the Commission on Cancer's Integrated Network Cancer Program. Ascension Saint Thomas is a joint-venture owner of the Sumner Station 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.

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- Consumer Advantage

- Choice

**RESPONSE:** The project will increase the inpatient facility choices in the Station Camp area of Sumner County for patients and independent physicians.

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

**RESPONSE:** According to internal data, 730 patients were transferred from Sumner Station to SRMC for inpatient treatment in calendar year (CY) 2024. This increases the cost of care for the hospital system, the health plan, and the patient. Transferring patients from one facility to another delays care. The proposed project would let these patients receive care at their initial entry point into the healthcare system, thus reducing delay and cost for

clinically appropriate patients. This improves access to care, quality of care and affordability of care. Station Camp is a prime area for current and future residential and commercial development in Sumner County and the project site is a convenient location in the heart of this high-growth area. Adding inpatient services at Sumner Station will let the new White House FSED transfer patients to Sumner Station, rather than Sumner Regional Hospital, for inpatient levels of service provided at both locations. This will improve accessibility of inpatient services for patients and EMS using the White House FSED.

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○ Affordability

**RESPONSE:** Competition in this service area will help lower inpatient 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 hospital, just as they now have at the applicant's existing ED at Sumner Station as well as at the applicant's main hospital campus and ED. There are 68,361 Blue Cross Blue Shield S-insured patients in Sumner County.

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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	\$1,340,000
2. Legal, Administrative (Excluding CON Filing Fee), Consultant Fees	
3. Acquisition of Site	
4. Preparation of Site	
5. Total Construction Costs	\$10,435,000
6. Contingency Fund	\$1,030,781
7. Fixed Equipment (Not included in Construction Contract)	\$249,000
8. Moveable Equipment (List all equipment over \$50,000 as separate attachments)	\$4,898,000
9. Other (Specify): <u>Telecommunications</u>	\$1,050,000

B. Acquisition by gift, donation, or lease:

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

C. Financing Costs and Fees:

1. Interim Financing	
2. Underwriting Costs	
3. Reserve for One Year's Debt Service	
4. Other (Specify): <u>Capitalized Interest</u>	\$650,000

D. Estimated Project Cost (A+B+C)	\$19,652,781
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E. CON Filing Fee	\$44,219
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F. Total Estimated Project Cost (D+E)	\$19,697,000
<b>TOTAL</b>	



## 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 for such Certificate is necessary to provide needed health care in the area to be served, will provide health care that meets appropriate quality 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. Until 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 would be positive for consumers (Consumer Advantage), and (3) Quality Standards.

### **NEED**

The responses to this section of the application will help determine whether the project will provide needed health care facilities or 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. A word version and pdf version for each reviewable type of institution or service are located at the following website. <https://www.tn.gov/hsda/hsda-criteria-and-standards.html> (Attachment 1N)

#### **RESPONSE:**

See Attachment 1N for responses to the State Health Plan’s criteria and standards for Expansion of Services.

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- 2N.** Identify the proposed service area and provide justification for its reasonable ness. Submit a county level map for the Tennessee portion and counties boarding the state of the service area using the supplemental map, clearly marked, and shaded to reflect 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:**

The service area for Sumner Station consists of the home zip code for the project site (37066) and four contiguous zip codes within a ten-mile radius of the site: 37075 (Hendersonville), 37048 (Cottontown), 37148 (Portland), and 37188 (White House). The applicant projects 90 percent of inpatients at Sumner Station will be residents of the service area. This is reasonable, based on the patient origin patterns at the FSED. Based on internal data, in 2024, 82 percent of Sumner Station ED visits came from the six service area zip codes (18 percent in-migration). The proposed county-level service area for this project is Sumner County. Please see Attachment 2N for a map of the county.

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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 checked="" type="checkbox"/> Patients <input type="checkbox"/> Other      _____		
Service Area Counties	Projected Utilization Recent Year 1 (Year = 2027)	% of Total
Other not primary/secondary county	56	10.02%
Sumner	14	2.50%
Sumner	115	20.57%
Sumner	325	58.14%
Sumner	31	5.55%
Sumner	18	3.22%
Total	559	100%

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

**RESPONSE:**

See Attachment 3N. The proposed primary service area is a set of five zip codes that have a total 2025 population of 199,163 residents, which is expected to grow to 211,904 residents by 2029, based on data from esri. The county-level service area is Sumner County. Data for both are included in Attachment 3N.

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**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.

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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 recipients, and low income groups. Document how the business plans of the facility will take into consideration the special needs of the service area population.

**RESPONSE:**

Sumner Station will be accessible to all these groups. It will provide care to all arriving patients regardless of their insurance coverage or ability to pay. It is projected to provide over 5 percent of gross revenue as charity care.\* Sumner Station will operate under the license of SRMC, which contracts with TennCare Managed Care Organizations (MCOs): United Healthcare, Blue Cross BlueCare, Select, and Wellpoint. Blue Cross Cover and UnitedHealthcare (UHC) Cover Kids are part of the BlueCare and UHC plans.

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

- 5N. Describe the existing and approved but unimplemented services of similar healthcare providers in the service area. Include 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 or discharges, patient days. Average length of stay, and occupancy. Other projects should use the most appropriate measures, e.g. cases, procedures, visits, admissions, etc. This does not apply to projects that are solely relocating a service.

**RESPONSE:**

SRMC and TriStar Hendersonville are the only acute care inpatient hospitals in the service area. The tables below show applicable utilization and occupancy statistics for each hospital for the past three years.

**Sumner Regional Medical Center**

Utilization	2021	2022	2023	% Growth 2021–2023
IP Admissions	6,834	6,744	7,461	9.2%
IP Days	29,935	29,545	31,001	3.6%
ALOS	4.4	4.4	4.2	-5.1%
Endoscopy Cases	2,258	2,461	3,437	52.2%
Licensed Beds	167	167	167	0.0%
Bed Days Available (Beds*365)	60,955	60,955	60,955	0.0%
Occupancy on Licensed Beds	49.1%	48.5%	50.9%	3.6%

Source: Tennessee Department of Health, "Joint Annuals Reports (JAR)," 2021–2023, <https://www.tn.gov/health/health-program-areas/statistics/health-data/jar.html>. Total Patients, excluding Normal Newborns.

### TriStar Hendersonville Medical Center

Utilization	2021	2022	2023	% Growth 2021–2023
IP Admissions	8,243	8,421	8,733	5.9%
IP Days	33,692	33,448	32,551	-3.4%
ALOS	4.1	4.0	3.7	-8.8%
Endoscopy Cases	3,678	4,152	4,621	25.6%
Licensed Beds	134	134	134	0.0%
Bed Days Available (Beds*365)	48,910	48,910	48,910	0.0%
Occupancy on Licensed Beds	68.9%	68.4%	66.6%	-3.4%

Source: Tennessee Department of Health, "Joint Annuals Reports (JAR)," 2021–2023, <https://www.tn.gov/health/health-program-areas/statistics/health-data/jar.html>. Total Patients, excluding Normal Newborns.

According to the most recent year of Joint Annual Reports (JAR) data, for Sumner County patients that chose an inpatient provider in Sumner County, SRMC served 52.3 percent of those patient days. For all patients that chose an inpatient provider, regardless of home county of residence, 48.8 percent of the patient days were served by SRMC. Please note: SRMC requested zip code level patient origin data from the Department of Health on March 28, 2025 in order to provide inpatient days for service area residents at the zip code level. The Department of Health has not yet made this data available.

### Inpatient Days for Sumner County Patients Choosing a Sumner County Hospital in 2023

Sumner County Hospitals	Inpatient Days	% of Total
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SRMC	22,842	52.30%
TriStar Hendersonville	20,864	47.70%
Sumner County, TN	43,706	100%

Source: Tennessee Department of Health, "Joint Annuals Reports (JAR)," 2023, <https://www.tn.gov/health/health-program-areas/statistics/health-data/jar.html>. Sumner County Residents, excluding Normal Newborns

**Inpatient Days for Patients (from all counties) Choosing a Sumner County Hospital in 2023**

Sumner County Hospitals	Inpatient Days	% of Total
SRMC	31,001	48.8%
TriStar Hendersonville	32,551	51.2%
Sumner County, TN	63,552	100.0%

Source: Tennessee Department of Health, "Joint Annuals Reports (JAR)," 2023, <https://www.tn.gov/health/health-program-areas/statistics/health-data/jar.html>. Total Patients, excluding Normal Newborns.

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

**RESPONSE:**

Please see Attachment 6N, which includes a table for the historical utilization and occupancy for SRMC for each of the past three years. Attachment 6N also includes the methodology used to project Sumner Station's discharges and patient days for the first two years of operations.

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- 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 SRMC have one outstanding unimplemented CON for an FSED in White House, Tennessee. That project is the first entry in the table below.

Ascension's affiliated entities have additional Tennessee CON projects, which are reported in the remaining rows below.

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CON Number	Project Name	Date Approved	Expiration Date
CN2407-019	Sumner Regional Medical Center White House FSED	10/23/2024	12/1/2027
CN1911-046	Westlawn Surgery Center	6/24/2020	5/1/2025
CN2202-005	Ascension Saint Thomas River Park Hospital Cath Lab	4/27/2022	6/1/2025
CN1903-008	Providence Surgery Center Relocation	8/28/2019	2/1/2026
CN2103-009	Saint Thomas Rutherford Hospital Open Heart Surgery	6/23/2021	8/1/2024

**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:** Please see the list of transfer agreements in Attachment 1C.

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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 Shiled 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 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:**

SRMC competes primarily with TriStar Hendersonville in Hendersonville, Tennessee, and with the much larger healthcare systems in the Nashville area. TriStar Hendersonville is the only other inpatient hospital in Sumner County. Adding inpatient beds at Sumner Station is not expected to affect competition from a bed-perspective because there is no change in providers and no change in the number of beds between the two hospitals.

However, the project will enable Highpoint Health to better serve its local community and address the growing demand for acute care inpatient services near Station Camp. Highpoint Health's mission is "Making communities healthier®." Recognizing that patients have choices in where to receive care, and as shown by its values, Sumner Station will be a place where:

- People choose to come for healthcare,
- Physicians and other providers want to practice, and
- Employees want to work.

To remain competitive and ensure continued access to high-quality care, SRMC must expand its services within its acute care bed service area and extend these services to more communities. This project represents a thoughtful and practical approach to meeting these needs, positioning SRMC to better compete and to better serve its patients.



- 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:**

Because the proposed hospital will be a satellite of SRMC, it will need fewer additional staff than a separate hospital. Most of the administrative functions will be performed by staff at the main hospital. With the relocation of beds, some existing staff at the main hospital will transfer to Sumner Station. There will be a need for 44.5 more FTEs. The applicant has a long and successful experience in recruiting, training, and retaining medical and hospital staff at its hospitals and FSEDs.

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- 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:**

Sumner Station will operate as a satellite general acute care hospital under the SRMC license and accreditation. Its medical staff will be members of SRMC medical staff. All applicable policies of SRMC will also apply to the proposed Sumner Station hospital.

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6C. See INSTRUCTIONS to assist in completing the following tables.

### HISTORICAL DATA CHART

- ☒ Project Only  
☐ Total Facility

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

	Year 1 <u>2022</u>	Year 2 <u>2023</u>	Year 3 <u>2024</u>
A. Utilization Data			
Specify Unit of Measure <u>Other : ED Visits</u>	<u>12712</u>	<u>13161</u>	<u>13481</u>
B. Revenue from Services to Patients			
1. Inpatient Services	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>
2. Outpatient Services	<u>\$95,002,854.00</u>	<u>\$123,243,518.00</u>	<u>\$123,465,864.00</u>
3. Emergency Services	<u>\$63,047,513.00</u>	<u>\$73,479,218.00</u>	<u>\$80,686,879.00</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>\$158,050,367.00</u>	<u>\$196,722,736.00</u>	<u>\$204,152,743.00</u>
C. Deductions from Gross Operating Revenue			
1. Contractual Adjustments	<u>\$127,135,715.00</u>	<u>\$161,883,139.00</u>	<u>\$173,264,433.00</u>
2. Provision for Charity Care	<u>\$584,787.00</u>	<u>\$472,135.00</u>	<u>\$204,153.00</u>
3. Provisions for Bad Debt	<u>\$4,773,121.00</u>	<u>\$2,557,396.00</u>	<u>\$3,695,165.00</u>
<b>Total Deductions</b>	<u>\$132,493,623.00</u>	<u>\$164,912,670.00</u>	<u>\$177,163,751.00</u>
<b>NET OPERATING REVENUE</b>	<u>\$25,556,744.00</u>	<u>\$31,810,066.00</u>	<u>\$26,988,992.00</u>

### 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.

	Year 1 <u>2022</u>	Year 2 <u>2023</u>	Year 3 <u>2024</u>
A. Utilization Data			
Other : Adjusted Patient Days=(Inpatient Days *(Outpatient Revenue/Inpatient Revenue))+Inpatient Days	<u>65720</u>	<u>71763</u>	<u>80371</u>
Specify Unit of Measure <u>Days</u>			
B. Revenue from Services to Patients			
1. Inpatient Services	<u>\$426,020,556.00</u>	<u>\$495,294,553.00</u>	<u>\$633,726,258.00</u>
2. Outpatient Services	<u>\$306,957,719.00</u>	<u>\$409,503,510.00</u>	<u>\$404,283,932.00</u>
3. Emergency Services	<u>\$214,662,448.00</u>	<u>\$241,742,949.00</u>	<u>\$263,771,860.00</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>\$947,640,723.00</u>	<u>\$1,146,541,012.00</u>	<u>\$1,301,782,050.00</u>
C. Deductions from Gross Operating Revenue			

1. Contractual Adjustments	<u>\$791,620,221.00</u>	<u>\$961,159,538.00</u>	<u>\$1,104,834,997.00</u>
2. Provision for Charity Care	<u>\$4,080,494.00</u>	<u>\$5,701,172.00</u>	<u>\$1,275,388.00</u>
3. Provisions for Bad Debt	<u>\$16,599,244.00</u>	<u>\$25,463,383.00</u>	<u>\$23,558,770.00</u>
<b>Total Deductions</b>	<u>\$812,299,959.00</u>	<u>\$992,324,093.00</u>	<u>\$1,129,669,155.00</u>
<b>NET OPERATING REVENUE</b>	<u>\$135,340,764.00</u>	<u>\$154,216,919.00</u>	<u>\$172,112,895.00</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>2027</u>	<u>2028</u>
A. Utilization Data			
	Other : Adjusted Patient Days = (Inpatient Days * (Outpatient Revenue / Inpatient Revenue)) + Specify Unit of Measure <u>Inpatient Days</u>	<u>4084</u>	<u>6109</u>
B. Revenue from Services to Patients			
1. Inpatient Services		<u>\$36,075,000.00</u>	<u>\$60,785,000.00</u>
2. Outpatient Services		<u>\$16,029,495.00</u>	<u>\$25,442,690.00</u>
3. Emergency Services		<u>\$10,738,505.00</u>	<u>\$17,041,310.00</u>
4. Other Operating Revenue (Specify) <u>None</u>		<u>\$0.00</u>	<u>\$0.00</u>
	<b>Gross Operating Revenue</b>	<u>\$62,843,000.00</u>	<u>\$103,269,000.00</u>
C. Deductions from Gross Operating Revenue			
1. Contractual Adjustments		<u>\$53,089,000.00</u>	<u>\$88,116,000.00</u>
2. Provision for Charity Care		<u>\$480,000.00</u>	<u>\$480,000.00</u>
3. Provisions for Bad Debt		<u>\$1,413,000.00</u>	<u>\$2,322,000.00</u>
	<b>Total Deductions</b>	<u>\$54,982,000.00</u>	<u>\$90,918,000.00</u>
<b>NET OPERATING REVENUE</b>		<u>\$7,861,000.00</u>	<u>\$12,351,000.00</u>

#### PROJECTED DATA CHART

- ☒ Total Facility  
☐ Project Only

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

		<b>Year 1</b>	<b>Year 2</b>
		<u>2027</u>	<u>2028</u>
A. Utilization Data			

Other : Adjusted Patient Days		85239	86601
= (Inpatient Days *			
(Outpatient Revenue /			
Inpatient Revenue)) +			
Specify Unit of Measure	Inpatient Days		
B. Revenue from Services to Patients			
1. Inpatient Services		\$713,415,345.00	\$753,320,475.00
2. Outpatient Services		\$448,136,914.00	\$467,243,801.00
3. Emergency Services		\$292,663,580.00	\$305,290,957.00
4. Other Operating Revenue (Specify) None		\$0.00	\$0.00
<b>Gross Operating Revenue</b>		\$1,454,215,839.00	\$1,525,855,233.00
C. Deductions from Gross Operating Revenue			
1. Contractual Adjustments		\$1,233,960,564.00	\$1,295,478,675.00
2. Provision for Charity Care		\$1,843,162.00	\$1,873,743.00
3. Provisions for Bad Debt		\$26,593,123.00	\$28,067,002.00
<b>Total Deductions</b>		\$1,262,396,849.00	\$1,325,419,420.00
<b>NET OPERATING REVENUE</b>		\$191,818,990.00	\$200,435,813.00

- 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> )	\$12,433.16	\$14,947.40	\$15,387.61	\$16,904.40	0.12
<b>Deduction from Revenue</b> ( <i>Total Deductions/Utilization Data</i> )	\$10,422.72	\$12,530.41	\$13,462.78	\$14,882.63	0.13
<b>Average Net Charge</b> ( <i>Net Operating Revenue/Utilization Data</i> )	\$2,010.44	\$2,416.99	\$1,924.83	\$2,021.77	0.01

- 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 Attachment 8C for the standard gross charges, before adjustments, at SRMC for the DRGs appropriate to be treated at Sumner Station. Charges will be the same at both locations. The project will not affect patient care charges at either location.

---

- 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:**

Inpatient charges at SRMC and TriStar Hendersonville Medical Center, the two acute care facilities in Sumner County, are shown in the table below for the top ten SRMC DRGs, according to American Hospital Directory. Charges are significantly lower at SRMC while case mix index (CMI) is similar and sometimes higher at SRMC. Because Sumner Station is on the SRMC license, the charges at SRMC and Sumner Station will be the same. Please see Attachment 9C for charge comparison table.

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- 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-2027		Year-2028	
	Gross Operating Revenue	% of Total	Gross Operating Revenue	% of Total
Medicare/Medicare Managed Care	\$36,197,568.00	57.60	\$59,482,944.00	57.60
TennCare/Medicaid	\$2,639,406.00	4.20	\$4,337,298.00	4.20
Commercial/Other Managed Care	\$9,677,822.00	15.40	\$15,903,426.00	15.40
Self-Pay	\$3,393,522.00	5.40	\$5,576,526.00	5.40
Other(Specify)	\$10,934,682.00	17.40	\$17,968,806.00	17.40
<b>Total</b>	\$62,843,000.00	100%	\$103,269,000.00	100%
Charity Care	\$480,000.00		\$480,000.00	

*\*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:** SRMC and Sumner Station participate in Medicare and TennCare/Medicaid and provide charity care to medically indigent patients. Sumner Station will continue to provide services to these patients after the completion of the proposed project. The projected payor mix at Sumner Station is based on the historical payor mix of patients who received care at Sumner Station.

Note, the table above is for the Project Only (Sumner Station).

## **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	116
Certification	<input checked="" type="checkbox"/> Medicare <input checked="" type="checkbox"/> TennCare/Medicaid <input type="checkbox"/> Other _____	Active Active	44-0003 44-0003
Accreditation(s)	TJC - The Joint Commission	Active	

**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

**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

Please Explain

**RESPONSE:** The “yes” response above refers to a 2021 settlement agreement between Ascension Michigan and US Department of Health and Human Services 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.

- 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
- 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>		
Patient Care Tech	1.00	6.20
Director	2.00	3.00
Lab/Radiology Staff	27.20	27.40
Other Therapy Staff	13.40	15.50
Patient Registrar	1.00	3.00
Registered Nurse	11.70	31.50
<b>Total Direct Patient Care Positions</b>	56.3	86.6

<b>B. Non-Patient Care Positions</b>		
All other personnel	6.00	11.80
Nurse Navigator	2.00	2.00
Office Manager	1.00	1.00
<b>Total Non-Patient Care Positions</b>	9	14.8
<b>Total Employees (A+B)</b>	65.3	101.4

<b>C. Contractual Staff</b>		
Contractual Staff Position	0.00	8.40
<b>Total Staff (A+B+C)</b>	65.3	109.8

## **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		06/25/25
2. Building Construction Commenced	195	01/05/26
3. Construction 100% Complete (Approval for Occupancy)	503	11/09/26
4. Issuance of License	533	12/09/26
5. Issuance of Service	556	01/01/27
6. Final Project Report Form Submitted (Form HR0055)	576	01/21/27

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**



**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)

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## **LETTER OF INTENT**

The Publication of Intent is to be published in The Tennessean which is a newspaper of general circulation in Sumner County., Tennessee, on or before 04/15/2025 for one day.

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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 the establishment of a satellite hospital, under the single license of Sumner Regional Medical Center, at 225 Big Station Camp Boulevard in Gallatin, Sumner County, Tennessee. The satellite hospital will incorporate the existing free-standing emergency department on site and will have sixteen inpatient beds (twelve private medical beds and four intensive care unit beds), an endoscopy suite and ancillary spaces. The project will be bed neutral as the sixteen beds are included in Sumner Regional Medical Center d/b/a Highpoint Health – Sumner with Ascension Saint Thomas’ current and approved bed distribution. The sixteen beds will be relocated from the main campus (555 Hartsville Pike, Gallatin, Tennessee 37066) to the satellite hospital campus at Sumner Regional Medical Center d/b/a Highpoint Health - Sumner Station with Ascension Saint Thomas (225 Big Station Camp Boulevard, Gallatin, Tennessee 37066). The project involves the renovation of approximately 21,300 square feet of space.. The address of the project will be 225 Big Station Camp Blvd, Gallatin, Sumner County, Tennessee, 37066. The estimated project cost will be \$19,697,000.

The anticipated date of filing the application is 05/01/2025

The contact person for this project is Ms. Darcy Schaeffer who may be reached at Research & Planning Consultants - 6300 La Calma Drive, Suite 170, Austin, Texas, 78752 – Contact No. 512-371-8011.

Darcy Schaeffer

04/15/2025

[dschaeffer@rpcconsulting.com](mailto:dschaeffer@rpcconsulting.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.

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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) .

**AFFIDAVIT OF PUBLICATION**

Suite 170  
RPC  
6300 La Calma Drive Suite 170  
Austin TX 78752


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:

04/15/2025

and that the fees charged are legal.  
Sworn to and subscribed before on 04/15/2025

  
\_\_\_\_\_  
Legal Clerk

  
\_\_\_\_\_  
Notary, State of WI, County of Brown

8.25.26

My commission expires

Publication Cost:	\$1221.74	
Tax Amount:	\$0.00	
Payment Cost:	\$1221.74	
Order No:	11224082	# of Copies:
Customer No:	1525832	0
PO #:	LOKR0275532	

**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, an existing hospital provider owned by Sumner Regional Medical Center, LLC with an ownership type of Limited Liability Company and to be managed by Sumner Regional Medical Center, LLC intends to file an application for a Certificate of Need for the establishment of a satellite hospital, under the single license of Sumner Regional Medical Center, at 225 Big Station Camp Boulevard in Gallatin, Sumner County, Tennessee. The satellite hospital will incorporate the existing free-standing emergency department on site and will have sixteen inpatient beds (twelve private medical beds and four intensive care unit beds), an endoscopy suite and ancillary spaces. The project will be bed neutral as the sixteen beds are included in Sumner Regional Medical Center d/b/a Highpoint Health– Sumner with Ascension Saint Thomas' current and approved bed distribution. The sixteen beds will be relocated from the main campus (555 Hartsville Pike, Gallatin, Tennessee 37066) to the satellite hospital campus at Sumner Regional Medical Center d/b/a Highpoint Health - Sumner Station with Ascension Saint Thomas (225 Big Station Camp Boulevard, Gallatin, Tennessee 37066). The project involves the renovation of approximately 21,300 square feet of space. The project costs are estimated to be \$19,697,000.

The anticipated date of filing the application is on or before May 1, 2025.

