Original Application

TN Oncology Radiation Therapy

CN1807-032

DSG Development Support Group

July 13, 2018

Melanie Hill, Executive Director
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

RE: CON Application Submittal
Tennessee Oncology Radiation Therapy Service
Franklin, Williamson

Dear Mrs. Hill:

This letter transmits an original and two copies of the subject application. The affidavit and filing fee are enclosed.

I am the contact person for this project. Brant Phillips is legal counsel. Please advise me of any additional information you may need. We look forward to working with the Agency on this project.

Respectfully,

John Wellborn

John Wellborn
Consultant

4219 Hillsboro Road, Suite 203
Nashville, TN 37215
jwdsg@comcast.net
Tel 615.665.2022
Fax 615.665.2042

JUL 12 '18 PM 2:19

CERTIFICATE OF NEED APPLICATION

TO PROVIDE OUTPATIENT RADIATION THERAPY TO THE PATIENTS OF