The contact person for this project is Darcy Schaeffer who may be reached at Research & Planning Consultants – 6300 LaCalma Drive, Suite 170, Austin, Texas 78752, 512-371-8011.

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, 503 Deaderick Street, Nashville, TN 37243 or email at [hsda.staff@tn.gov](mailto:hsda.staff@tn.gov).

April 15 2025

LOKR0275532

# **Attachment 7A**

## **Revised**

# SUMNER REGIONAL MEDICAL CENTER, LLC

Entity Type: Foreign Limited Liability Company (LLC)  
Formed in: DELAWARE  
Term of Duration: Perpetual  
Managed By: Member Managed  
Series LLC: No  
Number of Members: 6 or less

Status: Active  
Control Number: 000632152  
Initial Filing Date: 5/25/2010 10:29:00 AM  
Fiscal Ending Month: December  
AR Due Date: 04/01/2026  
Obligated Member Entity: No

Registered Agent

C T CORPORATION SYSTEM  
300 MONTVUE RD  
KNOXVILLE, TN 37919-5546

Principal Office Address

330 SEVEN SPRINGS WAY  
BRENTWOOD, TN 37027-5098

Mailing Address

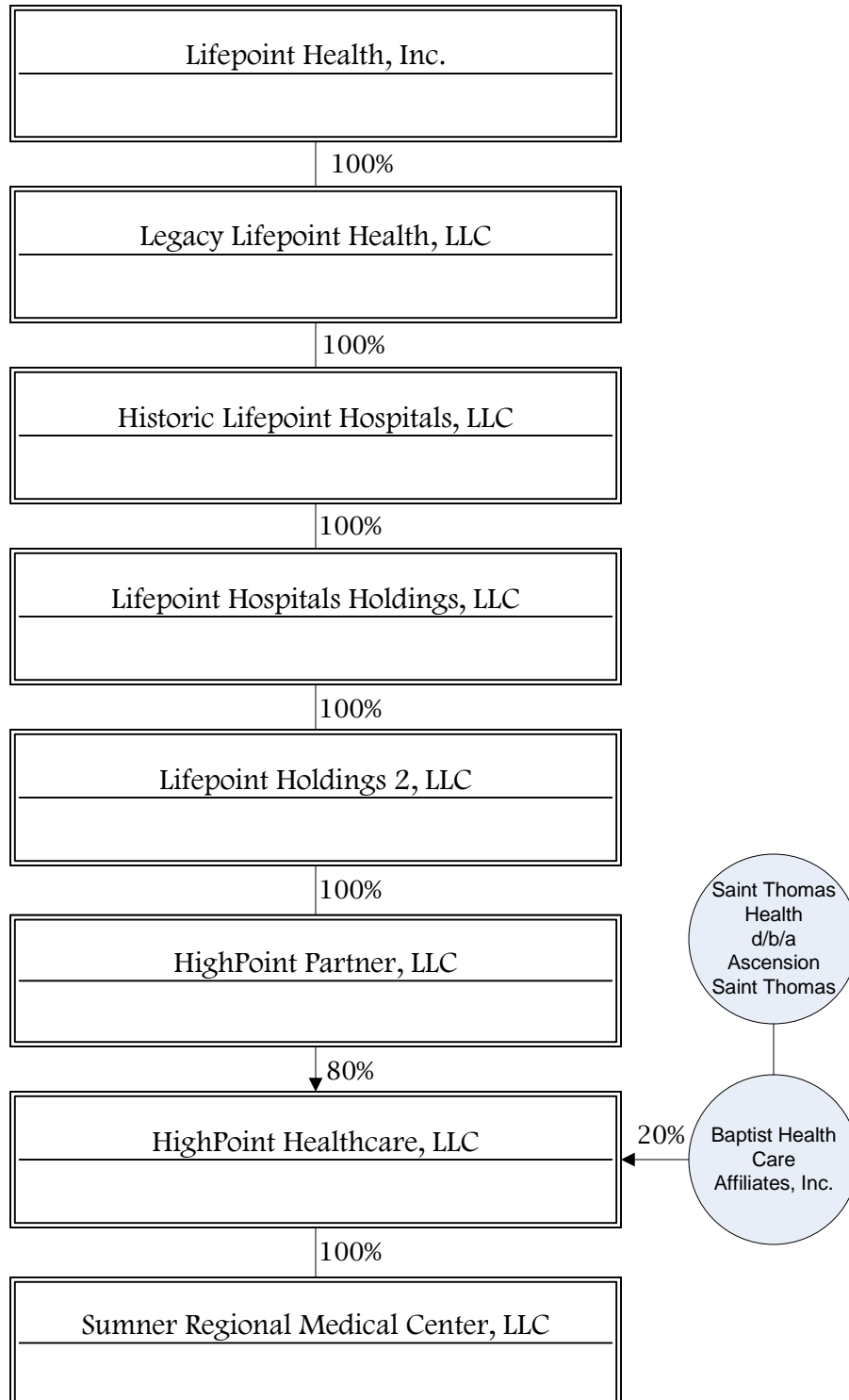
330 Seven Springs Way  
Brentwood, TN 37027

AR Standing: Good	RA Standing: Good	Other Standing: Good	Revenue Standing: Good
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History (93)	▼
Name History (39)	▼

## Sumner Regional Medical Center, LLC (Applicant)

Lifepoint Health, Inc. is owned by certain investment funds and investment vehicles with ultimate control residing with affiliates of Apollo Global Management, Inc. a publicly traded company (NYSE: APO), directly or indirectly through special purpose holding companies.



# **Attachment 8A**

There is no management agreement as the applicant is managed by itself.

# **Attachment 9A**

**THIS INSTRUMENT PREPARED BY:**

Holland & Knight LLP  
511 Union St., Ste 2700  
Nashville, TN 37219  
Attn: Jeffrey A. Calk, Esq.

Holly Hemmrich, Register  
Sumner County Tennessee  
Rec #: 1117208 Instrument #: 1462254  
Rec'd: 45.00 Recorded  
State: 0.00 9/22/2023 at 1:30 PM  
Clerk: 0.00 in Record Book  
Other: 2.00 6239  
Total: 47.00 Pages 460-468

**MEMORANDUM OF MASTER LEASE  
(BUILDING NO. 23)**

THIS MEMORANDUM OF MASTER LEASE dated this 19<sup>th</sup> day of September, 2023 (the "Commencement Date"), between **225 BIG STATION CAMP BOULEVARD MOB, LLC**, a Delaware limited liability company, having its principal offices at c/o LifePoint Health, 330 Seven Springs Way, Brentwood, TN 37027, Attention: Office of General Counsel (herein referred to as "Landlord"), and **SUMNER REGIONAL MEDICAL CENTER, LLC**, a Delaware limited liability company, having its principal office at c/o LifePoint Health, 330 Seven Springs Way, Brentwood, TN 37027, Attention: Office of General Counsel (herein referred to as "Tenant").

**WITNESSETH:**

**WHEREAS**, Landlord, as ground lessee, has ground leased from Tenant, as ground lessor, a certain parcel of land, being more particularly described on Exhibit "A" hereto (the "Land") on the terms and conditions more particularly set forth in that certain Ground Lease Agreement, dated September 19, 2023, by and between Tenant and Landlord (herein referred to as the "Ground Lease") and all licenses, rights, privileges and easements appurtenant thereto; and

**WHEREAS**, Tenant conveyed to Landlord a fee simple determinable interest in the improvements located on the Land (the "Improvements"), which along with the Land, certain non-exclusive rights-of-ways, easements and similar rights with respect to the Improvements and the non-exclusive rights to use those areas designated and suitable for vehicular parking and collectively referred to as the "Leased Premises"; and

**WHEREAS**, Landlord has leased the Leased Premises to Tenant pursuant to a Master Lease dated September 19, 2023 (the "Master Lease"); and

**WHEREAS**, Tenant and Landlord desire to enter into this Memorandum of Master Lease, to give notice of said Master Lease and all of its terms, covenants and conditions to the same extent as if said Master Lease were fully set forth herein.



**NOW, THEREFORE**, for and in consideration of the sum of One Dollar (\$1.00) and other good and valuable consideration including the rents reserved and the covenants and conditions more particularly set forth in the Master Lease, Tenant and Landlord do hereby covenant, promise and agree as follows:

1. The parties agree that the foregoing Recitals are true and correct and incorporated herein by this reference. All capitalized terms not otherwise defined in this Memorandum shall have the meaning ascribed to such terms in the Master Lease.

2. Landlord has leased, demised and let, and does hereby lease, demise and let unto Tenant, and Tenant does hereby lease and take from Landlord the Leased Premises for a period beginning on the Commencement Date and extending for fifteen (15) years thereafter (the "Term").

3. All parties are hereby directed to the Master Lease for further agreements between Tenant and Landlord. This Memorandum is intended for recording purposes only, and does not modify, supersede, diminish, add to or change any of the terms and conditions of the Master Lease in any respect. The terms and conditions of the Master Lease shall control notwithstanding that the terms and conditions of the Master Lease may be inconsistent or vary from those set forth in this Memorandum.

4. This Memorandum may be executed in any number of counterparts, any one and all of which shall constitute the agreement of the parties, and each of which shall be deemed an original, but all of which together shall constitute one and the same document.

5. In order to secure the payment and performance of all of Tenant's obligations under the Lease and all other documents contemplated under the Lease, Tenant unconditionally assigns to Landlord all of Tenant's right, title and interest in and to any and all leases and subleases (and, to the extent the same constitute an interest in real property and not personal property under the Uniform Commercial Code as adopted in the State or Commonwealth in which the Premises are located, other occupancy agreements), affecting the Premises (the foregoing, collectively, with all amendments, restatements, supplements, modifications and replacements thereof, the "Subleases"), together with all rents, revenues, issues, income, proceeds, profits, and all other payments of any kind under such Subleases (the foregoing, collectively, the "Rents"), all liquidated damages payable upon default of the applicable tenant, subtenant or licensee under a Sublease, and any and all security deposits made thereunder (the foregoing, collectively with the Subleases and the Rents, the "Collateral"). Landlord and Tenant acknowledge that Landlord's rights under the Lease, and its interests in the Subleases, Rents and other Collateral, including, but not limited to, the rights and interest granted under this Section, may be further assigned by Landlord to a Mortgagee as security for a Loan (as used in this Section, a "Mortgagee" or "Secured Party") and, if requested by a Mortgagee, Landlord and Tenant shall promptly execute and deliver such documents as such Mortgagee may require to (i) subordinate Landlord's lien (if any) in all or any portion of the Collateral to the interest of the Mortgagee in the Collateral, and/or (ii) confirm the assignment by Tenant of the Collateral to the Secured Party. Upon a Tenant Default, Landlord and/or Secured Party shall have all the rights and remedies of a secured party under the laws of the State or Commonwealth in which the Premises is located with respect to the Collateral, which shall include, without a limitation, the right to require any such tenants, subtenants and other occupants to tender the Rents to Landlord or such Mortgagee while such Tenant Default is in existence. The assignment of Subleases and Rents granted by this Section shall be in addition to any lien of Landlord that may now or at any time hereafter be provided by law. This Section and Landlord and/or the Secured Party's rights and remedies hereunder shall survive the termination of the Lease.

[Remainder of page intentionally blank.]

225 BIG STATION CAMP BOULEVARD  
MOB, LLC,  
a Delaware limited liability company

By: Dan Huffines  
Name: Dan Huffines  
Title: Vice President

STATE OF TENNESSEE     )  
                                      )     SS  
COUNTY OF DAVIDSON    )

The foregoing instrument was acknowledged before me this 6 day of September, 2023,  
by Dan Huffines, as Vice President of 225 BIG STATION CAMP BOULEVARD MOB, LLC, a  
Delaware limited liability company, on behalf of the limited liability company.

Gretchen E. Catron  
Notary Public for Tennessee  
My Commission Expires 9-14-2024

[NOTARIAL SEAL]



[Building 23 – 225 Big Station Camp Boulevard, Gallatin, TN, Memo of Master Lease Landlord]

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

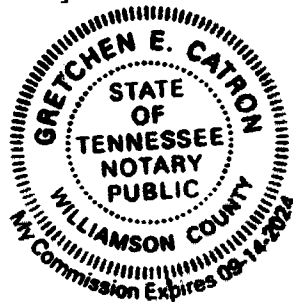
By: Charlotte Lawrence  
Name: Charlotte Lawrence  
Title: Secretary

STATE OF TENNESSEE    )  
                                      )    SS  
COUNTY OF DAVIDSON    )

The foregoing instrument was acknowledged before me this 6 day of September, 2023,  
by Charlotte Lawrence, as Secretary of SUMNER REGIONAL MEDICAL CENTER, LLC, a  
Delaware limited liability company, on behalf of the limited liability company.

Gretchen E. Catron  
Notary Public for Tennessee  
My Commission Expires 9-14-2024

[NOTARIAL SEAL]



[Building 23 – 225 Big Station Camp Boulevard, Gallatin, TN, Memo of Master Lease Tenant]

**EXHIBIT "A" TO MEMORANDUM OF MASTER LEASE**

**Legal Description of the Land**

[TO BE INSERTED]

225 BIG STATION CAMP BOULEVARD  
(MOB 23)

MOB Description:

A tract of land located in the Fourth Civil District of Sumner County, Tennessee, being located in that tract conveyed to Sumner Health Systems, Inc., as filed for record in Book 2635, page 828, and in Book 2718, page 773 of the Register's Office of Sumner County, Tennessee, said tract being a 5.00 foot offset of an existing building therefound, more particularly described as follows:

Commencing at a 4"x4" Concrete Monument marking the point of intersection of the Northern right-of-way of Lower Station Camp Creek Road and the Western right-of-way of State Route No. 386, same being the Southeast corner of said Sumner Health Systems, Inc. tract;

Thence run along said Northern right-of-way following a curve to the left concave Southwesterly having a radius of 625.00 feet for an arc distance of 157.93 feet, said curve being subtended by a chord bearing North 74°48'18" West a chord distance of 157.51 feet, to a ½" Rebar marking a point on said Northern right-of-way, same being the Southwest corner of said Sumner Health Systems, Inc. tract;

Thence, leaving said Northern right-of-way, run North 09°00'21" East along the West line of said Sumner Health Systems Inc. tract for a distance of 409.80 feet;

Thence, leaving said West line, run South 80°59'39" East for a distance of 127.95 feet to a point being a 5.00 foot offset of the Southwest corner of an existing medical office building therefound for the beginning point of the parcel of land hereby described;

Thence, from said POINT OF BEGINNING, running counter-clockwise around said existing building following an offset 5.00 feet perpendicular outside from the existing exterior building walls, more particularly described by the following courses and distances:

South 80°55'36" East a distance of 11.41 feet;  
North 09°44'24" East a distance of 4.30 feet;  
North 75°55'44" East a distance of 93.97 feet;  
North 08°58'51" East a distance of 60.53 feet;  
North 84°37'23" East a distance of 4.74 feet to the beginning of a non-tangent curve to the left;

Thence following a non-tangent curve to the left having a radius of 59.21 feet for an arc distance of 19.21 feet, said curve being subtended by a chord bearing South 15°42'24" East a chord distance of 19.12 feet;

Thence continuing along said 5.00 feet offset;

North 70°21'55" East a distance of 6.65 feet;  
South 81°01'19" East a distance of 147.33 feet;  
North 08°59'28" East a distance of 5.53 feet to the beginning of a non-tangent curve to the left;

Thence, following a non-tangent curve to the left having a radius of 63.71 feet for an arc distance of 38.10 feet, said curve being subtended by a chord bearing North 61°59'49" East a chord distance of 37.54 feet;

Thence continuing along said 5.00 foot offset,

North 36°08'49" West a distance of 31.64 feet;

North 81°21'10" West a distance of 8.62 feet;  
North 08°55'13" East a distance of 114.09 feet;  
South 67°47'51" East a distance of 10.34 feet;  
North 23°08'47" East a distance of 62.50 feet;  
North 80°54'38" West a distance of 25.37 feet;  
North 09°09'44" East a distance of 0.23 feet;  
North 81°03'15" West a distance of 108.94 feet;  
South 09°07'54" West a distance of 15.31 feet;  
North 81°34'29" West a distance of 22.69 feet;  
South 08°55'11" West a distance of 10.62 feet;  
South 30°50'42" West a distance of 36.57 feet;  
North 80°54'28" West a distance of 1.75 feet;  
North 08°23'17" East a distance of 7.91 feet;  
North 81°36'49" West a distance of 23.00 feet;  
South 08°22'53" West a distance of 7.71 feet;  
North 80°35'54" West a distance of 9.79 feet;  
North 09°00'02" East a distance of 15.06 feet;  
North 24°05'12" East a distance of 4.40 feet;  
North 58°02'45" West a distance of 79.00 feet;  
North 08°49'51" East a distance of 4.24 feet;  
North 81°21'39" West a distance of 11.46 feet;  
South 08°54'04" West a distance of 25.99 feet;  
North 80°42'49" West a distance of 4.70 feet;  
South 08°59'35" West a distance of 201.64 feet;  
North 81°03'08" West a distance of 25.82 feet;  
North 09°15'16" East a distance of 2.37 feet;  
North 80°43'04" West a distance of 11.95 feet;  
South 09°01'43" West a distance of 55.96 feet;  
South 74°06'36" East a distance of 12.00 feet;  
North 09°39'48" East a distance of 3.08 feet;  
South 81°07'28" East a distance of 26.17 feet;  
South 08°56'20" West a distance of 6.31 feet;  
South 80°10'46" East a distance of 4.76 feet;  
South 08°57'02" West a distance of 19.93 feet to the point of beginning.

BEING A PORTION OF THE SAME PROPERTY CONVEYED TO SUMNER HEALTH SYSTEMS, INC., AS FILED FOR RECORD IN BOOK 2635, PAGE 828, AND IN BOOK 2718, PAGE 773 OF THE REGISTER'S OFFICE OF SUMNER COUNTY, TENNESSEE.

Part of Tax Parcel 137-008.01

Tennessee Certification of Electronic Document

I, Bainbridge Dillion, do hereby make oath that I am a licensed attorney and/or the custodian of the original version of the electronic document tendered for registration herewith and that this electronic document is a true and exact correct copy of the original document executed and authenticated according to law on 09/6/2023

Bainbridge Dillion  
Affiant Signature

Date: 9/22/2023

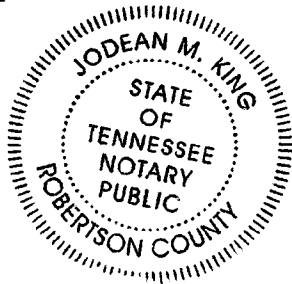
State of Tennessee

County of Davidson

Sworn to and subscribed before me this 22nd day of September, 2023.

Jodean M. King  
Notary's Signature

Notary's Seal



My Commission Expires: 7/22/2025  
Date: 09/22/2023



# **Attachment 10A**



**PHASE 1 - 1ST & 2ND Floor**  
Hospital Renovation:  
4 ICU Rooms + Support  
12 Private Patient Rooms + Support  
Materials Management  
Admin/Admitting  
Dining/Cafeteria  
Pharmacy Expansion - Blood Bank  
**TOTAL 1ST FLOOR RENOVATION**  
9,200 sq. ft.

**FIRST FLOOR - OVERALL PLAN - MICRO-HOSPITAL**





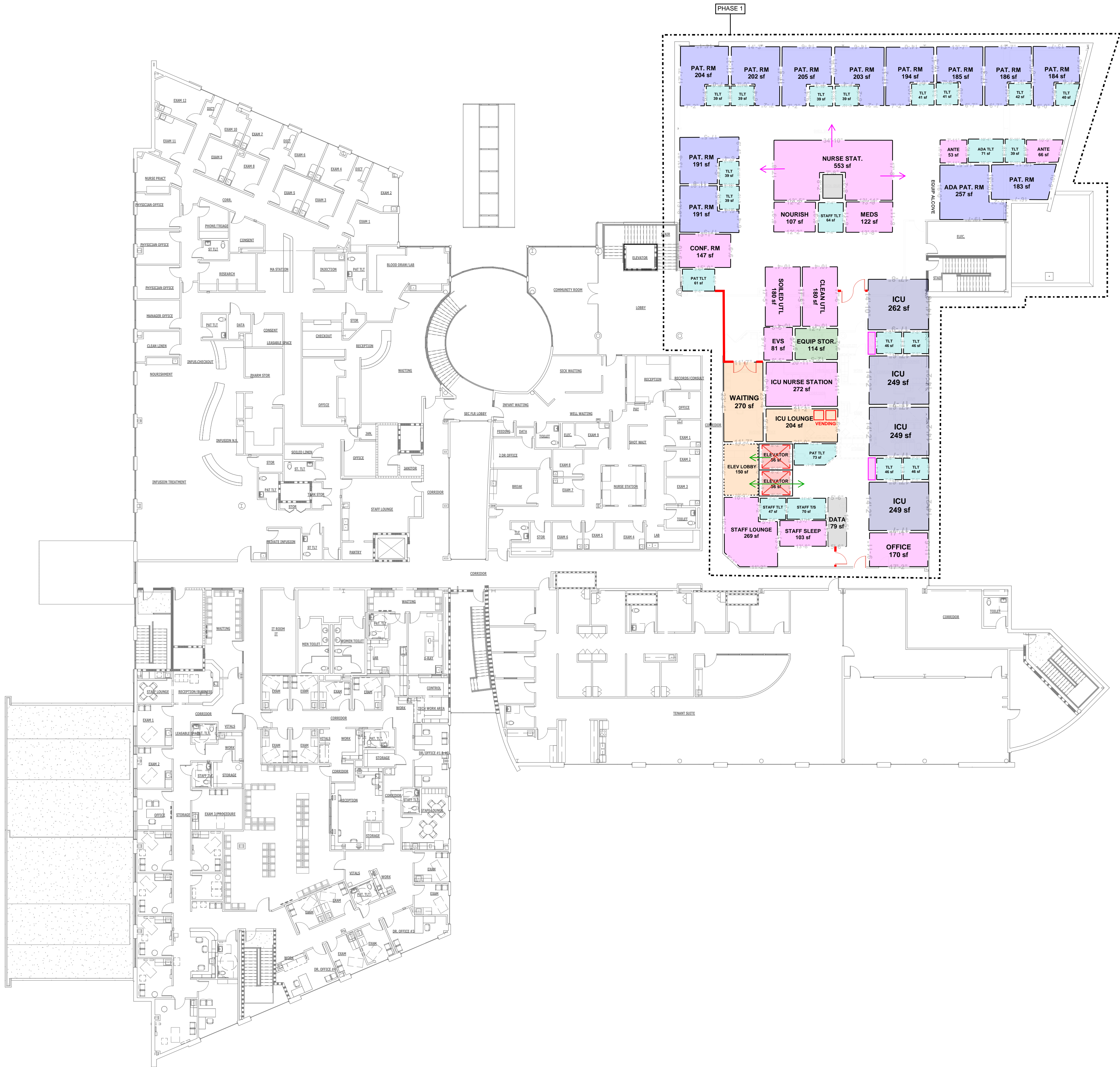
5300 Maryland Way, Suite  
Hartwood, Tennessee  
37027  
615.369.6020 FAX 615.369.6021

MICRO-HOSPITAL

SUMNER  
REGIONAL  
MEDICAL  
CENTER

225 BIG  
STATION CAMP  
BLVD GALLATIN,  
TN

Highpoint Health  
with Ascension  
Saint Thomas



**PHASE 1 - 1ST & 2ND Floor**  
Hospital Renovation:  
4 ICU Rooms + Support  
12 Private Patient Rooms + Support  
Materials Management  
Admin/Admitting  
Dining/Cafeteria  
Pharmacy Expansion - Blood Bank  
**TOTAL 2ND FLOOR RENOVATION**  
12,100 sq. ft.

**SECOND FLOOR - OVERALL PLAN - MICRO-HOSPITAL**

PROJECT NUMBER: 11193.44  
DATE: FEBRUARY 21, 2025

SHEET NUMBER:

**A0.2**

DESCRIPTION:  
OVERALL SECOND FLOOR  
PLAN

This drawing shall not be reproduced, duplicated, stored  
in an electronic retrieval system, or used in any way  
without permission of the Architect. Copyright © 2025.  
HMK Architects PLLC

INITIAL CONCEPT PLAN - NOT FOR CONSTRUCTION, PERMITTING, OR REGULATORY REVIEW

# **Attachment 11A**

## Public Transportation Route

As the map below shows, Sumner County is bordered by two major interstates: I-65 to its west and I-40 to the southeast.<sup>1</sup> Two major state routes, 109 and 386, intersect in the county seat of Gallatin. State Highway 386 links to I-65 and SR 109 and is a four-lane divided highway built to interstate standards.<sup>2</sup> The map also shows the approximate location of SRMC (red star) and Sumner Station (yellow star).



<sup>1</sup> Map from Middle Tennessee Industrial Development Association. "Why Sumner County," Forward Sumner, <https://forwardsunner.org/why-sumner-county/>.

<sup>2</sup> "Transportation," Forward Sumner, <https://forwardsunner.org/transportation/>, accessed March 26, 2025.

Sumner Station is on Big Station Camp Boulevard and Vietnam Veterans State Highway 386, within the Gallatin City limits, on the borders of Hendersonville. The surrounding community area between Sumner County's two largest cities is referred to herein as Station Camp. Station Camp is a highly populated strategic growth corridor of Sumner County.

As described in the response to question 1N, Station Camp has seen multiple subdivisions constructed or under development. New schools and many large commercial developments have been recently completed or are under development.

The Tennessee State Government has approved expanding the main corridor (NETcorridor or State Highway 386/Vietnam Veterans Boulevard) between Nashville and Gallatin, to six lanes by 2028.<sup>3</sup> Forward Sumner, Sumner County's Economic and Workforce Development office, describes the NETcorridor project:

*"The NETcorridor is the northeast transportation corridor as one travels into Sumner County – Nashville's North Shore. The NETcorridor is a billion-dollar expansion of State Highway 386 known as the Vietnam Veterans Boulevard from 4 lanes to 8 lanes including a managed transit lane.*

*Phase 1 is funded at \$200M, the largest non-interstate project in the state. The first 10 miles from I-65 to exit 8 at Saundersville Road is transitioning from planning and a conceptual study to design and engineering including environmental.*

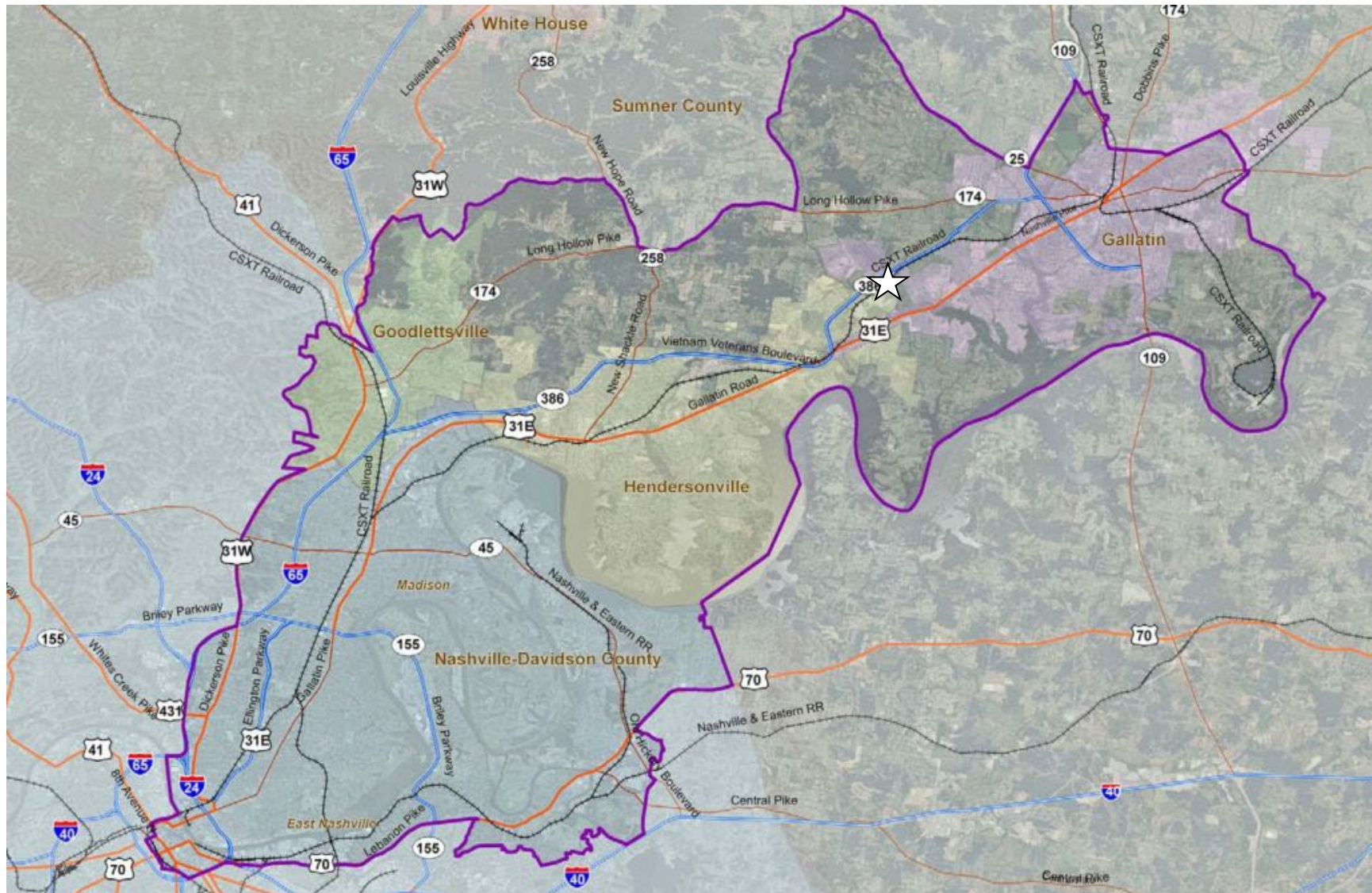
*The NETcorridor 25-year plan will expand the highway through Gallatin and intersect with SR 109 and then travel northeast on an expanded state route 6/US/31E, into Westmoreland."*

The map below shows the boundaries of the development corridor and the location of Sumner Station (white star).

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<sup>3</sup> "NETcorridor," Forward Sumner, <https://forwardsunner.org/community-development/netcorridor/>, accessed March 7, 2025.





# **Attachment 12A**

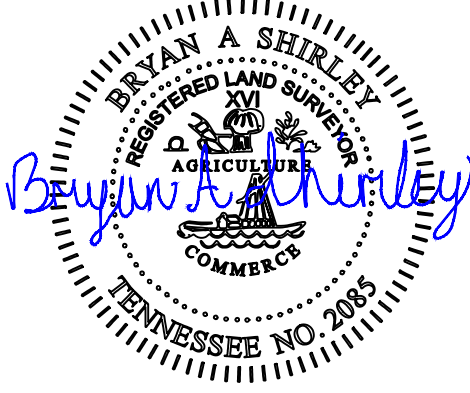


Surveyor's Certification

TO: **FIRST AMERICAN TITLE INSURANCE COMPANY; 225 BIG STATION CAMP BOULEVARD MOB, LLC; CAPITAL ONE, NATIONAL ASSOCIATION, IN ITS CAPACITY AS ADMINISTRATIVE AGENT, ITS RESPECTIVE SUCCESSORS AND/OR ASSIGNS AS THEIR INTERESTS MAY APPEAR:**

THIS IS TO CERTIFY THAT THIS MAP OR PLAT AND THE SURVEY ON WHICH IT IS BASED WERE MADE IN ACCORDANCE WITH THE 2021 MINIMUM STANDARD DETAIL REQUIREMENTS FOR ALTA/NSPS LAND TITLE SURVEYS, JOINTLY ESTABLISHED AND ADOPTED BY ALTA AND NSPS, AND INCLUDES ITEMS 1, 2, 3, 4, 6(A), 6(B), 7(A), 7(B)(1), 7(C), 8, 9, 11(A), 13, 14, 16, 17, 18 AND 19 OF TABLE A THEREOF. THE FIELDWORK WAS COMPLETED ON 07/18/2023.

I, BRYAN A. SHIRLEY, A REGISTERED LAND SURVEYOR IN THE STATE OF TENNESSEE, HEREBY CERTIFY THAT THIS IS A TRUE AND ACCURATE SURVEY TO THE BEST OF MY KNOWLEDGE, AND THAT IT EXCEEDS THE MINIMUM REQUIREMENTS FOR A CATEGORY 1 SURVEY AND THAT THE UNADJUSTED RATIO OF PRECISION EXCEEDS 1:10,000 AS SHOWN HEREON.



BRYAN A. SHIRLEY  
REGISTERED LAND SURVEYOR 2085  
STATE OF TENNESSEE

DATE OF PLAT OR MAP: 07/20/2023  
DATE OF LAST REVISION: 09/08/2023

Common Area Description

THE LAND REFERRED TO HEREIN BELOW IN SITUATED IN THE COUNTY OF SUMNER, STATE OF TENNESSEE, AND DESCRIBED AS FOLLOWS:

LEGAL DESCRIPTION WILL BE A PORTION OF THE FOLLOWING:

LAND IN THE FOURTH CIVIL DISTRICT OF SUMNER COUNTY, TENNESSEE, BEING THE PROPERTY OF SUMNER REGIONAL HEALTH SYSTEMS, INC., AS OF RECORD IN BOOK 2635, PAGE 828, REGISTER'S OFFICE SUMNER COUNTY, TENNESSEE AND RECORD BOOK 2718, PAGE 773, REGISTER'S OFFICE SUMNER COUNTY, TENNESSEE, DESCRIBED MORE PRECISELY AS FOLLOWS:

BEGINNING AT A POINT AT A HIGHWAY MONUMENT ON THE NORTHERN RIGHT-OF-WAY OF LOWER STATION CAMP CREEK ROAD, SAID POINT BEING LOCATED ON THE WESTERN RIGHT-OF-WAY OF STATE ROUTE 386 AND BEING THE SOUTHEAST CORNER OF THIS PARCEL;

THENCE, WITH THE NORTHERN RIGHT-OF-WAY OF LOWER STATION CAMP CREEK ROAD AND A CURVE TO THE LEFT, DELTA OF 14°31'46", RADIUS OF 625.00 FEET, LENGTH OF 158.49 FEET AND A CHORD BEARING OF N 75°06'13" W 158.07 FEET TO AN IRON ROD ON THE NORTHERN RIGHT-OF-WAY OF SAID ROAD;

THENCE, LEAVING SAID ROAD, N 08°59'01" E 2000.68 FEET TO AN IRON ROD ON THE SOUTHERN MARGIN OF NEW STATION CAMP CREEK ROAD;

THENCE, S 42°54'44" E 718.20 FEET TO AN IRON ROD ON THE SOUTHERN RIGHT-OF-WAY OF NEW STATION CAMP CREEK ROAD;

THENCE, S 47°03'45" W 24.95 FEET TO A POINT AT A HIGHWAY MONUMENT AND THE RIGHT-OF-WAY OF STATE ROUTE 386;

THENCE, WITH THE RIGHT-OF-WAY OF STATE ROUTE 386 FOR THE NEXT EIGHT CALLS:

S 34°24'24" E 101.12 FEET TO A POINT AT A HIGHWAY MONUMENT;

S 41°55'01" E 168.45 FEET TO A POINT AT A HIGHWAY MONUMENT;

CHORD BEARING OF S 09°38'23" E 203.13 FEET, RADIUS OF 185.00 FEET AND A LENGTH OF 215.03 FEET TO A POINT AT A HIGHWAY MONUMENT;

S 23°39'29" W 292.22 FEET TO A POINT AT A HIGHWAY MONUMENT;

S 26°23'25" W 228.79 FEET TO A POINT AT A HIGHWAY MONUMENT;

CHORD BEARING OF S 35°21'34" W 85.59 FEET, RADIUS OF 743.51 FEET AND A LENGTH OF 85.63 FEET TO A POINT AT A HIGHWAY MONUMENT;

S 45°49'36" W 228.57 FEET TO A POINT AT A HIGHWAY MONUMENT;

S 47°53'25" W 541.42 FEET TO THE POINT OF BEGINNING.

BEING PART OF THE SAME PROPERTY CONVEYED TO SUMNER REGIONAL MEDICAL CENTER, LLC, A DELAWARE LIMITED LIABILITY COMPANY, BY DEED FROM CITADEL PROPERTIES V, L.L.C., AN ILLINOIS LIMITED LIABILITY COMPANY, OF RECORD IN RECORD BOOK 3877, PAGE 594, IN THE REGISTER'S OFFICE OF SUMNER COUNTY, TENNESSEE.

Flood Information

BY GRAPHIC PLOTTING ONLY, THIS PROPERTY IS LOCATED IN ZONES "X", "X-SHADED", "AE" AND "FLOODWAY AE" OF THE FLOOD INSURANCE RATE MAP, COMMUNITY PANEL NO. 47165C0406G, WHICH BEARS AN EFFECTIVE DATE OF 4/17/2012 AND IS PARTIALLY LOCATED IN A FLOOD HAZARD ZONE.

ZONE "X" - AREA OF MINIMAL FLOOD HAZARD, USUALLY DEPICTED ON FIRMS AS ABOVE THE 500-YEAR FLOOD LEVEL. ZONE X IS THE AREA DETERMINED TO BE OUTSIDE THE 500-YEAR FLOOD AND PROTECTED BY LEVEE FROM 100-YEAR FLOOD.

ZONE "X-SHADED" - AREA OF MODERATE FLOOD HAZARD, USUALLY THE AREA BETWEEN THE LIMITS OF THE 100-YEAR AND 500-YEAR FLOODS.

ZONE "AE" - THE BASE FLOODPLAIN WHERE BASE FLOOD ELEVATIONS ARE PROVIDED. AE ZONES ARE NOW USED ON NEW FORMAT FIRMS INSTEAD OF A1-A30 ZONES.

ZONE "FLOODWAY AE" - THE BASE FLOODPLAIN WHERE BASE FLOOD ELEVATIONS ARE PROVIDED. AE ZONES ARE NOW USED ON NEW FORMAT FIRMS INSTEAD OF A1-A30 ZONES. THE FLOODWAY INCLUDES THE CHANNEL AND ADJACENT OVERBANK AREAS NECESSARY TO EFFECTIVELY CONVEY FLOODWATERS.

Surveyor Title Block

BLEW & ASSOCIATES, P.A.  
3825 N SHILOH DRIVE  
FAYETTEVILLE, AR 72703  
479-443-4506  
SURVEY@BLEWINC.COM  
DRAWN BY: JNM  
JOB # 23-4195

Drawn by: JNM	Survey Ref. No.: 23-4195
Approved by: JL	Field Date: 07/18/2023
Revision Box	
Date: 07/28/23	Revision: CLIENT COMMENTS
08/22/23	CLIENT COMMENTS/TITLE

Basis of Bearings

THE BASIS OF BEARING FOR THIS SURVEY IS GRID NORTH PER TENNESSEE STATE PLANE COORDINATE SYSTEM, SINGLE ZONE, NAD83-2011, AS MEASURED ALONG THE WEST LINE OF THE SUBJECT PROPERTY WHICH BEARS N09°00'21"E PER GPS COORDINATE OBSERVATIONS.  
LATITUDE: 36°21'30.9134"  
LONGITUDE: -88°32'11.6839"  
CONVERGENCE ANGLE: -00°18'50.8845"

Parking Information

REGULAR PARKING: 353  
HANDICAP PARKING: 11  
TOTAL PARKING: 364

Zoning Information

ZONING DISTRICT: PGC PLANNED GENERAL COMMERCIAL, ZONED & DEVELOPED VIA MASTER PLAN  
CURRENT USE: MEDICAL OFFICE  
SETBACKS  
- MIN. FRONT: 20 FEET  
- MIN. SIDE: 10 FEET  
- MIN. REAR: ABUTTING RESIDENTIAL ZONE DISTRICT = 40 FEET  
ABUTTING COMMERCIAL ZONE DISTRICT = 20 FEET  
MAX. HEIGHT: 40 FEET  
MIN. LOT AREA: 20,000 SQ. FT.  
MIN. LOT WIDTH: 100 FEET  
MIN. LOT DEPTH: N/A  
MAX. FLOOR AREA RATIO: 1.0  
MAX. COVERAGE: 50%  
MIN. PARKING:  
MEDICAL OFFICES = 1 SPACE PER 200 SQUARE FEET  
ZONING INFORMATION OBTAINED FROM:  
ZONING REPORTS, LLC  
PO BOX 1394  
NORMAN, OKLAHOMA 73070  
OFFICE: (405) 339-5001  
FAX: (888) 512-0502  
DATED: JULY 10, 2023

Schedule "B" Items

- ALL MATTERS SHOWN ON PLAT(S) OF RECORD IN PLAT BOOK 20, PAGE 349, IN THE REGISTER'S OFFICE OF SUMNER COUNTY, TENNESSEE. (AFFECTS TRACT 3, PLOTTED AS SHOWN, DOES NOT AFFECT TRACT 1)
- GRANT OF TRANSMISSION LINE EASEMENT FROM ALLENE BRYAN, FRANCES BRYAN BULLINGTON, AND MRS. NELSON BRYAN MCNEILL TO UNITED STATE OF AMERICA, OF RECORD IN DEED BOOK 174, PAGE 370, IN THE REGISTER'S OFFICE OF SUMNER COUNTY, TENNESSEE. (UNABLE TO DETERMINE, STATION MAPS REFERENCED WITHIN NOT PROVIDED)
- WATER/SEWER EASEMENT AGREEMENT FROM BOWLES FARMS, LP TO THE WHITE HOUSE UTILITY DISTRICT OF ROBERTSON AND SUMNER COUNTIES, TENNESSEE, OF RECORD IN RECORD BOOK 1343, PAGE 417, IN THE REGISTER'S OFFICE OF SUMNER COUNTY, TENNESSEE. (AFFECTS TRACT 3, PLOTTED AS SHOWN, DOES NOT AFFECT TRACT 1)
- AGREEMENT FOR DEDICATION OF EASEMENT FOR PUBLIC UTILITIES FROM BOWLES FARMS, LP TO CITY OF GALLATIN, TENNESSEE, OF RECORD IN RECORD BOOK 1481, PAGE 288, IN THE REGISTER'S OFFICE OF SUMNER COUNTY, TENNESSEE. (AFFECTS TRACT 3, PLOTTED AS SHOWN, DOES NOT AFFECT TRACT 1)
- MATTERS CONTAINED IN DEED OF RECORD IN RECORD BOOK 1814, PAGE 289, IN THE REGISTER'S OFFICE OF SUMNER COUNTY, TENNESSEE. (AFFECTS, PLOTTED AS SHOWN, DOES NOT AFFECT TRACT 1, TEMPORARY CONSTRUCTION EASEMENT AFFECTS TRACT 3)
- TERMS AND PROVISIONS OF DECLARATION OF EASEMENTS AND MAINTENANCE AGREEMENT, BY SUMNER REGIONAL HEALTH SYSTEMS, INC., OF RECORD IN RECORD BOOK 2733, PAGE 441, AS ASSIGNED IN RECORD BOOK 3877, PAGE 599, IN THE REGISTER'S OFFICE OF SUMNER COUNTY, TENNESSEE. (AFFECTS TRACT 3, PLOTTED AS SHOWN, DOES NOT AFFECT TRACT 1, EXCEPT FOR THE PARCEL 1A BUILDING AREA, PLOTTED AS SHOWN)
- EASEMENT FROM SUMNER REGIONAL MEDICAL CENTER, LLC TO GALLATIN, TENNESSEE, OF RECORD IN RECORD BOOK 4924, PAGE 72, IN THE REGISTER'S OFFICE OF SUMNER COUNTY, TENNESSEE. (DOES NOT AFFECT, LIES NORTHEAST OF SUBJECT PROPERTY)

Land Area

TOTAL AREA:  
1,070,112 SQ. FT. ±  
24.566 ACRES ±  
MOB AREA:  
67,759 SQ. FT. ±  
1.510 ACRES ±

Building Area

MOB BUILDING 1: 58,516 SQ.FT. ±  
BUILDING 2: 1,021 SQ.FT. ±  
TOTAL BUILDING AREA: 59,537 SQ.FT. ±

Building Height

MOB BUILDING 1: 35.4' OR 2-STORY  
BUILDING 2: 10.0' OR 2-STORY

Title Description

The Land referred to herein below in situated in the County of Sumner, State of Tennessee, and described as follows:

TRACT 1 (LEASEHOLD):

A TRACT OF LAND LOCATED IN THE FOURTH CIVIL DISTRICT OF SUMNER COUNTY, TENNESSEE, BEING LOCATED IN THAT TRACT CONVEYED TO SUMNER HEALTH SYSTEMS, INC., AS FILED FOR RECORD IN BOOK 2635, PAGE 828, AND IN BOOK 2718, PAGE 773 OF THE REGISTER'S OFFICE OF SUMNER COUNTY, TENNESSEE, SAID TRACT BEING A 5.00 FOOT OFFSET OF AN EXISTING BUILDING THEREFOUND, MORE PARTICULARLY DESCRIBED AS FOLLOWS:

COMMENCING AT A 4"x4" CONCRETE MONUMENT MARKING THE POINT OF INTERSECTION OF THE NORTHERN RIGHT-OF-WAY OF LOWER STATION CAMP CREEK ROAD AND THE WESTERN RIGHT-OF-WAY OF STATE ROUTE NO. 386, SAME BEING THE SOUTHEAST CORNER OF SAID SUMNER HEALTH SYSTEMS, INC. TRACT;

THENCE RUN ALONG SAID NORTHERN RIGHT-OF-WAY FOLLOWING A CURVE TO THE LEFT CONCAVE SOUTHWESTERLY HAVING A RADIUS OF 625.00 FEET FOR AN ARC DISTANCE OF 157.93 FEET, SAID CURVE BEING SUBTENDED BY A CHORD BEARING NORTH 74°48'18" WEST A CHORD DISTANCE OF 157.51 FEET, TO A ½" REBAR MARKING A POINT ON SAID NORTHERN RIGHT-OF-WAY, SAME BEING THE SOUTHWEST CORNER OF SAID SUMNER HEALTH SYSTEMS, INC. TRACT;

THENCE, LEAVING SAID NORTHERN RIGHT-OF-WAY, RUN NORTH 09°00'21" EAST ALONG THE WEST LINE OF SAID SUMNER HEALTH SYSTEMS INC. TRACT FOR A DISTANCE OF 409.80 FEET;

THENCE, LEAVING SAID WEST LINE, RUN SOUTH 80°59'39" EAST FOR A DISTANCE OF 127.95 FEET TO A POINT BEING A 5.00 FOOT OFFSET OF THE SOUTHWEST CORNER OF AN EXISTING MEDICAL OFFICE BUILDING THEREFOUND FOR THE BEGINNING POINT OF THE PARCEL OF LAND HEREBY DESCRIBED;

THENCE, FROM SAID POINT OF BEGINNING, RUNNING COUNTER-CLOCKWISE AROUND SAID EXISTING BUILDING FOLLOWING AN OFFSET 5.00 FEET PERPENDICULAR OUTSIDE FROM THE EXISTING EXTERIOR BUILDING WALLS, MORE PARTICULARLY DESCRIBED BY THE FOLLOWING COURSES AND DISTANCES:

SOUTH 80°55'36" EAST A DISTANCE OF 11.41 FEET;  
NORTH 09°44'24" EAST A DISTANCE OF 4.30 FEET;  
NORTH 75°55'44" EAST A DISTANCE OF 93.97 FEET;  
NORTH 08°58'51" EAST A DISTANCE OF 60.53 FEET;  
NORTH 84°37'23" EAST A DISTANCE OF 4.74 FEET TO THE BEGINNING OF A NON-TANGENT CURVE TO THE LEFT;

THENCE FOLLOWING A NON-TANGENT CURVE TO THE LEFT HAVING A RADIUS OF 59.21 FEET FOR AN ARC DISTANCE OF 19.21 FEET, SAID CURVE BEING SUBTENDED BY A CHORD BEARING SOUTH 15°42'24" EAST A CHORD DISTANCE OF 19.12 FEET;

THENCE CONTINUING ALONG SAID 5.00 FEET OFFSET;

NORTH 70°21'55" EAST A DISTANCE OF 6.65 FEET;  
SOUTH 81°01'19" EAST A DISTANCE OF 147.33 FEET;  
NORTH 08°59'28" EAST A DISTANCE OF 5.53 FEET TO THE BEGINNING OF A NON-TANGENT CURVE TO THE LEFT;

THENCE, FOLLOWING A NON-TANGENT CURVE TO THE LEFT HAVING A RADIUS OF 63.71 FEET FOR AN ARC DISTANCE OF 38.10 FEET, SAID CURVE BEING SUBTENDED BY A CHORD BEARING NORTH 61°59'49" EAST A CHORD DISTANCE OF 37.54 FEET;

THENCE CONTINUING ALONG SAID 5.00 FOOT OFFSET,

NORTH 36°08'49" WEST A DISTANCE OF 31.64 FEET;  
NORTH 81°21'10" WEST A DISTANCE OF 6.62 FEET;  
NORTH 08°55'13" EAST A DISTANCE OF 114.09 FEET;  
SOUTH 67°47'51" EAST A DISTANCE OF 10.34 FEET;  
NORTH 23°08'47" EAST A DISTANCE OF 62.50 FEET;  
NORTH 80°54'38" WEST A DISTANCE OF 25.37 FEET;  
NORTH 09°09'44" EAST A DISTANCE OF 0.23 FEET;  
NORTH 81°03'15" WEST A DISTANCE OF 108.94 FEET;  
SOUTH 09°07'54" WEST A DISTANCE OF 15.31 FEET;  
NORTH 81°34'29" WEST A DISTANCE OF 22.89 FEET;  
SOUTH 08°55'11" WEST A DISTANCE OF 10.62 FEET;  
SOUTH 30°50'42" WEST A DISTANCE OF 36.57 FEET;  
NORTH 80°54'28" WEST A DISTANCE OF 1.75 FEET;  
NORTH 08°23'17" EAST A DISTANCE OF 7.91 FEET;  
NORTH 81°36'49" WEST A DISTANCE OF 23.00 FEET;  
SOUTH 08°22'53" WEST A DISTANCE OF 7.71 FEET;  
NORTH 80°35'54" WEST A DISTANCE OF 9.79 FEET;  
NORTH 09°00'02" EAST A DISTANCE OF 15.06 FEET;  
NORTH 24°05'12" EAST A DISTANCE OF 4.40 FEET;  
NORTH 58°02'45" WEST A DISTANCE OF 79.00 FEET;  
NORTH 08°49'51" EAST A DISTANCE OF 4.24 FEET;  
NORTH 81°21'39" WEST A DISTANCE OF 11.46 FEET;  
SOUTH 08°54'04" WEST A DISTANCE OF 25.99 FEET;  
NORTH 80°42'49" WEST A DISTANCE OF 4.70 FEET;  
SOUTH 08°59'35" WEST A DISTANCE OF 201.64 FEET;  
NORTH 81°03'08" WEST A DISTANCE OF 25.82 FEET;  
NORTH 09°15'16" EAST A DISTANCE OF 2.37 FEET;  
NORTH 80°43'04" WEST A DISTANCE OF 11.95 FEET;  
SOUTH 09°01'43" WEST A DISTANCE OF 55.96 FEET;  
SOUTH 74°06'36" EAST A DISTANCE OF 12.00 FEET;  
NORTH 09°39'48" EAST A DISTANCE OF 3.08 FEET;  
SOUTH 81°07'28" EAST A DISTANCE OF 26.17 FEET;  
SOUTH 08°56'20" WEST A DISTANCE OF 6.31 FEET;  
SOUTH 80°10'46" EAST A DISTANCE OF 4.76 FEET;  
SOUTH 08°57'02" WEST A DISTANCE OF 19.93 FEET TO THE POINT OF BEGINNING.

TRACT 2 (FEE SIMPLE DETERMINABLE):

IMPROVEMENTS LOCATED ON TRACT 1.

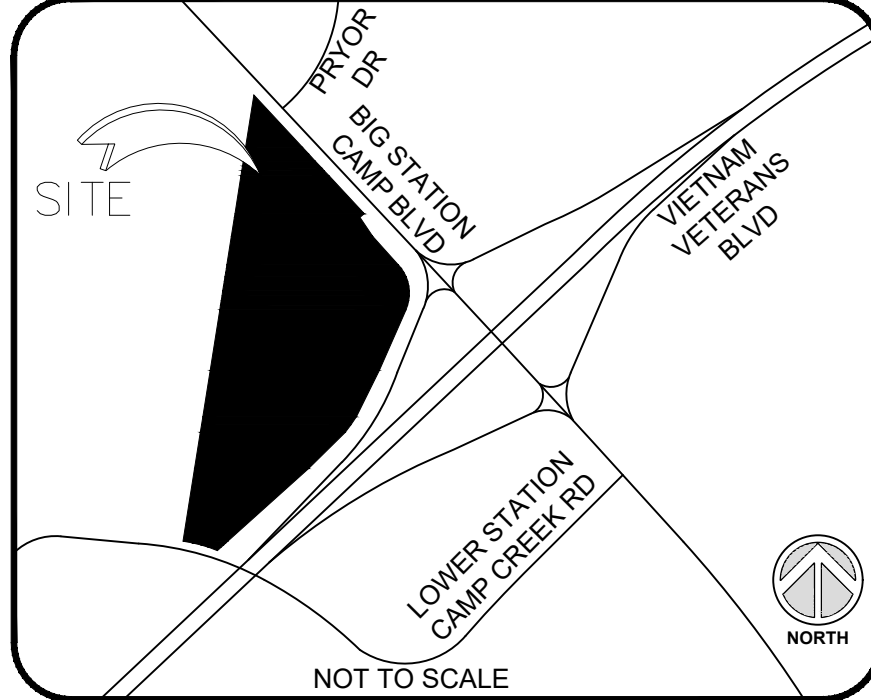
TRACT 3 (EASEMENT):

EASEMENTS BENEFITTING TRACT 1 CONTAINED IN GROUND LEASE AGREEMENT BY SUMNER REGIONAL MEDICAL CENTER, LLC, A DELAWARE LIMITED LIABILITY COMPANY, AS LANDLORD, AND 225 BIG STATION CAMP BOULEVARD MOB, LLC, A DELAWARE LIMITED LIABILITY COMPANY, AS TENANT, DATED \_\_\_\_\_, AND MEMORANDUM OF LEASE AND APPURTENANT AND RESERVED EASEMENT RIGHTS RECORDED IN BOOK \_\_\_\_, PAGE \_\_\_\_, IN THE REGISTER'S OFFICE OF SUMNER COUNTY, TENNESSEE.

Title Information

THE LAND SHOWN IN THIS SURVEY IS THE SAME AS THAT DESCRIBED IN FIRST AMERICAN TITLE INSURANCE COMPANY, COMMITMENT NUMBER NCS-1K3FTN03-NAS WITH AN EFFECTIVE DATE OF AUGUST 04, 2023 AT 7:30 AM.

Vicinity Map



Surveyor's Notes

- SOME FEATURES SHOWN ON THIS PLAT MAY BE SHOWN OUT OF SCALE FOR CLARITY.
- DIMENSIONS ON THIS PLAT ARE EXPRESSED IN FEET AND DECIMAL PARTS THEREOF UNLESS OTHERWISE NOTED. BEARINGS ARE REFERRED TO AN ASSUMED MERIDIAN AND ARE USED TO DENOTE ANGLES ONLY. MONUMENTS WERE FOUND AT POINTS WHERE INDICATED.
- IN REGARD TO TABLE A ITEM 16, THERE WAS NO OBSERVABLE EVIDENCE OF RECENT EARTH MOVING WORK, BUILDING CONSTRUCTION OR ADDITIONS EXCEPT AS SHOWN HEREON.
- IN REGARD TO TABLE A ITEM 17, THERE WERE NO KNOWN PROPOSED CHANGES IN RIGHT OF WAY LINES, RECENT STREET OR SIDEWALK CONSTRUCTION OR REPAIRS EXCEPT AS SHOWN HEREON.
- AT THE TIME OF THE ALTA SURVEY THERE WAS NO OBSERVABLE EVIDENCE OF SITE USE AS A SOLID WASTE DUMP, PUMP, OR SANITARY LAND FILL.
- FIELD WORK WAS COMPLETED ON 07/18/2023.
- THE SUBJECT PROPERTY HAS DIRECT PHYSICAL ACCESS TO BIG STATION CAMP BOULEVARD, SAID STREET BEING A PUBLICLY DEDICATED STREET.
- THE NEAREST STREET INTERSECTION IS THAT OF BIG STATION CAMP BOULEVARD AND VIETNAM VETERANS BOULEVARD WHICH APPROXIMATELY ABUTS FROM THE NORTHEAST CORNER OF THE SUBJECT PROPERTY.
- THE DISTANCES SHOWN HEREON ARE UNITS OF GROUND MEASUREMENT.
- IN REGARDS TO ALTA TABLE A ITEM 18, THE FOLLOWING ITEMS, IF ANY, ARE PLOTTED ON THE SURVEY TO THE EXTENT REFERENCED ON THE APPLICABLE TITLE COMMITMENT: (i) ALL PLOTTABLE AREAS DENOTED IN THE RECIPROCAL EASEMENT AGREEMENTS AND (ii) THE BOUNDARY LIMITS ONLY OF ALL OFFSITE APPURTENANT EASEMENTS.
- THE UTILITIES SHOWN HEREON ARE PER ABOVE GROUND APPURTENANCES OBSERVED DURING THE COURSE OF THE FIELD WORK. THE SURVEYOR WAS NOT PROVIDED WITH UTILITY PLANS NOR SURFACE MARKINGS PURSUANT TO AN 811 LOCATE OR OTHER SIMILAR SERVICE. THE SURVEYOR MAKES NO WARRANTY AS TO THE LOCATION OF ANY UNDERGROUND UTILITIES ON THE SUBJECT PROPERTY.

Significant Observations

NONE OBSERVED AT THE TIME OF ALTA/NSPS SURVEY.

Cemetery Note

THERE WAS NO OBSERVABLE EVIDENCE OF ANY CEMETERIES, BURIAL GROUNDS, OR GRAVE SITES LOCATED ON THE SUBJECT PROPERTY.

ALTA/NSPS Land Title Survey

Sheet 1 of 3

This Work Coordinated By:



**Pixis, LLC**  
P.O. Box 1394  
Norman, OK 73070  
800-276-1165  
tsmith@pixislcl.com

Prepared For:

Client Ref. No:

Project Address:  
225 BIG STATION CAMP BOULEVARD

Project Location:  
GALLATIN, TENNESSEE 37066

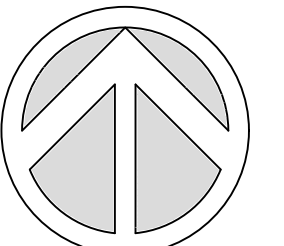
Project Name:  
LIFEPOINT MOB PORTFOLIO

Job Number:  
23-06-017-022



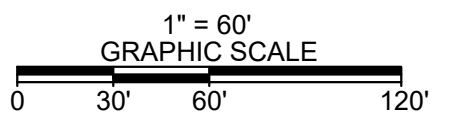
Curve Table

CURVE	RADIUS	CHORD BEARING	CHORD LENGTH	ARC LENGTH	DELTA ANGLE
C1 (M)	825.00'	N 74°48'18" W	157.51'	157.83'	14°28'41"
C1 (R)	825.00'	N 75°06'13" W	158.07'	158.49'	14°31'46"
C2 (M)	185.00'	S 09°30'18" E	203.67'	215.68'	66°47'52"
C2 (R)	185.00'	S 09°38'23" E	203.13'	215.03'	--
C3 (M)	743.51'	S 35°09'03" W	85.50'	85.54'	06°35'31"
C3 (R)	743.51'	S 35°21'34" W	85.59'	85.63'	--
C4 (M)	59.21'	S 15°42'24" E	19.12'	19.20'	18°35'00"
C5 (M)	63.71'	N 61°58'49" E	37.54'	38.10'	34°16'09"



NORTH

Scale



Legend

	FOUND MONUMENT (AS NOTED)
	SET MONUMENT (AS NOTED)
	LIGHT POLE
	GRADED INLET
	ELECTRIC METER
	FIRE HYDRANT
	WATER VALVE
	ELECTRIC BOX
	SANITARY SEWER
	HANDICAP PARKING
	IRRIGATION CONTROL VALVE
	SIGN
	CLEANOUT
	FLAG POLE
	BOLLARD
	STORM MANHOLE
	ELECTRIC CABINET
	COMPUTED POINT
	UTILITY VAULT
	GENERATOR
	POST INDICATOR VALVE
	UNKNOWN UTILITY MARKER
	FIRE DEPARTMENT CONNECTION
	TELEPHONE PEDESTAL
	FIBER OPTIC VAULT
	GUY ANCHOR
	POWER POLE
	WATER METER
	GATE POST
	NATURAL GROUND
	PARKING SPACES
	BUILDING HEIGHT LOCATION
	MEASURED/CALCULATED DIMENSION
	RECORD DIMENSION
	RIGHT-OF-WAY
	DUMPSTER AREA
	CENTERLINE
	NOW OR FORMERLY
	POINT-OF-BEGINNING
	POINT-OF-COMMENCEMENT
	OVERHANG
	EASEMENT LINE
	BOUNDARY LINE
	CENTERLINE OF ROAD
	RIGHT-OF-WAY LINE
	ZONING SETBACK LINE
	FENCE LINE
	OVERHEAD POWER LINE
	NO PARKING STRIPPING
	BUILDING OVERHANG
	FLOOD ZONE X-SHADED
	FLOOD ZONE AE
	FLOOD ZONE AE FLOODWAY
	WALL
	HANDRAIL
	POND LINE
	TRASH COMPACTOR

ALTA/NSPS Land Title Survey

Sheet 2 of 3

## Surveyor Title Block

BLEW & ASSOCIATES, P.A.  
3825 N SHILOH DRIVE  
FAYETTEVILLE, AR 72703  
479-443-4506  
SURVEY@BLEWINC.COM  
DRAWN BY: JNM  
JOB # 23-4195

This Work Coordinated By:



Pixis, LLC

P.O. Box 1394  
Norman, OK 73070  
800-276-1165  
tsmith@pixisllc.com

Prepared For:

Client Ref. No.:

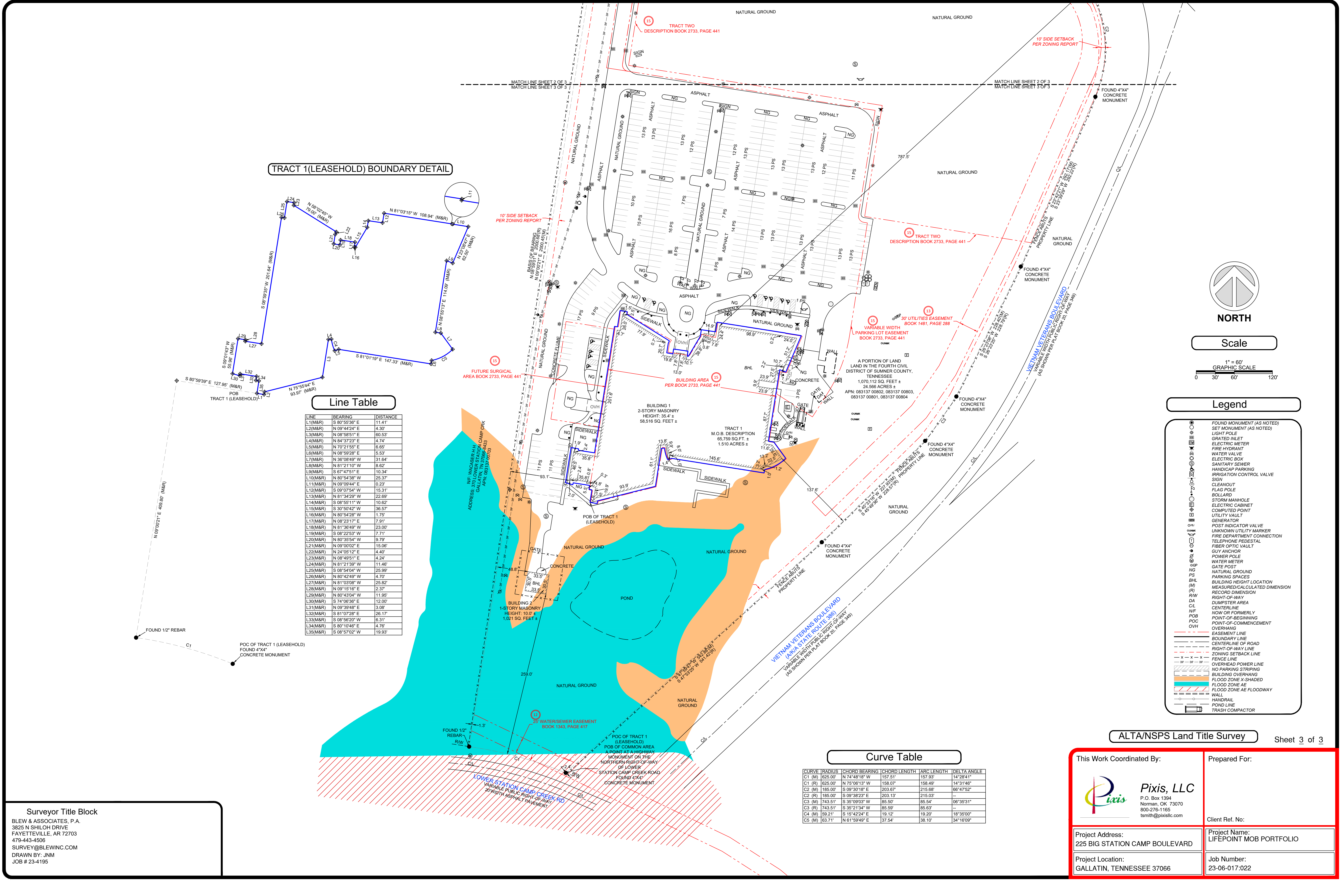
Project Address:  
225 BIG STATION CAMP BOULEVARD

Project Location:  
GALLATIN, TENNESSEE 37066

Project Name:  
LIFEPPOINT MOB PORTFOLIO

Job Number:  
23-06-017-022





TRACT 1 (LEASEHOLD) BOUNDARY DETAIL

Line Table

LINE	BEARING	DISTANCE
L1(M&R)	S 80°55'36" E	11.41'
L2(M&R)	N 09°44'24" E	4.30'
L3(M&R)	N 08°55'51" E	60.53'
L4(M&R)	N 84°37'23" E	4.74'
L5(M&R)	N 70°21'55" E	6.65'
L6(M&R)	N 08°59'28" E	5.53'
L7(M&R)	N 36°08'49" W	31.64'
L8(M&R)	N 81°21'10" W	8.62'
L9(M&R)	S 67°47'51" E	10.34'
L10(M&R)	N 80°54'36" E	25.37'
L11(M&R)	N 09°09'44" E	0.23'
L12(M&R)	S 09°07'54" W	15.31'
L13(M&R)	N 81°34'29" W	22.69'
L14(M&R)	S 08°55'11" W	10.62'
L15(M&R)	S 30°50'42" W	36.57'
L16(M&R)	N 80°54'28" W	1.75'
L17(M&R)	N 08°23'17" E	7.91'
L18(M&R)	N 81°36'49" W	23.00'
L19(M&R)	S 08°22'53" W	7.71'
L20(M&R)	N 80°35'54" W	9.79'
L21(M&R)	N 09°00'02" E	15.06'
L22(M&R)	N 24°05'12" E	4.40'
L23(M&R)	N 08°49'51" E	4.24'
L24(M&R)	N 81°21'39" W	11.46'
L25(M&R)	S 09°54'04" W	25.99'
L26(M&R)	N 80°42'49" W	4.70'
L27(M&R)	N 81°03'08" W	25.82'
L28(M&R)	N 09°15'16" E	2.37'
L29(M&R)	N 80°43'04" W	11.95'
L30(M&R)	S 74°06'36" E	12.00'
L31(M&R)	N 09°39'48" E	3.08'
L32(M&R)	S 81°07'28" E	26.17'
L33(M&R)	S 08°56'20" W	6.31'
L34(M&R)	S 80°10'46" E	4.76'
L35(M&R)	S 08°57'02" W	19.93'

Curve Table

CURVE	RADIUS	CHORD BEARING	CHORD LENGTH	ARC LENGTH	DELTA ANGLE
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C2 (R)	185.00'	S 09°38'23" E	203.13'	215.03'	--
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Surveyor Title Block  
BLEW & ASSOCIATES, P.A.  
3825 N SHILOH DRIVE  
FAYETTEVILLE, AR 72703  
479-443-4506  
SURVEY@BLEWINC.COM  
DRAWN BY: JNM  
JOB # 23-4195

This Work Coordinated By:



Project Address:  
225 BIG STATION CAMP BOULEVARD

Project Location:  
GALLATIN, TENNESSEE 37066

Prepared For:

Client Ref. No:  
Project Name:  
LIFEPPOINT MOB PORTFOLIO

Job Number:  
23-06-017-022

ALTA/NSPS Land Title Survey

Sheet 3 of 3

## **Attachment 4E**

Highpoint Health - Sumner Station with Ascension Saint Thomas, Equipment Over \$50,000 per Item

Department	Mobile Vs Fixed	Room	Description	Qty	Unit Cost
Hospital Pharmacy	Mobile	Main Pharmacy Workroom	Dispenser, Medication, Narcotics, Main	1	\$50,000.00
Hospital Pharmacy	Mobile	Main Pharmacy Workroom	Packaging System, Meds, Unit Dose	1	\$75,000.00
Laboratory	Mobile	Blood Bank	Analyzer, Lab, Blood Typing	1	\$60,000.00
Laboratory	Mobile	Chemistry	Analyzer, Lab, Immunoassay, Floor	1	\$150,000.00
Laboratory	Mobile	Hematology	Analyzer, Lab, Blood Culture	1	\$55,000.00
Patient Care Unit	Mobile	Meds Shared	Dispenser, Medication, Host (Main)	1	\$75,000.00
Endo	Mobile	Endo Procedure	Video Tower	1	\$100,000.00
Endo	Mobile	Endo Procedure	Anesthesia Machine w/monitor	1	\$80,000.00
Endo	Mobile	Endo Procedure	C-Arm	1	\$125,000.00
Endo	Fixed	CLEAN Scope	Washer Disinfector	1	\$65,000.00

## **Attachment 2N**

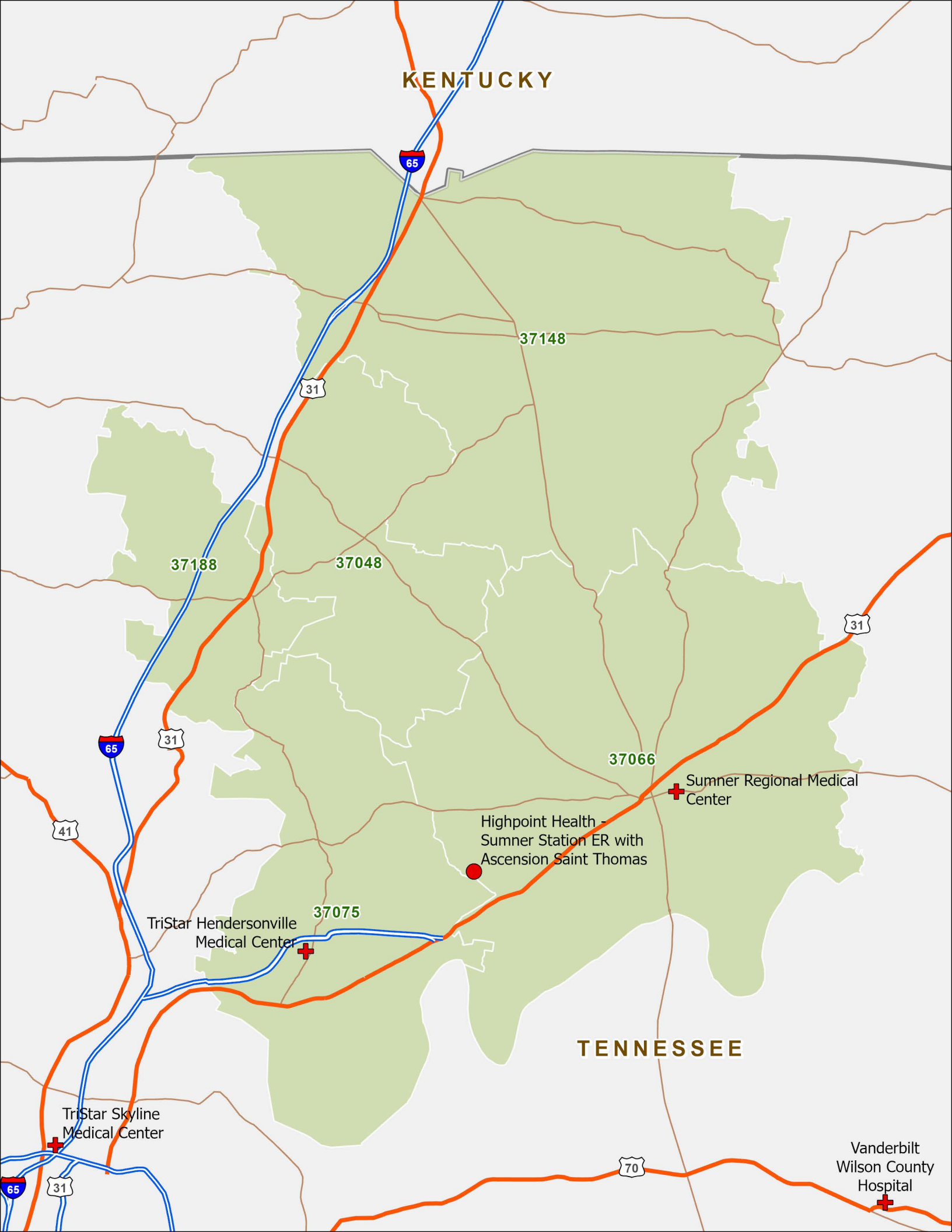


# TENNESSEE COUNTY MAP



## **Attachment 2N**





KENTUCKY

37148

31

37188

37048

37066

31

Sumner Regional Medical Center

Highpoint Health -  
Sumner Station ER with  
Ascension Saint Thomas

41

65

31

TriStar Hendersonville  
Medical Center

37075

TENNESSEE

70

TriStar Skyline  
Medical Center

Vanderbilt  
Wilson County  
Hospital

65

31

## **Attachment 3N**

Attachment 3N

Demographic Variable/Geographic Area	Department of Health/Health Statistics							Census Bureau				TennCare	
	Total Population-Current Year * 2025	Total Population-Projected Year 2029	Total Population-% Change	*Target Population-Current Year 2025	Target Population-Project Year 2029	Target Population-% Change	Target Population Projected Year as % of Total	Median Age	Median Household Income	Person Below Poverty Level	Person Below Poverty Level as % of Total	TennCare Enrollees 2025	TennCare Enrollees as % of Total
Sumner County	211,233	223,159	5.6%	211,233	223,159	5.6%	100.0%	39.4	\$86,005	18,800	8.9%	29,945	14.2%
County Service Area Subtotal	211,233	223,159	5.6%	211,233	223,159	5.6%	100.0%	39.4	\$86,005	18,800	8.9%	29,945	14.2%
37066 (Gallatin)	69,746	77,472	11.1%	69,746	77,472	11.1%	100.0%	N/A	\$73,589	8,718	12.5%	N/A	N/A
37075 (Hendersonville)	75,521	77,584	2.7%	75,521	77,584	2.7%	100.0%	N/A	\$91,503	4,758	6.3%	N/A	N/A
37048 (Cottontown)	7,547	7,781	3.1%	7,547	7,781	3.1%	100.0%	N/A	N/A	N/A	N/A	N/A	N/A
37148 (Portland)	26,128	26,655	2.0%	26,128	26,655	2.0%	100.0%	N/A	\$72,380	3,161	12.1%	N/A	N/A
37188 (White House)	20,221	22,412	10.8%	20,221	22,412	10.8%	100.0%	N/A	\$87,315	1,234	6.1%	N/A	N/A
ZIP Code Service Area Subtotal	199,163	211,904	6.4%	199,163	211,904	6.4%	100.0%	N/A	N/A	17,871	9.0%	N/A	N/A
State of TN Total	7,178,623	7,382,120	2.8%	7,178,623	7,382,120	2.8%	100.0%	39.1	\$67,097	1,005,007	14.0%	1,410,040	19.6%

Source (County Population): Current Year = 2025, Projected Year = 2029 [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)

Tennessee Population Estimates 2024 and 2026, Tennessee Population Estimates 2024 and 2028

(interpolated for 2025 from average growth 2024-2026 and extrapolated for 2029 from average growth 2026 to 2028).

Source (Zip Code Population): Esri, 2024 and 2029. Interpolated for 2025 from CAGR 2024-2029.

Source (TennCare): February 2025 Enrollment Data <https://www.tn.gov/tenncare/information-statistics/enrollment-data.html>

Source (Census): <https://www.census.gov/quickfacts/fact/table/US/PST045219>

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

Source (Median Age): <https://data.census.gov/table/ACSST1Y2023.S0101?g=040XX00US47>

## **Attachment 6N**

## Historical and projected Occupancy Statistics

The table below shows applicable utilization and occupancy statistics for SRMC for each of the past three years.

### Sumner Regional Medical Center

Utilization	2021	2022	2023	% Growth 2021–2023
IP Admissions	6,834	6,744	7,461	9.2%
IP Days	29,935	29,545	31,001	3.6%
ALOS	4.4	4.4	4.2	-5.1%
Endoscopy Cases	2,258	2,461	3,437	52.2%
Licensed Beds	167	167	167	0.0%
Bed Days Available (Beds*365)	60,955	60,955	60,955	0.0%
Occupancy on Licensed Beds	49.1%	48.5%	50.9%	3.6%

Source: Tennessee Department of Health, “Joint Annuals Reports (JAR),” 2021–2023, <https://www.tn.gov/health/health-program-areas/statistics/health-data/jar.html>. Total Patients, excluding Normal Newborns.

Projection of Sumner Station hospital’s inpatient visits in its first two years is based on a shift of patients from SRMC to Sumner Station after the new campus opens. Each of the steps taken to project discharges and patient days at Sumner Station in its first two years of operations are described below, in sequential order. Each step is first shown as a table, and then narratively below the table. The applicant expects that higher acuity patients with more complex needs will continue to be treated at SRMC in Sumner Station’s initial years of operations. See Attachment 6N-2 for a list of diagnosis-related groups (DRGs) appropriate to be served at Sumner Station.

### SRMC Historical Utilization

1		CY 2021	CY 2022	CY 2023	CY 2024*	CAGR 2021– 2023	Projected Growth at 50% of CAGR
	Discharges	6,834	6,744	7,461	9,414	4.5%	2.24%
	Days	29,935	29,545	31,001	39,126	1.8%	
	ALOS	4.4	4.4	4.2	4.2		

Source: Tennessee Department of Health, “Joint Annuals Reports (JAR), 2021–2023, <https://www.tn.gov/health/health-program-areas/statistics/health-data/jar.html>. \*Draft 2024 JAR. Total Days Excluding Normal Newborns.

1. Using JAR data, calculate the compound annual growth rate (CAGR) of discharges and patient days at SRMC from 2021–2023.

- a. Note: The discharges and days reported for CY 2024 reflect improved accuracy in identifying inpatient cases. In prior years, some patients receiving inpatient care were mistakenly recorded as observation patients. While CY 2024 provides a reliable baseline for projecting future utilization, it should not be used to calculate growth trends, since the apparent increase is partly due to corrected coding practices rather than a true rise in patient volume.

**Projected SRMC Acute Care Discharges and Patient Days**

		2024	2025	2026	2027	2028
2	Discharges	9,414	9,625	9,841	10,062	10,288
	Days	39,126	40,002	40,900	41,817	42,755
	ALOS	4.2	4.2	4.2	4.2	4.2

Sources: Tennessee Department of Health, “Joint Annuals Reports (JAR), 2021-2023, <https://www.tn.gov/health/health-program-areas/statistics/health-data/jar.html>. \*Draft 2024 JAR. Total Days Excluding Normal Newborns.

2. To make a conservative projection of future discharges at SRMC, we use a growth rate that is 50 percent of the 2021–2023 CAGR, or about 2.24 percent.
  - a. The CY 2024 average length of stay (ALOS) is kept constant and used to project inpatient days on the SRMC license.

**Projected Discharges and Patient Days in Sumner Station Service Area and DRG Set**

		2024	2025	2026	2027 (YR 1)	2028 (YR 2)
3	Discharges	4,703	4,809	4,917	5,027	5,140
	Days	19,742	20,188	20,642	21,103	21,578
	ALOS	4.2	4.2	4.2	4.2	4.2

Source: SRMC Internal Data, CY 2024, Table 1.

3. Using internal data for CY 2024, we determined which SRMC discharges residing in the service area would be appropriate to treat at Sumner Station, based on their DRG.
  - a. To make a conservative estimate of future service area SRMC discharges in the DRG set, we used a growth rate that is 50 percent of the 2021–2023 CAGR for discharges on the SRMC license.
  - b. The CY 2024 ALOS for service area SRMC patients in the DRG set is kept constant and used to calculate future inpatient days on the SRMC license.
    - i. Note, this ALOS is the same as the ALOS for all SRMC discharges in 2024. While higher acuity patients will generally be treated at SRMC’s main campus, this length of stay reflects that Sumner Station will not initially have an operating room. So, scheduled inpatient surgical patients, who often have short lengths of stay, will not be treated at Sumner Station in the first two years. The patients will

be medical patients, many of whom come in through the ED and need to be assessed, treated, and stabilized before being discharged.

**Shift Service Area Clinically Appropriate SRMC Patients to Sumner Station**

		2027 (YR 1)	2028 (YR 2)
4	<b>Sumner Station Capture Percent</b>	10%	15%
	Service Area Discharges	503	771
	Service Area Days	2,110	3,237

4. We project a gradual shift of inpatients in the service area and DRG set (Step 3) from the SRMC main campus to Sumner Station. In the first year, we expect 10 percent of those discharges to shift, increasing to 15 percent in the second year.

**Calculate In-Migrations (Patients Outside of Primary Service Area)**

		2027 (YR 1)	2028 (YR 2)
5	<i>In-Migration Discharges 10%</i>	56	86
	<i>In-Migration Days</i>		
	<i>10%</i>	234	360

5. We project 10 percent in-migration from outside the service area.
  - a. Sumner Station projects that 90 percent of its inpatients will come from within the service area. This is reasonable, based on the patient origin patterns at the FSED. Based on internal data, in 2024, 82 percent of Sumner Station ED visits came from the six service area zip codes (18 percent in-migration).

**Calculate Total Inpatients and Occupancy at Sumner Station**

		2027 (YR 1)	2028 (YR 2)
6	Discharges Shifted from SRMC (Step 4)	503	771
	Discharges from Outside Service Area (Step 5)	56	86
	<b>Total Discharges</b>	<b>559</b>	<b>857</b>
	<b>Total Days</b>	<b>2,345</b>	<b>3,596</b>
	Beds	16	16
	Occupancy	40%	62%

*Note: Numbers may not foot due to rounding.*

6. Adding the in-migration calculated in Step 5 to the projected service area patients in Step 4 yields 857 discharges and 3,596 patient days in the second year of operations. This results in an occupancy of 62 percent on the proposed 16 beds.
  - a. Given the small number of beds and the high percentage of patients likely to come through the ED, it is reasonable to expect there may be large fluctuations in occupancy. To account for that, Sumner Station does not expect high average occupancy during the first two years of operations.

**Points of Comparison Showing Projections Are Reasonable**

- In 2024, 527 patients from the service area within the DRG set who were first seen at Sumner Station's ED were then treated as inpatients at SRMC Main.
- In 2024, 1,108 SRMC inpatients within the DRG set lived closer to Sumner Station than SRMC or any other hospital.



## **Attachment 6N-2**

DRGs Appropriate for Treatment at Highpoint Health - Sumner Station with Ascension Saint Thomas

DRG	DRG Short Description
871	SEPTI/SEPS WO MV>96HR WMCC
291	HEART FAIL/SHOCK W MCC
872	SEPTI/SEPS WO MV >96 WO MC
392	ESOPH, GE DIG DIS WO MCC
190	CH OBST PULM DIS W MCC
690	KIDNEY/UTI WO MCC
193	SIMP PNEU/PLEU W MCC
312	SYNCOPE & COLLAPSE
313	CHEST PAIN
641	MS DIS NUT/META/ELEC WOMCC
603	CELLULITIS W/O MCC
884	ORGAN DIST & INTELL DISAB
689	KIDNEY/UTI W MCC
854	INF & PAR DIS OR PX W CC
305	HYPERTENSION WO MCC
309	CARD ARR/COND DIS W CC
638	DIABETES W CC
640	MS DIS NUT,META,ELEC W MC
853	INF & PAR DIS OR PX W MCC
177	RESP INF/INFLAM W MCC
698	OTH KID & UT DX W MCC
378	GI HEM W CC
951	OT FACTS HEALTH STATUS
552	MED BACK PROB W/O MCC
189	PUL EDEMA/ RESP FAILURE
65	IC HM OR CB INF W CC/TPA24
287	CIRC DIS NO MI WCATH WOMCC
948	SIGNS & SYMPTOMS W/O MCC
683	RENAL FAILURE W CC
191	CH OBST PULM DIS W CC
57	DEG NRV SYS DIS WO MCC
637	DIABETES W MCC
194	SIMP PNEU/PLEU W CC
286	CIRC DIS NO MI W CATH WMCC
391	ESOPH, GE & DIG DIS W MCC
377	GI HEM W MCC
308	CARD ARR/COND DIS W MCC
917	POIS/TOX EFF OF DRUG W MCC
812	RBC DIS W/O MCC
175	PULM EMB W MCC OR AC COR P
101	SEIZURES WO MCC
310	CARD COND DIS WO CC/MCC
947	SIGNS & SYMPTOMS W MCC

DRGs Appropriate for Treatment at Highpoint Health - Sumner Station with Ascension Saint Thomas

DRG	DRG Short Description
660	KIDNY URETER PX NO-CA W CC
389	GI OBST W CC
481	HIP/FEMUR PX X MJ W CC
560	AFTCARE MUS CONN TISS W CC
563	FX SPN STN DIS EX LE WOMCC
92	OTH DIS NERV SYS W CC
69	TRANS ISCHEMIA W/O THROMB
394	OTH DIGEST DX W CC
439	DIS PANCR X MALIG W CC
100	SEIZURES W MCC
314	OTH CIRC SYS DX W MCC
617	AMP LOW LIMB W CC
149	DYSEQUILIBRIUM
522	HIP REPL W PDX FX WO MCC
176	PULMONARY EMB WO MCC
536	HIP/PELVIS FRAC WO MCC
432	CIRR/ALC HEPATITIS MCC
70	NS CEREB DIS W MCC
71	NS CEREB DIS W CC
304	HYPERTENSION W MCC
390	GI OBST WO CC/MCC
699	OTH KID & UT DX W CC
480	HIP/FEMUR PX X MJ W MCC
870	SEPTI OR SEPSI W MV >96HRS
74	CRAN/PERI NRV DIS WO MCC
440	DIS PANCR X MALIG WO CC
202	BRONCH/ASTHMA W CC/MCC
315	OTH CIRC SYS DX W CC
86	TRAU STUPOR/COMA <1HR CC
91	OTH DIS NERV SYS W MCC
178	RESP INF/INFLAM W CC
56	DEG NRV SYS DIS W MCC
208	RESP SYS DX W VENT <=96
559	AFTRCARE MUS CONN TIS WMCC
602	CELLULITIS W MCC
330	MAJ SM/LG BOWEL PX W CC
399	APPENDIX PROCS WO CC/MCC
639	DIABETES W/O CC/MCC
918	POIS/TOX EFF OF DRUG WO CC
419	LAP CHOLE WO CDE WO CC
561	AFTRCARE MUS CON TIS WO CC
271	OTH MAJOR CARDIO W CC
433	CIRR/ALC HEPATITIS CC

DRGs Appropriate for Treatment at Highpoint Health - Sumner Station with Ascension Saint Thomas

DRG	DRG Short Description
493	LE & HUM PX W CC
811	RBC DIS W MCC
300	PERI VASC DIS W CC
442	DISDRS LIVER W CC
623	SKN GFT & DEBRIMT W CC
945	REHAB W CC/MCC
180	RESP NEOP W MCC
441	DISDRS LIVER W MCC
558	TEND MYOSTIS BURSTIS WOMCC
694	URINARY STONES W/O MCC
103	HEADACHES WO MCC
204	RESP SIGNS & SYMPTOMS
388	GI OBST W MCC
605	TRAM SKN, SUBQ, BST WO MC
658	KID/URE PX FOR NEOP WO CC
776	PP & POST AB DX WO OR PX
981	EXT OR PX UNREL PDX W MCC
83	TRAU STUPOR/COMA >1HR CC
242	PERM CARD PM IMP W MCC
331	MAJ SM/LG BOWEL PX WO CC
393	OTH DIGEST DX W MCC
395	OTH DIGEST DX WO CC/MCC
446	DIS BILIRY TRACT WO CC/MCC
521	HIP REPL W PDX FX W MCC
543	PATH FX/CON TIS MALIG W CC
696	KIDNEY URINARY S&S WOMCC
87	TRAU STUPOR/COMA <1HR WO
93	OTH DIS NERV SYS WO CC/MCC
270	OTH MAJOR CARDIO W MCC
438	DIS PANCR X MALIG W MCC
494	LE & HUM PX WO CC/MCC
535	HIP/PELVIS FRAC W MCC
629	OT ENDO/METAB OR PX W CC
862	POSTOP POST TRAM INF W MCC
82	TRAU STUPOR/COMA >1HR MCC
482	HIP/FEMUR PX W MJ WO CC
556	S&S MUSC CONN TIS WO MCC
565	OT MUS CONN TISS DX W CC
580	OT SKIN,SBQ BRST PX W CC
880	AC ADJ REAC & PSY DYS
982	EXT OR PX UNREL PDX W CC
85	TRAU STUPOR/COMA <1HR MCC
303	ATHEROSCLEROSIS WO MCC

DRGs Appropriate for Treatment at Highpoint Health - Sumner Station with Ascension Saint Thomas

DRG	DRG Short Description
372	MAJ GI DIS&PERIT INF W CC
379	GI HEM WO CC/MCC
386	INFL BOWEL DIS W CC
728	INF MALE REPROD SYS WO MCC
54	NERV SYS NEOP W MCC
184	MAJ CHEST TRAUMA W CC
195	SIMP PNEU/PLEU WO CC/MCC
374	DIGEST MALIG W MCC
375	DIGEST MALIG W CC
551	MED BACK PROB W MCC
557	TEND MYOSTIS BURSITIS WMCC
832	OTH ANTP DX WO OR W CC
153	OTITIS MEDIA/URI WO MCC
186	PLEURAL EFF W MCC
445	DIS BILIARY TRACT W CC
554	BONE DIS & ARTHROP WO MCC
659	KIDNY URTER PX NO-CA W MCC
673	OTH KID/UT PX W MCC
813	COAGULATION DISORDERS
949	AFTERCARE W CC/MCC
253	OTH VASC PX W CC
581	SKIN SUBC BRST PX WO CC
863	POSTOP POST TRAUM INF WOCC
192	CH OBST PULM DIS WO CC/MCC
299	PERI VASC DIS W MCC
316	OTH CIRC SYS DX WO CC
369	MAJ ESOPH DIS W CC
385	INFL BOWEL DIS W MCC
387	INFL BOWEL DIS WO CC/MCC
644	ENDO DIS W CC
674	OTH KID/UT PX W CC
894	ALC/DRUG ABUSE/DEP AMA
919	COMPL OF TREAT W MCC
920	COMPL OF TREAT W CC
55	NERV SYS NEOP WO MCC
84	TRAU STUPOR/COMA >1HR WO
123	NEUROLOGICAL EYE DIS
179	RESP INF/INFLAM WO CC/MCC
196	INTERSTITIAL LUNG DIS W MCC
203	BRONCH/ASTHMA WO CC/MCC
435	MALIG HEPA OR PANCR W MCC
444	DIS BILIARY TRACT W MCC
492	LE & HUM PX W MCC

DRGs Appropriate for Treatment at Highpoint Health - Sumner Station with Ascension Saint Thomas

DRG	DRG Short Description
501	SOFT TISS PX W CC
517	OT MUSC CONN TISS OR PX WO
621	OR PX FOR OBESITY WO CC
760	MENS/FEMAL REPRO DIS W CC
809	MAJ HEMO/IMMO DX W CC
914	TRAUMATIC INJURY W/O MCC
916	ALLERGIC REAC W/O MCC
154	OTHER ENMT DIAG W MCC
159	DENTAL/ORAL DIS WOCC/MCC
252	OTH VASC PX W MCC
264	OTH CIRC SYS OR PX
296	CARDIAC ARREST, UNEX W MCC
301	PERI VASC DIS WO CC/MCC
306	CARD CONG/VAL DIS W MCC
368	MAJ ESOPH DIS W MCC
384	UNCMP PEPTC ULCER WO MCC
443	DISDRS LIVER WO CC/MCC
549	SEPTIC ARTHRITIS W CC
555	S&S MUSC CONN TIS W MCC
564	OT MUS CONN TISS DX W MCC
593	SKIN ULCERS W CC
606	MIN SKIN DIS W MCC
726	BPH WO MCC
808	MAJ HEMO/IMMO DX W MCC
864	FEVER AND INFLAM COND
865	VIRAL ILLNESS W MCC
866	VIRAL ILLNESS W/O MCC
73	CRAN/PERI NRV DIS W MCC
77	HYP ENCEPH W MCC
152	OTITIS MEDIA/URI W MCC
158	DENTAL/ORAL DIS W CC
199	PNEUMOTHORAX W MCC
200	PNEUMOTHORAX W CC
205	OTH RESP SYS DX W MCC
326	GASTR, ESOPH,DUO PX W MCC
381	CMP PEPTIC ULCER W CC
436	MALIG HEPA OR PANCR W CC
546	CONN TISS DIS W CC
553	BONE DIS & ARTHROP W MCC
596	MAJ SKIN DIS W/O MCC
723	MALIG MALE REP SYS W CC
758	INF FEM REPRO SYS W CC
867	OTH INF/PARA DX W MCC

DRGs Appropriate for Treatment at Highpoint Health - Sumner Station with Ascension Saint Thomas

DRG	DRG Short Description
913	TRAUMATIC INJURY W MCC
915	ALLERGIC REAC W MCC
923	INJ/POIS/TOX EFT DX WO MCC
41	PER/CRAN NRV + OTH W CC
94	BAC/TB INF NERV SYS W MCC
155	OTHER ENMT DIAG W CC
157	DENTAL/ORAL DIS W MCC
166	OTH RESP SYS PX W MCC
187	PLEURAL EFF W CC
206	OTH RESP SYS DX WO MCC
260	C PACE REV WO REPLCE W MCC
311	ANGINA PECTORIS
327	GASTR, ESOPH,DUO PX W CC
328	GASTR,ESOPH ,DUO PX WO CC
356	OTH DIGEST PX W MCC
357	OTH DIGEST PX W CC
382	CMP PEPTIC ULCER WO CC/MCC
437	MALIG HEPA OR PANCR WO CC
497	LOC EX & REM IFD W/O CC
540	OSTEOMYELITIS W CC
545	CONN TISS DIS W MCC
566	OT MUS CONN TISS DX WO CC
571	SKIN DEBRIDEMENT W CC
584	BX BREAS & OT BRES PX WCC
594	SKIN ULCERS W/O CC/MCC
601	N-MAL BREAST DIS WO CCMCC
607	MIN SKIN DIS W/O MCC
643	ENDO DIS W MCC
645	ENDO DIS W/O CC/MCC
695	KIDNEY URINARY S&S W MCC
697	URETHRAL STRICTURE
761	MENS/FEMAL REPRO DIS WO CC
810	MAJ HEMO/IMMO DX WO CC/MCC
814	RETICUL & IMMUN DIS W MCC
817	OTH ANTP DX W OR W MCC
818	OTH ANTP DX W OR W CC
840	LYMPH & NON AC LEUK W MCC
843	OT MYELO DIS DIF NEOP WMCC
856	POSTOP/TRAMA INF WOR W MCC
857	POSTOP/TRAMA INF WOR W CC
868	OTH INF/PARA DX W CC
909	OT OR PX FOR INJ WO CC/MCC
922	INJ/POIS/TOX EFCT DX W MCC

DRGs Appropriate for Treatment at Highpoint Health - Sumner Station with Ascension Saint Thomas

DRG	DRG Short Description
974	HIV W MJ REL COND W MCC
977	HIV W OR WO OTH RELAT COND
52	SPINAL DIS & INJ W CC/MCC
78	HYP ENCEPH W CC
79	HYP ENCEPH WO CC/MCC
80	NT STUPOR/COMA W MCC
81	NT STUPOR/COMA WO MCC
88	CONCUSSION W MCC
90	CONCUSSION WO CC/MCC
95	BAC/TUBR INF NERV SYS W CC
97	NO-BAC INF NS EX VM W MCC
98	NO-BAC INF NS EX VM W CC
138	MOUTH PX WO CC/MCC
150	EPISTAXIS W MCC
151	EPISTAXIS WO MCC
156	OTHER ENMT DIAG W/O CC/MCC
181	RESP NEOP W CC
185	MAJ CHEST TRAUMA WO CC/MCC
197	INTERSTITIAL LUNG DIS W CC
201	PNEUMOTHORAX WO CC/MCC
207	RESP SYS DX W VENT >96
239	AMP EXC UP LMB & TOE W MCC
293	HEART FAIL/SHOCK WO CC/MCC
295	DVT W/O CC/MCC
302	ATHEROSCLEROSIS W MCC
358	OTH DIGEST PX WO CC/MCC
370	MAJ ESOPH DIS WO CC/MCC
373	MAJ GI DIS&PERIT INF WO CC
380	CMP PEPTIC ULCER W MCC
383	UNCMP PEPTIC ULCER MCC
463	WND DEB & SG EX HAND WMCC
474	AMP MUSC/TISS DIS W MCC
477	BX MUSC & CONN TIS W MCC
478	BX MUSC & CONN TIS W CC
539	OSTEOMYELITIS W MCC
541	OSTEOMYELITIS W/O CC/MCC
548	SEPTIC ARTHRITIS W MCC
574	SG SKN ULC/CELLULIT W CC
579	OT SKN,SBQ BRS PX WMCC
592	SKIN ULCERS W MCC
597	MAL BREAST DIS W MCC
642	INBORN/OTH DIS OF METABOL
686	KID/UT NEOP W MCC



DRGs Appropriate for Treatment at Highpoint Health - Sumner Station with Ascension Saint Thomas

DRG	DRG Short Description
687	KID/UT NEOP W CC
700	OTH KID & UT DX W/O CC
727	INF MALE REPROD SYS W MCC
729	OTH MALE REPROD DX W CCMCC
755	MAL FEM REPRO SYS W CC
759	INF FEM REPRO SYS WO CC
815	RETICUL & IMMUN DIS W CC
819	OTH ANTP DX W OR WOCCMCC
820	LMPH/LEUK W OR PX W MCC
842	LYMPH & NON AC LEUK WO CC
844	OT MYELO DIS DIF NEOP WCC
858	POSTOP/TRAMA INF WOR WO CC
882	NEUROSES X DEPRESSIVE
950	AFTERCARE W/O CC/MCC
964	OTH MULT SIG TRAUMA CC

# **Attachment 1C**

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.

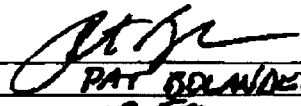
**HOSPITAL:**

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 2C**

**Highpoint Sumner**  
**Contracted Group Healthplans and Networks**

**Aetna**

Elect Choice  
Choice Point of Service  
HMO  
Open Choice PPO  
Open Access  
PPO  
Meritain  
Vanderbilt

**Blue Cross**

Network S  
Network P  
Out of State

**Cigna**

Allied Cigna  
HMO  
Open Access  
Open Access Plus  
Local Plus  
Oscar  
PPO

**Greatwest Life**

HMO  
PPO

**Exchange Plans**

Ambetter  
Ascension  
Blue Cross PPO  
Blue Cross Select  
Humana  
Oscar

**Medicare Advantage Plans**

AARP MC Complete  
Aetna HMO  
Aetna PPO  
Blue Care HMO  
Blue Care PPO  
Blue Care Plus  
Cigna  
Devoted  
Farm Bureau  
Humana Choice HMO  
Humana Choice PPO  
Humana Gold Plus  
UHC Complete Care  
UHC Community Plan  
UHC Dual Complete  
UHC PPO  
Wellcare Cenetene  
Wellpoint

**TennCare**

Blue Care  
Select  
United Healthcare  
Wellpoint  
BC Cover Kids  
UHC Cover kids

**United Healthcare**

Choice Plus  
Golden Rule  
Navigate  
Options PPO  
Oxford  
River Valley  
Surest

**United Medical Resources**

Great West  
The TN Plan  
United Healthcare Choice

**Multiplan**

**PHCS**

**Provider Network of America**  
**Signature Health Alliance**

# **Attachment 8C**

# Attachment 8C

## DRGs Appropriate for Treatment at Sumner Station

DRG	Charge	DRG	Charge	DRG	Charge	DRG	Charge
871	\$62,219	208	\$85,925	581	\$37,550	311	\$13,083
291	\$45,675	559	\$91,729	863	\$33,260	327	\$35,597
872	\$33,511	602	\$57,256	192	\$33,603	328	\$103,382
392	\$31,472	330	\$103,648	299	\$37,181	356	\$247,101
190	\$54,945	399	\$50,344	316	\$30,716	357	\$139,831
690	\$29,877	639	\$34,470	369	\$49,704	382	\$23,596
193	\$52,216	918	\$27,131	385	\$31,051	437	\$4,656
312	\$40,022	419	\$63,626	387	\$40,797	497	\$35,573
313	\$32,701	561	\$44,915	644	\$23,576	540	\$40,919
641	\$27,807	271	\$160,307	674	\$133,749	545	\$68,393
603	\$24,901	433	\$49,862	894	\$20,815	566	\$29,360
884	\$32,646	493	\$103,390	919	\$63,679	571	\$70,292
689	\$57,337	811	\$98,686	920	\$32,691	584	\$38,242
854	\$53,131	300	\$33,133	55	\$49,648	594	\$35,096
305	\$32,860	442	\$41,001	84	\$23,281	601	\$36,298
309	\$29,004	623	\$54,401	123	\$56,458	607	\$16,357
638	\$30,975	945	\$51,126	179	\$26,815	643	\$93,187
640	\$51,458	180	\$53,779	196	\$133,235	645	\$12,256
853	\$103,228	441	\$50,698	203	\$35,270	695	\$44,100
177	\$44,758	558	\$25,210	435	\$37,549	697	\$6,420
698	\$63,219	694	\$21,822	444	\$17,750	761	\$31,115
378	\$47,733	103	\$37,067	492	\$121,348	810	\$54,821
951	\$5,928	204	\$32,541	501	\$52,593	814	\$38,965
552	\$43,355	388	\$31,639	517	\$101,779	817	\$79,785
189	\$37,526	605	\$19,753	621	\$111,781	818	\$50,470
65	\$56,643	658	\$85,999	760	\$20,222	840	\$29,917
287	\$53,788	776	\$17,969	809	\$65,255	843	\$73,073
948	\$27,875	981	\$178,890	914	\$83,001	856	\$83,026
683	\$36,292	83	\$48,817	916	\$21,225	857	\$66,140
191	\$42,698	242	\$115,570	154	\$39,014	868	\$17,280
57	\$37,532	331	\$68,577	159	\$17,091	909	\$49,787
637	\$39,700	393	\$45,363	252	\$155,377	922	\$74,769
194	\$42,825	395	\$27,419	264	\$101,726	974	\$249,169
286	\$93,849	446	\$24,303	296	\$57,042	977	\$53,249
391	\$29,097	521	\$185,806	301	\$30,787	52	\$136,036
377	\$72,406	543	\$20,966	306	\$35,411	79	\$36,361
308	\$52,686	696	\$37,248	368	\$35,914	80	\$389,100
917	\$49,499	87	\$29,084	384	\$44,266	81	\$30,879
812	\$30,774	93	\$29,280	443	\$30,894	88	\$90,773
175	\$56,986	270	\$108,711	549	\$103,301	90	\$37,251
101	\$30,252	438	\$48,920	555	\$62,686	95	\$98,292
310	\$21,829	494	\$80,142	564	\$60,000	97	\$209,685
947	\$44,790	535	\$86,584	593	\$45,223	98	\$78,640

# Attachment 8C

## DRGs Appropriate for Treatment at Sumner Station

DRG	Charge	DRG	Charge	DRG	Charge	DRG	Charge
660	\$37,666	629	\$106,411	606	\$34,647	150	\$74,233
389	\$27,553	862	\$51,329	726	\$37,268	151	\$24,088
481	\$100,101	82	\$70,540	808	\$63,161	181	\$31,993
560	\$52,554	482	\$48,325	864	\$17,161	197	\$38,771
563	\$24,903	556	\$41,525	865	\$45,108	207	\$404,539
92	\$71,167	565	\$36,479	866	\$30,914	302	\$76,265
69	\$48,438	580	\$47,534	73	\$58,795	358	\$45,632
394	\$26,500	880	\$37,178	77	\$40,108	383	\$43,546
439	\$35,855	982	\$76,393	152	\$36,010	463	\$180,902
100	\$75,252	85	\$34,034	158	\$35,206	474	\$76,900
314	\$52,109	303	\$19,998	199	\$25,932	477	\$118,872
617	\$57,332	372	\$49,907	200	\$24,705	478	\$105,644
149	\$49,883	379	\$26,770	205	\$69,318	539	\$24,715
522	\$101,109	386	\$35,118	326	\$69,511	541	\$42,457
176	\$35,264	728	\$18,225	381	\$38,325	574	\$276,248
536	\$37,217	54	\$13,839	436	\$26,539	579	\$144,512
432	\$48,703	184	\$38,961	546	\$74,966	592	\$94,976
70	\$49,728	195	\$32,714	553	\$43,665	597	\$47,567
71	\$50,920	374	\$40,642	596	\$15,941	642	\$45,085
304	\$50,699	375	\$35,377	723	\$11,739	686	\$55,730
390	\$27,863	551	\$44,643	758	\$45,892	687	\$15,283
699	\$26,999	557	\$31,307	867	\$94,254	700	\$24,725
480	\$146,732	832	\$29,573	913	\$45,537	727	\$52,107
870	\$411,386	153	\$18,631	915	\$470,083	729	\$58,557
74	\$49,802	186	\$122,593	923	\$55,215	755	\$50,933
440	\$27,808	445	\$25,297	94	\$110,541	759	\$40,448
202	\$38,583	554	\$19,250	155	\$26,287	819	\$93,359
315	\$30,724	659	\$86,356	157	\$51,841	820	\$202,130
86	\$76,068	673	\$78,040	166	\$134,256	844	\$48,483
91	\$67,643	813	\$36,559	187	\$42,282	858	\$61,148
178	\$21,453	949	\$17,761	206	\$29,602	882	\$61,476
56	\$75,900	253	\$136,222	260	\$158,309	950	\$75,957

# **Attachment 9C**

### Sumner County Hospital Medicare Charges for Selected Top DRGs

Base MS-DRG	Base MS-DRG Description	TriStar Hendersonville		SRMC		SRMC as a % of TriStar Hendersonville	
		Average Charges	Case Mix Index	Average Charges	Case Mix Index	Average Charges	Case Mix Index
872-871	Septicemia or severe sepsis w/o MV 96+ hours	\$98,574	1.8306	\$87,353	1.8529	88.6%	101.2%
293-292-291	Heart failure & shock	\$85,197	1.2745	\$63,641	1.2723	74.7%	99.8%
282-281-280	Acute myocardial infarction, discharged alive	\$79,966	1.2515	\$60,435	1.281	75.6%	102.4%
195-194-193	Simple pneumonia & pleurisy	\$81,475	1.2144	\$62,417	1.1354	76.6%	93.5%
690-689	Kidney & urinary tract infections	\$54,022	0.9634	\$47,840	0.9831	88.6%	102.0%
641-640	Misc. disorders of nutrition, metabolism, fluids/electrolytes	\$64,791	1.0673	\$40,631	1.0177	62.7%	95.4%
310-309-308	Cardiac arrhythmia & conduction disorders	\$51,782	0.8016	\$38,653	0.7779	74.6%	97.0%
192-191-190	Chronic obstructive pulmonary disease	N/A	N/A	\$50,355	0.997	N/A	N/A
179-178-177	Respiratory infections & inflammations	\$83,133	1.6875	\$51,535	1.6293	62.0%	96.6%
684-683-682	Renal failure	\$69,098	1.2012	\$55,345	1.2359	80.1%	102.9%

Source: American Hospital Directory (ahd.com) based on Medicare IPPS claims data are for federal fiscal year ending 09/30/2023.



# **Attachment 3Q**



# State of Tennessee

License No. 116  
No. Beds 167

## Health Facilities Commission Board for Licensing Health Care Facilities

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 HIGHPOINT HEALTH-SUMNER WITH ASCENSION SAINT THOMAS 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  
STEIN-REFERRING CENTER  
STROKE RELATED-PRIMARY  
TRAUMA CENTER LEVEL 3

By Candace R. (Agnes) Eise, C.H.E.  
Director, Licensure & Regulation

By Gregory H.  
Executive Director





January 8, 2025

Rod Harkleroad  
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 : 12/21/2024

Dear Mr. Harkleroad:

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 October 19, 2024 and is customarily valid for up to 36 months. Please note, The Joint Commission reserves the right to shorten the duration of the cycle.

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 the Find Accredited Organizations page of our website.

Congratulations on your achievement.

Sincerely,

Ken Grubbs, DNP, MBA, RN  
Executive Vice President and Chief Nursing Officer  
Division of Accreditation and Certification Operations

# **Civil Monetary Penalties**

### **Civil Monetary Penalties**

The “yes” response to “Civil monetary penalties in cases involving a Federal of State health care offense” refers to a 2021 settlement agreement between Ascension Michigan and US Department of Health and Human Services 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.

# Bed Counts

## Attachment – Bed Complement Data

	<i><u>Current Licensed</u></i>	<i><u>Beds Staffed</u></i>	<i><u>Beds Proposed</u></i>	<i><u>*Beds Approved</u></i>	<i><u>**Beds Exempted</u></i>	<i><u>TOTAL Beds at Completion</u></i>
1) Medical	<u>102***</u>	<u>96***</u>	<u>          </u>	<u>          </u>	<u>          </u>	<u>102***</u>
2) Surgical	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>
3) ICU/CCU	<u>18</u>	<u>18</u>	<u>          </u>	<u>          </u>	<u>          </u>	<u>18</u>
4) Obstetrical	<u>23</u>	<u>23</u>	<u>          </u>	<u>          </u>	<u>          </u>	<u>23</u>
5) NICU	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>
6) Pediatric	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>
7) Adult Psychiatric	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>
8) Geriatric Psychiatric	<u>12</u>	<u>12</u>	<u>          </u>	<u>          </u>	<u>          </u>	<u>12</u>
9) Child/Adolescent Psychiatric	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>
10) Rehabilitation	<u>12</u>	<u>12</u>	<u>          </u>	<u>          </u>	<u>          </u>	<u>12</u>
11) Adult Chemical Dependency	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>
12) Child/Adolescent Chemical Dependency	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>
13) Long-Term Care Hospital	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>
14) Swing Beds	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>
15) Nursing Home – SNF (Medicare only)	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>
16) Nursing Home – NF (Medicaid only)	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>
17) Nursing Home – SNF/NF (dually certified Medicare/Medicaid)	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>
18) Nursing Home – Licensed (non-certified)	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>
19) ICF/IID	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>
20) Residential Hospice	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>
<b>TOTAL</b>	<u>167</u>	<u>161</u>	<u>          </u>	<u>          </u>	<u>          </u>	<u>167</u>

*\*Beds approved but not yet in service*

*\*\*Beds exempted under 10% per 3 year provision*

*\*\*\*Note: SRMC does not distinguish  
medical from surgical beds.*

# ACUTE-CARE BED NEED PROJECTIONS FOR 2025 AND 2029, BASED ON FINAL 2023 HOSPITAL JARS

COUNTY	2023		CURRENT NEED	SERVICE AREA POPULATION			PROJECTED		PROJECTED		2023 ACTUAL BEDS		SHORTAGE/SURPLUS	
	INPATIENT DAYS	ADC		2023	2025	2029	ADC-2025	NEED 2025	ADC-2029	NEED 2029	LICENSED	STAFFED	LICENSED	STAFFED
Anderson	41,298	113	141	69,706	70,165	70,864	114	142	115	144	283	176	-141	-32
Beford	4,368	12	20	10,172	10,390	10,807	12	20	13	21	60	24	-40	-3
Benton	997	3	7	1,347	1,348	1,346	3	7	3	7	25	15	-18	-8
Bledsoe	1,582	4	9	1,660	1,684	1,722	4	9	4	9	25	25	-16	-16
Blount	160,537	440	550	268,072	272,402	280,259	447	559	460	575	1,256	890	-697	-315
Bradley	45,724	125	157	88,004	89,213	91,453	127	159	130	163	351	182	-192	-19
Campbell	10,893	30	43	10,057	10,013	9,898	30	42	29	42	66	44	-24	-2
Cannon	7,097	19	30	2,506	2,527	2,561	20	30	20	30	60	36	-30	-6
Carroll	4,555	13	21	8,270	8,234	8,143	12	21	12	20	70	35	-49	-15
Carter	15,868	44	59	26,826	26,742	26,488	43	59	43	58	121	60	-62	-2
Cheatham	.	.	.	.	.	.	.	.	.	.	0	0	.	.
Chester	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Claiborne	4,010	11	19	10,092	10,126	10,156	11	19	11	19	85	26	-66	-7
Clay	.	.	.	.	.	.	.	.	.	.	33	4	.	.
Cocke	8,901	24	36	21,160	21,372	21,720	25	36	25	37	74	37	-38	0
Coffee	19,918	55	72	42,872	43,386	44,326	55	73	56	74	184	127	-111	-53
Crockett	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Cumberland	19,897	55	72	43,145	43,911	45,180	55	73	57	75	189	84	-116	-9
Davidson	938,399	2,571	3,214	1,680,506	1,716,944	1,786,545	2,627	3,283	2,733	3,417	4,080	3,488	-797	-71
Decatur	.	.	.	.	.	.	.	.	.	.	.	.	.	.
DeKalb	1,508	4	9	2,687	2,724	2,788	4	9	4	9	71	12	-62	-3
Dickson	29,758	82	103	56,865	57,787	59,475	83	104	85	107	158	112	-54	-5
Dyer	12,660	35	48	24,943	24,941	24,892	35	48	35	48	225	115	-177	-67
Fayette	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Fentress	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Franklin	15,700	43	58	34,898	35,047	35,259	43	58	43	59	152	146	-94	-87
Gibson	1,511	4	9	3,138	3,146	3,157	4	9	4	9	70	25	-61	-16
Giles	6,784	19	29	11,320	11,312	11,266	19	29	19	29	95	38	-66	-9
Grainger	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Greene	19,139	52	69	39,416	39,563	39,727	53	69	53	70	140	85	-71	-15
Grundy	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Hamblen	32,847	90	113	66,474	66,971	67,821	91	113	92	115	167	121	-54	-6
Hamilton	752,442	2,062	2,577	876,001	889,196	913,852	2,093	2,616	2,151	2,688	3,442	2,941	-826	-253
Hancock	286	1	3	661	654	638	1	3	1	3	10	7	-7	-4
Hardeman	333	1	3	859	854	843	1	3	1	3	25	17	-22	-14
Hardin	4,205	12	19	14,945	14,950	14,922	12	19	11	19	58	20	-39	-1
Hawkins	1,007	3	7	2,873	2,873	2,862	3	7	3	7	50	5	-43	2
Haywood	642	2	5	1,506	1,486	1,443	2	5	2	5	9	9	-4	-4
Henderson	2,799	8	14	7,031	7,051	7,073	8	14	8	14	45	29	-31	-15
Henry	11,433	31	44	23,271	23,276	23,224	31	44	31	44	142	55	-98	-11
Hickman	1,582	4	9	898	905	916	4	9	4	9	25	8	-16	1
Houston	1,137	3	7	1,665	1,675	1,689	3	7	3	7	25	13	-18	-6
Humphreys	2,479	7	13	2,065	2,072	2,079	7	13	7	13	25	25	-12	-12



**ACUTE-CARE BED NEED PROJECTIONS FOR 2025 AND 2029, BASED ON FINAL 2023 HOSPITAL JARS**

COUNTY	2023		CURRENT NEED	SERVICE AREA POPULATION			PROJECTED		PROJECTED		2023 ACTUAL BEDS		SHORTAGE/SURPLUS	
	INPATIENT DAYS	ADC		2023	2025	2029	ADC-2025	NEED 2025	ADC-2029	NEED 2029	LICENSED	STAFFED	LICENSED	STAFFED
Jackson	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Jefferson	6,684	18	28	15,270	15,468	15,816	19	29	19	29	58	58	-29	-29
Johnson	89	0	1	341	340	336	0	1	0	1	2	2	-1	-1
Knox	437,166	1,198	1,497	872,430	885,426	909,068	1,216	1,519	1,248	1,560	1,870	1,690	-351	-130
Lake	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Lauderdale	364	1	3	988	986	980	1	3	1	3	25	10	-22	-7
Lawrence	7,572	21	31	16,113	16,177	16,263	21	31	21	32	99	80	-68	-48
Lewis	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Lincoln	.	.	.	.	.	.	.	.	.	.	49	34	.	.
Loudon	9,671	27	38	17,094	17,468	18,143	27	39	28	40	50	30	-11	10
McMinn	11,725	32	45	19,970	20,146	20,441	32	46	33	46	190	81	-144	-35
McNairy	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Macon	3,219	9	16	5,670	5,784	6,002	9	16	9	16	25	25	-9	-9
Madison	156,683	429	537	285,038	285,225	285,065	430	537	429	537	771	580	-234	-43
Marion	2,652	7	14	377	377	375	7	14	7	14	70	10	-56	4
Marshall	1,752	5	10	2,369	2,416	2,503	5	10	5	10	25	17	-15	-7
Maury	47,453	130	163	117,449	119,460	123,146	132	165	136	170	255	208	-90	-38
Meigs	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Monroe	12,726	35	49	19,552	19,785	20,171	35	49	36	50	59	63	-10	-13
Montgomery	48,628	133	167	129,141	133,683	142,706	138	172	147	184	270	237	-98	-53
Moore	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Morgan	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Obion	8,541	23	35	26,046	25,955	25,720	23	35	23	34	137	63	-102	-29
Overton	10,249	28	40	16,425	16,556	16,762	28	41	29	41	114	76	-73	-35
Perry	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Pickett	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Polk	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Putnam	63,559	174	218	121,142	123,141	126,741	177	221	182	228	309	245	-88	-17
Rhea	2,485	7	13	5,056	5,112	5,210	7	13	7	13	25	25	-12	-12
Roane	9,905	27	39	19,934	19,967	19,964	27	39	27	39	54	52	-15	-13
Robertson	11,193	31	44	25,481	26,028	27,060	31	44	33	46	109	76	-65	-30
Rutherford	187,667	514	643	377,406	390,774	417,264	532	666	569	711	730	666	-64	45
Scott	4,718	13	21	25,096	25,106	25,062	13	21	13	21	25	12	-4	9
Sequatchie	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Sevier	15,246	42	57	38,823	39,703	41,340	43	58	45	60	79	79	-21	-19
Shelby	934,975	2,562	3,202	1,253,604	1,259,465	1,154,456	2,574	3,217	2,359	2,949	4,642	3,477	-1,425	-528
Smith	4,481	12	20	7,667	7,757	7,909	12	21	13	21	35	32	-14	-11
Stewart	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Sullivan	156,991	430	538	258,394	260,464	264,074	434	542	440	549	1,016	584	-474	-35
Sumner	62,882	172	215	152,373	156,507	164,418	177	221	186	232	326	282	-105	-50
Tipton	4,266	12	20	15,772	15,871	16,023	12	20	12	20	100	36	-80	-16
Trousdale	1,051	3	7	1,157	1,174	1,204	3	7	3	7	25	11	-18	-4
Unicoi	2,194	6	12	4,184	4,193	4,198	6	12	6	12	10	10	2	2

## ACUTE-CARE BED NEED PROJECTIONS FOR 2025 AND 2029, BASED ON FINAL 2023 HOSPITAL JARS

COUNTY	2023		CURRENT NEED	SERVICE AREA POPULATION			PROJECTED		PROJECTED		2023 ACTUAL BEDS		SHORTAGE/SURPLUS	
	INPATIENT DAYS	ADC		2023	2025	2029	ADC-2025	NEED 2025	ADC-2029	NEED 2029	LICENSED	STAFFED	LICENSED	STAFFED
Union	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Van Buren	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Warren	11,411	31	44	17,770	17,853	17,977	31	45	32	45	125	63	-80	-18
Washington	149,907	411	513	238,085	239,597	241,891	413	517	417	522	581	550	-64	-28
Wayne	3,028	8	15	4,716	4,687	4,617	8	15	8	15	25	18	-10	-3
Weakley	2,952	8	15	9,709	9,701	9,662	8	15	8	15	100	22	-85	-7
White	4,350	12	20	2,843	2,877	2,936	12	20	12	20	60	26	-40	-6
Williamson	34,812	95	119	136,818	142,508	153,697	99	124	107	134	203	203	-79	-69
Wilson	32,215	88	110	59,846	61,887	65,826	91	114	97	121	245	170	-131	-49

Source: Tennessee Department of Health, Division of Policy, Planning and Assessment, Office of Health Statistics.

<run date>

Hospital Data from Final JAR-Hospitals Schedules F and G.

Projections and estimates for TN border states obtained from those respective states.

TN Projections Source: Boyd Center for Business and Economic Research, University of Tennessee, Knoxville

Reassembled by the Tennessee Department of Health, Division of Policy, Planning and Assessment

(TN\_CoPopProj\_2017 series)

Note: Totals may not match due to rounding. Additionally, the totals do not include data from

Unknown TN Counties or Other States provided in Utilization, Patient Origin.

**Project Name :** Sumner Regional Medical Center

**Supplemental Round Name :** 1

**Certificate No. :** CN2504-012

**Due Date :** 5/12/2025

**Submitted Date :** 5/5/2025

### 1. 4A. Purpose of Review

Please select Establish a New Healthcare Institution in response to Item 4N as the applicant is establishing a new acute care hospital location.

Please unselect Relocation.

**Response :** We have updated the application to select 'Establish a New Healthcare Institution' in response to Item 4N and deselected 'Relocation.'

### 2. 7A. Type of Ownership of Control

Please identify any other owners in the attached organizational chart including Apollo Global Management which appears to be an owner of LifePoint Health.

**Response :** The applicant is working on this response and will provide it as soon as possible.

### 3. 10A. Floor Plan

Does the endoscopy suite include a procedure room or an operating room?

Is the hospital ever expected to require a helipad?

How many of the inpatient rooms will be used for observation patients?

**Response :** Question: Does the endoscopy suite include a procedure room or an operating room?

Answer: The endoscopy suite is to be used solely for endoscopy. It will not include an operating room.

Question: Is the hospital ever expected to require a helipad?

Answer: Yes.

Question: How many of the inpatient rooms will be used for observation patients?

Answer: Sumner Station will be able to use any of the proposed inpatient rooms for either inpatient or observation patients, as the volume and acuity of patients dictate on a given day. None of the proposed inpatient rooms will be dedicated to observation patients. It is not possible to estimate how many rooms will serve inpatient versus observation patients on any given day (in fact, a room may be used for both patient types on a given day). The applicant estimates observation days will equal approximately 1.458% of its projected patient volume. This equates to 34.19 days in the first project year and 52.43 days in the second year of the project.

#### 4. 1E. Overview

Please describe the availability and utilization of telemetry at SRMC (host hospital).

Please discuss the types of clinical indications for the use of non-intensive telemetry units.

Will these med/surg telemetry capable unit beds also be used for patients who do not require telemetry services?

What percentage of patients in the 12 med/surg beds are projected to required telemetry monitoring?

**Response :** Question: Please describe the availability and utilization of telemetry at SRMC (host hospital).

Answer: SRMC provides telemetry monitoring for all SRMC patients whose treating physician has indicated telemetry is appropriate, based on their diagnosis and clinical condition. Telemetry monitoring uses a portable device that is connected to a patient via external electrodes that transmit data to a telemetry monitoring station. All non-ICU telemetry services at SRMC, Highpoint Health – Trousdale with Ascension Saint Thomas, Highpoint Health – Riverview with Ascension Saint Thomas, and Livingston Regional Medical Center are monitored through a centralized telemetry monitoring unit that is staffed 24 hours a day, 7 days a week by trained staff at SRMC. Centralized telemetry monitoring is a standard practice and allows for real-time monitoring of patients across sites of care. Sumner Station telemetry patients will also be monitored from the SRMC centralized telemetry monitoring station and staff. In most instances, patients who require an ICU level of care also require telemetry monitoring. ICU patient telemetry data is available at the bedside and on-site nurses have access to each ICU patient's telemetry data from their nursing station. This will also be the practice at Sumner Station's four-bed ICU.

Question: Please discuss the types of clinical indications for the use of non-intensive telemetry units.

Answer: Non-intensive telemetry units are clinically indicated for a variety of diagnoses and conditions. The list below provides a summary of the most common clinical indications for telemetry.

- Cardiac Monitoring: Indicated for post-myocardial infarction (first 24-48 hours post event in stable patients), stable arrhythmias (e.g. atrial fibrillation), and heart failure monitoring for arrhythmias or decompensation.
- Medication Monitoring: Indicated when starting or adjusting anti-arrhythmic drugs or the initiation of beta-blockers or calcium channel blockers.
- Syncope Evaluation: Indicated for unexplained syncope or near-syncope with suspected arrhythmic cause.
- Electrolyte Disturbances: Indicated for severe hypokalemia (low potassium) or hypomagnesemia. Can also be used for patients with hyperkalemia with electrocardiogram (ECG) changes.
- Post-Procedure or Post-Operative monitoring. Note, that while Sumner Station does not intend to provide surgical services, it may treat patients who recently had a surgery elsewhere and have returned to an acute care setting and would benefit from telemetry monitoring.
- Ischemic Concerns: Indicated for suspected transient ischemia without ST-elevation and chest pain of unclear origin, with low to intermediate risk.

Question: Will these med/surg telemetry capable unit beds also be used for patients who do not require telemetry services?

Answer: Yes, telemetry monitoring is a clinical service that is provided if the need is indicated by a treating provider. The decision to provide telemetry services will be based on a provider's expertise, a patient's diagnoses, and their clinical condition.

Question: What percentage of patients in the 12 med/surg beds are projected to required telemetry monitoring?

Answer: The applicant cannot estimate the percentage of patients that will receive telemetry monitoring at Sumner Station. As discussed above, the treating physician orders telemetry services based on a patient's diagnosis and clinical condition. Approximately 84 patients per day are being monitored throughout the health system. Additionally, Highpoint Health has the capability to expand the monitoring station and system to accommodate growth as needed.

## 5. 12A. Plot Plan

There is a future surgical area identified on the west side of the building on the plot plan. Does the applicant intend to add surgical capacity to the facility beyond endoscopy?

It appears that of the southeastern portion of the facility (materials and EVS) which is highlighted as project associated space falls within the moderate flood hazard area 100–500-year flood plain. Please confirm whether this will comply with HFC licensure requirements.

**Response :**

The applicant does not intend to add surgical capacity to the facility beyond endoscopy as part of this project.

The applicant believes the facility will comply with HFC licensure requirements. There are no patient rooms or care spaces located in the flood plain. There are no power sources or backup power supplies located in the area.

## 6. 1E. Overview

Please identify the number and types of beds that will be shifted from the host hospital to the proposed facility in the Attachment - Bed Counts.

Are ICU beds being shifted from the host hospital? If so, what ways will the shift diminish the capacity at the host hospital?

If the intention of the satellite hospital is to decompress the host hospital by accepting lower acuity patients, why are ICU beds being shifted from the host hospital?

The list of appropriate DRGs for treatment at the proposed facility is noted. Please define broadly the type of conditions that will remain at the host hospital vs. those that will be appropriately handled at the proposed facility.

Will patients recovering from surgical procedures be admitted to the proposed facility?

Please identify any significant capacity differences that will exist at the proposed satellite hospital and the host hospital in terms of service lines.

**Response :** Question: Please identify the number and types of beds that will be shifted from the host hospital to the proposed facility in the Attachment - Bed Counts.

Answer: The Applicant will shift 16 medical beds from SRMC to Sumner Station. SRMC does not plan to reduce the size of its ICU at the main campus. When in place at Sumner Station, 4 of the 16 beds will be staffed as an ICU and 12 will be staffed as a medical unit. As discussed in the application, either patients requiring the ICU level of care or general medical patients can receive care in the four-bed ICU.

Question: Are ICU beds being shifted from the host hospital? If so, what ways will the shift diminish the capacity at the host hospital?

Answer: No ICU beds are being shifted from SRMC. SRMC will still have 18 ICU beds.

Question: If the intention of the satellite hospital is to decompress the host hospital by accepting lower acuity patients, why are ICU beds being shifted from the host hospital?

Answer: The applicant is not aware of any requirement that the beds from SRMC must come from the ICU in order to be set up and staffed to ICU standards at Sumner Station. As stated above, SRMC does not intend to reduce the ICU capacity at SRMC. Having ICU beds at Sumner Station will avoid unnecessary transfers if a patient's medical condition declines after they initial present at the hospital. The ICU will also allow a wider array of patients to be treated at Sumner Station initially, rather than being transferred to SRMC or another hospital after they present at the Sumner Station emergency department. The four-bed ICU unit at Sumner Station will be staffed for higher acuity patients, but these beds can also be used for general medical patients. Because Sumner Station cannot predict exactly which patients will come through the ER, the best way to meet the needs of area patients is to staff and equip the hospital to provide intensive care services.

Question: The list of appropriate DRGs for treatment at the proposed facility is noted. Please define broadly the type of conditions that will remain at the host hospital vs. those that will be appropriately handled at the proposed facility.

Answer: There will be no change in what types of patients may receive care at SRMC. The applicant does not intend to shift any service lines or patient conditions to Sumner Station in their entirety.

Question: Will patients recovering from surgical procedures be admitted to the proposed facility?

Answer: The Applicant does not plan to transfer patients who received inpatient surgery at SRMC to Sumner Station for their recovery. SRMC has a designated Surgical Unit staffed with trained nurses to manage post operative surgical patients. To ensure that our patients receive the appropriate care we will not be transferring surgical patients to Sumner Station. Additionally, transferring surgical patients to Sumner Station would add additional burden to EMS and would impact the overall patient experience, would require EMS transport and would have a detrimental impact on patient experience. SRMC intends to continue treating its inpatient and outpatient surgical patients at SRMC.

Question: Please identify any significant capacity differences that will exist at the proposed satellite hospital and the host hospital in terms of service lines.

Answer: The applicant does not propose providing surgical services or any cardiac procedures at Sumner Station. SRMC will continue to provide all inpatient care to patients undergoing planned and emergent inpatient surgeries and all cardiac and catheterization laboratory (cath lab) procedures at its main campus.

## **7. 1E. Overview**

What other hospital facilities have ICU / telemetry capable beds in Sumner County and what is the capacity of these hospitals?

What is the historical utilization of the services (ICU / telemetry monitoring) at SRMC?

**Response :** Question: What other hospital facilities have ICU / telemetry capable beds in Sumner County and what is the capacity of these hospitals?

Answer: The other two hospitals in Sumner County are SRMC and TriStar Hendersonville. It is standard practice for acute care hospitals to have sufficient telemetry equipment and monitoring capability to provide telemetry services to patients on all ICU beds, and for some general medical and/or surgical patients, as requested by the treating physician. As discussed in response to question #1078, non-intensive telemetry allows for constant monitoring of a patient's heart and other vital measurements. Whether or not a patient receives telemetry monitoring depends on their conditions and the provider's assessment of their needs. There is no publicly available data on telemetry capability. The applicant assumes that all ICU beds in Sumner County have the capability for telemetry. SRMC has 18 ICU beds (excluding NICU) and TriStar Hendersonville has 20 ICU beds (excluding NICU).

Question: What is the historical utilization of the services (ICU / telemetry monitoring) at SRMC?

Answer: All ICU beds have their own monitoring capabilities at the patients' bedsides and nurses on-site monitor them. The table below summarizes the historical utilization of the non-neonatal ICU beds at SRMC and TriStar Hendersonville, based on the two most recent years of Joint Annual Report data.

Sumner Regional Medical Center		
	2022	2023
ICU Bed Count	18	18
ICU Patients	1,114	1,683
ICU Patient Days	5,026	5,532
ICU Occupancy	76%	84%
TriStar Hendersonville		
	2022	2023
ICU Bed Count	20	20
ICU Patients	1,286	1,221
ICU Patient Days	5,393	4,524
ICU Occupancy	74%	62%



## 8. 2E. Rationale for Approval

If the applicant intends to shift the bed capacity from the host hospital, rather than increase bed capacity, how will it be able to decompress surges in occupancy at the main campus?

Are there ICU capacity challenges at the host hospital?

Would all of these 730 transfers have been appropriate for inpatient care at the proposed facility?

How many of those patients required an ICU stay?

**Response :** Question: If the applicant intends to shift the bed capacity from the host hospital, rather than increase bed capacity, how will it be able to decompress surges in occupancy at the main campus?

Answer: The applicant expects the beds on the Sumner Station campus will reduce the number of patients arriving at SRMC via EMS. Patients who are clinically appropriate can receive care at Sumner Station more quickly, if they are picked up closer to the proposed hospital campus. Should the need arise for additional capacity at SRMC, the applicant can increase its acute care bed capacity without CON review, just as any other hospital in the state.

Question: Are there ICU capacity challenges at the host hospital?

Answer: No, there are no ICU capacity challenges at the host hospital.

Question: Would all of these 730 transfers have been appropriate for inpatient care at the proposed facility?

Answer: 647 of the 730 transfers (89% of all transfers) from Sumner Station to SRMC in 2024 would have been appropriate for inpatient care at Sumner Station, based on their DRG.

Question: How many of those patients required an ICU stay?

Answer: Of the 730 patients transferred from Sumner Station to SRMC for inpatient care in 2024, 89 had an ICU stay. Of the 647 patients that were transferred from Sumner Station to SRMC for inpatient care in 2024 who would have been appropriate for care at Sumner Station, 66 had an ICU stay, based on their DRG.

## 9. 1N. Criteria and Standards

Please respond the appropriate criteria and standards for this project which are the Acute Care Bed Need Services.

**Response :** Please see the attachment uploaded which responds to the criteria and standards for Acute Care Beds.

#### 10. 4N. Special Needs of Service Area

It is noted that the applicant is "projected to provide over 5 percent of gross revenue as charity care.\*". However, the applicant projects only 0.7% of gross revenue in response to Item 10C. Please explain.

Beyond the patients who will benefit from closer proximity to proposed facility, are there any identified special needs of the service area population in terms of disparities in access for specific conditions, levels of care (ICU), or payors accepted by service area hospitals, etc.

**Response :** Question: It is noted that the applicant is "projected to provide over 5 percent of gross revenue as charity care.\*". However, the applicant projects only 0.7% of gross revenue in response to Item 10C. Please explain.

Answer: The chart in response to Item 10C shows \$480,000 in charity care. This amount is not the total billed charges (or gross revenue) that are provided as charity care for the project. Instead, the \$480,000 represents the amount of charity care remaining after all charity care and other financial policies have been applied. These are the charges that are expected to remain but will ultimately be written off as charity care by the applicant.

As a point of reference, in 2024, SRMC collected only 4.4% of the gross revenue in the "Self-Pay" payor category. The remaining 95.6% was written off as a self-pay discount or charity care.

In the first project year, 95.6% of the Self-Pay revenue (the approximate amount expected to be written off) equates to \$3,244,207. This constitutes 5.16% of all gross charges ( $\$3,244,207 / \$62,843,000 = .0516$ ).

Question: Beyond the patients who will benefit from closer proximity to proposed facility, are there any identified special needs of the service area population in terms of disparities in access for specific conditions, levels of care (ICU), or payors accepted by service area hospitals, etc.

Answer: The proposed project will also benefit patients who are insured under Blue Cross S-Plans, as it will provide them with another site of care that accepts that insurance plan.

#### 11. 2N. Service Area

It appears that the population centers of many of the ZIP Codes included in the service area are greater than 10 miles from the proposed site as stated. Please map the distance and approximate travel times from host hospital and to other acute care hospitals in the area.

Please detail the projected utilization by county and zip code as applicable in response to Item 2N.

The service area is simultaneously defined as five ZIP Codes and six ZIP Codes in response to Item 2N of the main application. Please clarify.

**Response :** Question: It appears that the population centers of many of the ZIP Codes included in the service area are greater than 10 miles from the proposed site as stated. Please map the distance and approximate travel times from host hospital and to other acute care hospitals in the area.

Answer:

This is correct, some of the population centers are more than 10 miles from the proposed site. The map below shows that all of the service area ZIP Code population centroids except 37148 are within 15 miles from the proposed site. Please note that the ZIP Code centroid for 37148 falls just outside of the 15-mile radius, but is closer than 16 miles away .

### **Service Area ZIP Codes and 15-Mile Radius from Sumner Station**



The table below shows the drive times from the proposed site to each of the service area Zip Codes' population centroids.

Service Area Zip Code	Population Centroid		Drive Time in Minutes to Sumner Station
	LAT	LON	
37048	36.497	-86.607	22
37066	36.377	-86.472	10
37075	36.317	-86.606	11.5
37148	36.574	-86.506	26
37188	36.466	-86.668	23

Question: Please detail the projected utilization by county and zip code as applicable in response to Item 2N.

Answer: Please see the table below.

ZIP	YR 1		YR 2	
	Discharges	% of Total	Discharges	% of Total
37066	325	58%	497	58%
37148	115	21%	177	21%
37075	31	6%	47	5%
37048	18	3%	28	3%
37188	14	3%	22	3%
<i>Service Area Total</i>	503	90%	771	90%
In-Migration	56	10%	86	10%
<b>Total</b>	<b>559</b>	<b>100%</b>	<b>857</b>	<b>100%</b>

Question: The service area is simultaneously defined as five ZIP Codes and six ZIP Codes in response to Item 2N of the main application. Please clarify.

Answer:

The service area is five ZIP Codes: 37066, 37148, 37075, 37048 and 37188. The statement in response to Item 2N that mentions six zip codes contains a typo. The sentence should read:

"Based on internal data, in 2024, 82 percent of Sumner Station ED visits came from the five service area zip codes (18 percent in-migration)."

## 12. 5N. Unimplemented services

Have either of these hospitals, Sumner Regional Medical Center, or TriStar Hendersonville Medical Center increased the number of inpatient beds in the past year?

Please include a data request number for the HDDS data provided by the Department of Health if/when it is incorporated into the application.

Please show the utilization the ICUs at the Sumner County hospitals.

There appears to be an error in the following data:

TriStar Hendersonville Medical Center: 2022 Inpatient Days - Page 15.

**Response :** Question: Have either of these hospitals, Sumner Regional Medical Center, or TriStar Hendersonville Medical Center increased the number of inpatient beds in the past year?

Answer: SRMC has not increased its inpatient beds in the last year. The applicant is not aware of TriStar Hendersonville Medical Center increasing its number of inpatient beds. TriStar Hendersonville reported 134 total licensed pediatric and adult beds on both its 2022 and 2023 Joint Annual Reports.

Question: Please include a data request number for the HDDS data provided by the Department of Health if/when it is incorporated into the application.

Answer: The HDDS data was requested under request DRI#35551544. The applicant has not received the requested data.

Question: Please show the utilization the ICUs at the Sumner County hospitals.

Answer: Please see the table below, which uses Joint Annual Report data.

<b>Sumner Regional Medical Center</b>		
	<b>2022</b>	<b>2023</b>
ICU Bed Count	18	18
ICU Patients	1,114	1,683
ICU Patient Days	5,026	5,532
ICU Occupancy	76%	84%
<b>TriStar Hendersonville</b>		
	<b>2022</b>	<b>2023</b>
ICU Bed Count	20	20
ICU Patients	1,286	1,221
ICU Patient Days	5,393	4,524
ICU Occupancy	74%	62%

Question: There appears to be an error in the following data: TriStar Hendersonville Medical Center: 2022 Inpatient Days - Page 15.

Answer: The 2022 JAR Masterfile reports 33,448 patient days and 8,421 patients at TriStar Hendersonville Medical Center in Schedule G3 in the “Grand Total” column (all patients regardless of county or state of origin). This is what was reported on Page 15 of the application. However, on Schedule G1, TriStar Hendersonville Medical Center reports 33,435 inpatient days in 2022. The table below substitutes the Schedule G1 inpatient days for the Schedule G3 inpatient days.

<b>TriStar Hendersonville Medical Center</b>				
Utilization	2021	2022	2023	% Growth 2021–2023
IP Admissions	8,243	8,421	8,733	5.9%
IP Days	33,692	33,435	32,551	-3.4%
ALOS	4.1	4.0	3.7	-8.8%
Endoscopy Cases	3,678	4,152	4,621	25.6%
Licensed Beds	134	134	134	0.0%
Bed Days Available (Beds*365)	48,910	48,910	48,910	0.0%
Occupancy on Licensed Beds	68.9%	68.4%	66.6%	-3.4%

Source: Tennessee Department of Health, “Joint Annuals Reports (JAR),” 2021–2023,  
<https://www.tn.gov/health/health-program-areas/statistics/health-data/jar.html>. Total Patients, excluding  
 Normal Newborns

### 13. 3C. Effects of Competition and/or Duplication

Given the ability of a hospital to increase its beds at an established location, please provide a more robust discussion of the potential benefits of locating a new hospital facility approximately 7.2 miles

from an existing 159 bed facility at TriStar Hendersonville and 6.9 miles from a 167-bed facility at SRMC.

What services will be unique to the proposed facility relative to the other hospitals in the service area?

How many EMS transports will this eliminate the need for? How many historical transfers for inpatient care have required EMS transport?

What support is there for this volume of telemetry patients or ICU patients.

How will the applicant ensure that assignment to telemetry will be appropriate and cost effective for patients.

**Response :** Question: Given the ability of a hospital to increase its beds at an established location, please provide a more robust discussion of the potential benefits of locating a new hospital facility approximately 7.2 miles from an existing 159 bed facility at TriStar Hendersonville and 6.9 miles from a 167-bed facility at SRMC.

Answer: As discussed in Attachment 1N of the original filing, in 2024 SRMC provided inpatient care for 1,375 patients who lived closer to Sumner Station than to any other hospital in the state. Given the population growth in the area, the applicant expects the number of residents in this area, and in the service area, who seek inpatient care to increase over the next five years. The demand for inpatient care will be driven not only by the overall growth in the service area, but by the particularly rapid growth among area residents age 65 and over (see Attachment 1N, page 22).

For patients in the service area, and particularly for existing Highpoint Health patients that live closer to Sumner Station than any other hospital in the state, the proposed project will provide the following benefits:

- Improved consumer access to care: The proposed hospital will reduce the amount of time it takes for area residents and those who are picked up in the area by EMS to reach a high-quality acute care hospital. By reducing the number of inter-facility transfers, the proposed hospital will also reduce the amount of time patients who initially present at Sumner Station must wait before they receive inpatient care.
- Improved quality: The primary purpose of an emergency department is to evaluate and stabilize patients. For patients who require an inpatient level of care, comprehensive treatment begins when they are admitted to an inpatient bed. Currently, patients presenting at the Sumner Station ED, who require inpatient care, must first be seen in the emergency department, wait for an ambulance to be available to transfer them to an inpatient hospital, undergo the commute to the other hospital, and then be assessed by a team at the other hospital and admitted. This results in delays in care. The sooner a patient receives inpatient care, assessment from the hospitalist and any other physicians on the clinical team, and any additional testing, the sooner the underlying cause of their symptoms can be treated. Receiving treatment more quickly improves quality of care and patient outcomes.



- Reduced cost: The proposed project will reduce the number of inter-facility transfers via EMS that occur for patients presenting at Sumner Station. This will result in fewer patients who incur the expense of a transfer, and will reduce the cost of care for both patients and insurers. The hospital will also provide another site of care that accepts Blue Cross S-plans.

- Improved patient experience: As discussed above, the proposed hospital will reduce interfacility transfers and delays in care, thereby reducing the overall length of stay for an inpatient who presents at Sumner Station. Longer lengths of stay are associated with lower levels of patient satisfaction. The proposed hospital will reduce transfers, reduce cost to patients and lower overall length of stay which will improve patient experience.

One of the objectives of this proposed project is to provide inpatient care to the patients who are already choosing to use Sumner Station for emergency department and other care. This project will benefit the patients that are already being seen in our emergency room at Sumner Station and the patients that are currently being direct-admitted to SRMC by the primary care clinic located at Sumner Station. The proposed inpatient beds at Sumner Station will allow these patient to be directly admitted on-site. This will not only be a major improvement from a patient experience standpoint, but will also help reduce costs associated with EMS transfers. This will also improve quality through faster admission and implementation of treatment plans. This will not only drive better clinical outcomes but will reduce the patients' overall length of stay. The proposed hospital will also reduce run times for Sumner County EMS by allowing shorter runs from area pick-ups to an acute care hospital, and by eliminating many time-consuming transfers from Sumner Station to SRMC. This will free up EMS staff time, allowing them to provide other emergency services to area residents.

Question: What services will be unique to the proposed facility relative to the other hospitals in the service area?

Answer: This project does not propose to offer clinical services that are not already offered at SRMC. As discussed above, the proposed project will offer other unique benefits to area residents. Sumner Station will offer inpatient care to area residents at a facility closer to their home, which requires less travel time, reduces inter-facility transfers, and reduces the cost of care while simultaneously improving the quality of care and patient experience over the status quo.

Question: How many EMS transports will this eliminate the need for? How many historical transfers for inpatient care have required EMS transport?

Answer: All patients who were initially seen at Sumner Station but were then admitted at SRMC were transferred via EMS. In 2024, this was 730 patients.

Question: What support is there for this volume of telemetry patients or ICU patients.

Answer: As discussed above, a treating provider will determine whether a patient requires telemetry monitoring. The equipment will be available to monitor patients who would benefit from telemetry, but will not be used if it is not clinically indicated and ordered by a treating provider. The four-bed ICU will allow patients

whose condition declines to be treated without being transferred to another hospital. It will also allow Sumner Station to treat more patients who arrive through the ED. The four-bed ICU can also be used for general medical patients.

Question: How will the applicant ensure that assignment to telemetry will be appropriate and cost effective for patients.

Answer: Whether or not a patient receives telemetry monitoring is a clinical decision made by the treating provider, based on the patient's diagnosis and clinical condition. It is not based on the room in which a patient receives care. The telemetry monitor is a hand-held device this is connected to the chest and can be used in any patient room. There will not be a dedicated set of rooms in which telemetry can be provided. The physician will determine if a patient requires telemetry monitoring based on the patient's diagnosis and clinical condition

#### 14. 3C. Effects of Competition and/or Duplication

Are any patients currently being transferred away from the host hospital due to capacity challenges?

Please discuss the specific benefits the new hospital facility is expected to have on consumer access, quality of patient care, consumer choice and consumer charges.

How will EMS personnel and residents of the service area be educated about the service lines and levels of care available at the proposed facility vs. the host hospital?

**Response :** Question: Are any patients currently being transferred away from the host hospital due to capacity challenges?

Answer: No patients are currently being transferred away from the host hospital due to capacity challenges.

Question: Please discuss the specific benefits the new hospital facility is expected to have on consumer access, quality of patient care, consumer choice and consumer charges.

Answer: For patients in the service area, and particularly for existing Highpoint Health patients that live closer to Sumner Station than any other hospital in the state, the proposed project will provide the following benefits:

- Improved consumer access to care: The proposed hospital will reduce the amount of time it takes for area residents and those who are picked up in the area by EMS to reach a high-quality acute care hospital. By reducing the number of inter-facility transfers, the proposed hospital will also reduce the amount of time patients who initially present at Sumner Station must wait before they receive inpatient care.
- Improved quality: The primary purpose of an emergency department is to evaluate and stabilize patients. For patients who require an inpatient level of care, comprehensive treatment begins when they are admitted to an inpatient bed. Currently, patients presenting at the Sumner Station ED, who require inpatient care, must first be seen in the emergency department, wait for an ambulance to be available to transfer them to an inpatient hospital, undergo the commute to the other hospital, and then be assessed by a team at the other hospital and admitted. This results in delays in care. The sooner a patient receives inpatient care,

assessment from the hospitalist and any other physicians on the clinical team, and any additional testing, the sooner the underlying cause of their symptoms can be treated. Receiving treatment more quickly improves quality of care and patient outcomes.

• Reduced cost: The proposed project will reduce the number of inter-facility transfers via EMS that occur for patients presenting at Sumner Station. This will result in fewer patients who incur the expense of a transfer, and will reduce the cost of care for both patients and insurers. The hospital will also provide another site of care that accepts Blue Cross S-plans.

• Improved patient experience: As discussed above, the proposed hospital will reduce interfacility transfers and delays in care, thereby reducing the overall length of stay for an inpatient who presents at Sumner Station. Longer lengths of stay are associated with lower levels of patient satisfaction. The proposed hospital will reduce transfers, reduce cost to patients and lower overall length of stay which will improve patient experience.

Question: How will EMS personnel and residents of the service area be educated about the service lines and levels of care available at the proposed facility vs. the host hospital?

Answer: To ensure clarity about the services and levels of care offered at Sumner Station as compared to the host hospital, a comprehensive community and stakeholder education plan will be implemented.

For EMS personnel, targeted outreach and training sessions will be conducted by the Chief Medical Officer and Chief Nursing Officer in collaboration with Sumner County EMS. These sessions will include:

- In-person briefings and educational materials outlining the specific service lines available at the satellite hospital and which patients are appropriate for transport there based on acuity and clinical criteria.
- Quarterly “Lunch and Learn” events hosted by the Chief Medical Officer (CMO) and Chief Nursing Officer (CNO), which will reinforce the types of patients that can safely be cared for at the satellite site and provide a forum for discussion and feedback.
- Ongoing updates and communication through EMS leadership and dispatch coordination to maintain alignment on service capabilities and changes over time.

The applicant has been in conversation with the Sumner County EMS Chief who is supportive of this project. Highpoint Health will continue to work collaboratively with Sumner County EMS as the proposed satellite is developed.

For residents of the service area, the applicant will implement a community engagement campaign that includes:

- Public information sessions and open houses before the facility opens for inpatient care.
- Distribution of clear, accessible brochures and online materials explaining the services available at Sumner Station.
- Collaboration with local clinics, primary care providers, and community organizations to help disseminate accurate information about where patients should go based on their needs.

This dual approach ensures that both EMS personnel and community members are well-informed about the scope of services at the satellite hospital, helping guide appropriate utilization and improving access to the right level of care.

## 15. 4N. Special Needs of Service Area

How many staff are expected to transfer given that beds will also shift from the host hospital?

Are any specialized staff needed to support the ICU and telemetry beds?

**Response :** It is not known at this time how many Sumner Station staff will transfer from SRMC and how many will be new hires. As the opening date of the project approaches, operational and human resources leadership will determine which positions will shift from the main campus to Sumner Station and which positions at Sumner Station will be filled by new hires. SRMC currently employs over 533 FTEs and has both the flexibility to transfer staff among sites of care, as needed, and the ability to recruit and retain additional, highly-qualified staff members for this project.

There are no specialized staff needed to support the ICU and telemetry beds. As discussed elsewhere in the application, telemetry monitoring for non-ICU patients is provided at SRMC. The ICU will be staffed based on a two patients to one nurse ratio.

#### 16. 5C. License/Certification

Please discuss the requirements to support the satellite hospital's obtaining the same level of accreditation, specialty certifications, etc. as the host hospital. How will trauma cases be handled?

Will any shifts in on-site specialists, or equipment be required to transition these beds from the host hospital.

Will any new type or level of service be provided through the establishment of these 16 beds?

What will be required to achieve this?

**Response :** Question: Please discuss the requirements to support the satellite hospital's obtaining the same level of accreditation, specialty certifications, etc. as the host hospital.

Answer: Sumner Station currently operates under the SRMC license. The proposed acute care beds will also operate under the SRMC license and CMS Certification Number (CCN). The Joint Commission currently conducts site visits at Sumner Station as part of its accreditation for SRMC, and will continue to do so when the facility is re-accredited. Each facility (SRMC and Sumner Station) is accredited by The Joint Commission.

Question: How will trauma cases be handled?

Answer: Sumner Station will treat all patients who arrive through ED in accordance with its EMTALA requirements. Any patient who arrives at Sumner Station who requires a higher level of care will be transferred to an appropriate hospital to receive care after they are stabilized at Sumner Station.

Question: Will any shifts in on-site specialists, or equipment be required to transition these beds from the host hospital.

Answer: No.

Question: Will any new type or level of service be provided through the establishment of these 16 beds?

Answer: There will be no new services provided on the SRMC license through the establishment of these 16 beds.

Question: What will be required to achieve this?

Answer: Not applicable. Please see the response provided to the question above.

## **17. 9C. Other Facilities Charges**

In addition to this data source, please provide public chargemaster data for these facilities that can be verified by HFC staff.

Please explain what is meant by "Selected Top DRGs". Are these the types of DRGs expected to be most commonly served at the proposed satellite hospital?

**Response :** Question: In addition to this data source, please provide public chargemaster data for these facilities that can be verified by HFC staff.

Answer: Attachment 8C, included in the original filing, includes charge information for the DRGs appropriate for treatment at Sumner Station. These charges come from the applicant's public chargemaster which is available at: <https://www.highpointhealthsystem.com/hospital-charges-listing>

Question: Please explain what is meant by "Selected Top DRGs". Are these the types of DRGs expected to be most commonly served at the proposed satellite hospital?

Answer: Attachment 9C includes charges for DRGs from American Hospital Directory. American Hospital Directory provides information on charges and case mix index for common MS-DRGs. These are not based on the case mix proposed at Sumner Station. Instead, they are based on DRGs that are historically common at hospitals including SRMC and TriStar Hendersonville.

## 18. 8Q. Staffing

Please base the Project Staffing Chart on the proposed project specifically. The completed chart appears to represent SRMC's total staffing.

**Response :** The table below shows current and future staffing at Sumner Station.

<b>Direct Care FTEs</b>	<b>Current FTEs</b>	<b>FTEs Added by Project</b>	<b>Total</b>
Director	2	1	3
Lab/Radiology Staff	27.2	0.2	27.4
Other Therapy Staff	13.4	2.1	15.5
Patient Care Tech	1	5.2	6.2
Patient Registrar	1	2	3
Registered Nurse	11.7	19.8	31.5
Direct Care FTE	56.3	30.3	86.6
<b>Non-Direct Care FTEs</b>	<b>Current FTEs</b>	<b>FTEs Added by Project</b>	<b>Total</b>
All other personnel	6	5.8	11.8
Nurse Navigator	2		2
Office Manager	1		1
Non-Direct Total	9	5.8	14.8
<b>Contracted RNs</b>		<b>8.4</b>	<b>8.4</b>
<b>Grand Total</b>	<b>65.3</b>	<b>44.5</b>	<b>109.8</b>

## 19. 6N. Utilization and/or Occupancy Statistics

It is noted that the applicant's host hospital experienced an increase of approximately 26.2% inpatient discharges as reported to the Joint Annual Reports from 2023 to 2024.

Please provide additional context from the historically mistaken recording of inpatient care as observation patients. Does the applicant believe that the previous years of JAR data are also incorrect?

Please provide a percentage breakdown of the top ten DRGs projected to represent the Year 1 patient volume at the proposed facility.

Please detail the projected utilization by bed type.

It is noted in Attachment 1N that approximately 1,565 discharges resided closer to Sumner Station and were included in the appropriate DRG set to be treated at the proposed satellite hospital (Attachment 1N - Page 9). Please confirm whether this figure represents patients who would be appropriate for the full scope of services, from admission, via ER or directly, to discharge at the satellite facility, or whether some of those patients would need to be transferred from the host facility post-surgery, or evaluation at the main campus of SRMC.

Please explain the difference between the discharge figures on Pages 8 and 9 of Attachment 1N (1,375 SRMC patients resided closer to Sumner Station in 2024 on Page 8 vs. 1,993 SRMC patients resided closer on Page 9).

What if any percentage of patients are projected be transferred to inpatient care from SRMC rather than served end to end at the satellite hospital?

If the future availability of SMRC - White House FSED included in the applicant's projections? It is not listed as one of the top five a ZIP code sources of patients to the Sumner Station FSED in Attachment 1N (Page 21).

**Response** Question: It is noted that the applicant's host hospital experienced an increase of approximately 26.2% inpatient discharges as reported in the Joint Annual Reports from 2023 to 2024.

Please provide additional context from the historically mistaken recording of inpatient care as observation patients. Does the applicant believe that the previous years of JAR data are also incorrect?

Answer: All JAR data accurately reflect the billing and coding practices in place at SRMC for the time period of the JAR. Therefore JARs themselves are not incorrect. However, SRMC was not accurately recording some observation patients who were actually receiving inpatient care, based on the two-midnight rule in its billing practices or its JARs prior to 2024. This change moves to an accurate recording of these patients in both SRMC's billing practices and its JARs.

Question: Please provide a percentage breakdown of the top ten DRGs projected to represent the Year 1 patient volume at the proposed facility.

Answer: The table below shows the Top 10 DRGs in the limited DRG set, based on number of discharges, for service area patients treated at SRMC in 2024. While there is no way to predict who will arrive at the hospital requiring an inpatient level of care, the applicant expects the distribution of patients at Sumner Station to be similar to the patients from the service area served at SRMC.

DRG	Short Description	Discharges	Percent of Patients
871	SEPTI/SEPS WO MV>96HR WMCC	558	12%
291	HEART FAIL/SHOCK W MCC	231	5%
872	SEPTI/SEPS WO MV >96 WO MC	182	4%
392	ESOPH, GE DIG DIS WO MCC	140	3%
190	CH OBST PULM DIS W MCC	129	3%
690	KIDNEY/UTI WO MCC	126	3%
312	SYNCOPE & COLLAPSE	105	2%
193	SIMP PNEU/PLEU W MCC	97	2%
313	CHEST PAIN	88	2%
641	MS DIS NUT/META/ELEC WOMCC	85	2%
<i>Top Ten Subtotal</i>		<i>1,741</i>	<i>37%</i>
Other DRGs		2,962	63%
<b>Total</b>		<b>4,703</b>	<b>100%</b>

Question: Please detail the projected utilization by bed type.



Answer: It is not possible to precisely project utilization by bed type, as the applicant cannot control which patients who arrive at Sumner Station will require inpatient care and what level of care they will require. Moreover, as discussed throughout this application, the full ICU can be used for both ICU patients and general medical patients, depending on the needs of the patients and the occupancy on the medical beds on a given day.

To provide the HFC staff with more information, the applicant can estimate the percentage of patients at Sumner Station that it believes require one or more days at an ICU level of care. As discussed in response to request for additional information number 1082, of the patients that were transferred from Sumner Station to SRMC for inpatient care in 2024 who would have been appropriate for care at Sumner Station, based on their DRG, 66 had an ICU stay. This equates to 10.2% of patients. Sumner Station believes approximately 10% is a reasonable estimate of the percent of patients in the first two years of operation who will require intensive care. This equates to 56 patients in the first year and 86 patients in the second year of operations.

Question: It is noted in Attachment 1N that approximately 1,565 discharges resided closer to Sumner Station and were included in the appropriate DRG set to be treated at the proposed satellite hospital (Attachment 1N - Page 9). Please confirm whether this figure represents patients who would be appropriate for the full scope of services, from admission, via ER or directly, to discharge at the satellite facility or whether some of those patients would need to be transferred from the host facility post-surgery, or evaluation at the main campus of SRMC.

Answer: These 1,565 patients are within the DRG set, so presumably would be appropriate for treatment at Sumner Station from the admission until they are discharged. In every case, the on-site physicians will direct any patient who requires a higher level of care to a more appropriate facility.

Question: Please explain the difference between the discharge figures on Pages 8 and 9 of Attachment 1N (1,375 SRMC patients resided closer to Sumner Station in 2024 on Page 8 vs. 1,993 SRMC patients resided closer on Page 9).

Answer: 1,375 patients who were discharged from SRMC in 2024 lived closer to Sumner Station than any other acute care hospital in Tennessee. 1,993 patients who were discharged from SRMC in 2024 lived closer to Sumner Station than to SRMC. Some of these 1,993 patients lived closer to another hospital (TriStar Hendersonville or another Tennessee hospital) than Sumner Station.

Question: What if any percentage of patients are projected to be transferred to inpatient care from SRMC rather than served end to end at the satellite hospital?

Answer: None of the patients included in the projected utilization are expected to be transferred to SRMC, as all are within the set of patients appropriate for care at Sumner Station. In every case, the on-site physicians will direct any patient who requires a higher level of care to another more appropriate facility.

Question: If the future availability of SRMC - White House FSED is included in the applicant's projections? It is not listed as one of the five ZIP code sources of patients to the Sumner Station FSED in Attachment 1N (Page 21).

Answer: Yes, the future availability of SRMC-White House FSED is included in the applicant's projections. It is not one of the top five ZIP codes, as White House FSED is located further away geographically than the service area ZIP codes. However, the projections included in the application account for 10% of patients in-migrating from outside of the service area. As stated on page 9 of the application, "and

inpatient services at Sumner Station will let the new White House FSED transfer patients to Sumner Station rather than Sumner Reg Hospital, for inpatient levels of service provided at both locations. This will improve accessibility of inpatient services for patients a using the White House FSED.”

**Project Name :** Sumner Regional Medical Center

**Supplemental Round Name :** 2

**Certificate No. :** CN2504-012

**Due Date :** 5/14/2025

**Submitted Date :** 5/13/2025

### 1. 7A. Type of Ownership of Control

Please provide a response as referenced in supplemental #1.

**Response :** Lifepoint Health, Inc. is owned by certain investment funds and investment vehicles with ultimate control residing with affiliates of Apollo Global Management, Inc. a publicly traded company (NYSE: APO), directly or indirectly through special purpose holding companies.

Attachment 7A has been updated and resubmitted on the portal.

### 2. 8Q. Staffing

Please revise the staffing chart for Item 8Q of the main application to reflect only the 44.5 FTEs associated with this project.

**Response :** The staffing chart for Item 8Q has been revised and resubmitted to reflect the 44.5 FTEs associated with this project.

### 3. 9C. Other Facilities Charges

Please provide a charges and case mix index for common MS-DRGs comparison between the two Sumner County hospitals, based on Chargemaster data from each hospital.

**Response** The chargemaster data available on each hospital's website does not include case mix index data. T  
:  
Attachment 8C provided the "standard\_charge|gross" data element from the publicly available data gross charge for every DRG from SMRC's chargemaster. The publicly available data for TriStar dc services by DRG.

Therefore, we have provided a comparison of negotiated payment amounts using the publicly avail includes the maximum and minimum negotiated amounts for the top 10 DRGs provided to HFC in TriStar Hendersonville data was collected from this website:

<https://www.tristarhealth.com/locations/tristar-hendersonville-medical-center/for-patients/pricing-t>

The SRMC data was collected from this website: <https://www.highpointhealthsystem.com/hospital>  
the applicant took all commercial and Medicare payors with an observation in the "negotiated dolla amounts for each DRG.

TriStar Hendersonville's rates show the maximum and minimum range of the "Standard Charges" f publicly available data has a field called "gross charge" for CPT codes, there is no corollary for DR

and minimum amounts listed indicate those amounts for the "standard charge" across payors. The negotiated rates, as a provider's charges on any given day for any given service are the same amount for any payor. Note that the minimum payment at TriStar Hendersonville were all for Prime Health, a work

## Comparison of SRMC and TriStar Ag

		TriSt
<b>DRG</b>	<b>SRMC Minimum</b>	
871	\$12,632	
291	\$8,106	
872	\$6,185	
392	\$4,855	
190	\$7,021	
690	\$4,573	
312	\$5,448	
193	\$8,452	
313	\$4,423	
641	\$4,842	
		TriSt
<b>DRG</b>	<b>SRMC Maximum</b>	
871	\$28,040	
291	\$18,453	
872	\$59,767	
392	\$35,984	

190	\$19,733	
690	\$22,685	
312	\$15,493	
193	\$19,088	
313	\$11,095	
641	\$20,875	

Because the applicant believes the chart above reflects negotiated rates and not charges, the additio provides billed charges using data from the 2023 Inpatient Standard Analytical File, published by t The chart below shows average billed charges in calendar year 2023 across all Medicare claims ser The applicant believes this chart provides a useful point of comparison for HFC staff.

## Comparison of SRMC and TriStar Charges from CMS IP

DRG	SRMC Average	TriStar
871	\$89,094	
291	\$64,894	
872	\$44,894	
392	\$45,473	
190	\$56,266	
690	\$37,780	
312	\$37,236	
193	\$76,140	
313	\$31,556	
641	\$31,355	

#### 4. 1N. Criteria and Standards

##### Attachment Acute Care Bed Need Services.

##### Criterion #2: Quality Considerations

The following data on Page 9 appears to be incorrect.

Healthcare work influenza vaccinations: National Average, and Hospital Percentage (the appear to be reversed).

**Response :** The two numbers were reversed. The table on page 9 has been corrected and Attachment Acute Care Bed Need Services has been replaced in the attachments.

## **5. 1N. Criteria and Standards**

### **Attachment Acute Care Bed Need Services. Criterion #4: Relationship to Existing Similar Services in the Area**

Page 14 - Please revise the 2022 patient days for TriStar Hendersonville Medical Center and the corresponding Total row.

There appears to be a table on Page 15 that is redundant. Please revise or remove as appropriate.

**Response :** The table on page 15 is not redundant. The table on page 14 shows the 2023 licensed beds while the table on page 15 shows the 2023 staffed beds, per the Joint Annual Reports. The occupancy percentages are calculated differently in each table. The table on page 15 has been revised to state that the occupancy is based on staffed beds. It has also been revised to fix a scrivener's error and to update the 2022 patient days for TriStar Hendersonville Medical Center and the corresponding Total row.

Attachment Acute Care Bed Need Services has been revised and re-attached.

## **6. 1N. Criteria and Standards**

### **Attachment 1N, Construction, Renovation, Expansion and Replacement of Health Care Institutions Standards:**

Please remove the attachment responding to the Construction, Renovation, Expansion and Replacement of Health Care Institutions Standards as they are not reviewable for this project. Please incorporate any of the information provided in response to these standards into the main application or acute care bed need standards as appropriate.

**Response :** The attachment corresponding to the Construction, Renovation, Expansion and Replacement of Health Care Institutions Standards has been removed.



The relevant information has been incorporated into the main application and the acute care bed need standards. The acute care bed need standards attachment has been replaced.

**Project Name :** Sumner Regional Medical Center

**Supplemental Round Name :** 3

**Certificate No. :** CN2504-012

**Due Date :** 5/14/2025

**Submitted Date :** 5/14/2025

**1. 1N. Criteria and Standards**

**Attachment 1N, Acute Care Bed Need, Criterion #1, Determination of Need, Page 11**

The 2023 number of ED treatment rooms and visits per room for Sumner Station appears to be incorrect (9 are reported in the 2023 JAR).

Please revise and resubmit Page 11 or Attachment 1N (labeled as Page 11R).

**Response :** Sumner Station's emergency department has 8 treatment rooms. The table on page 11 accurately presents the capacity.

The 2023 JAR reported 9 rooms in error.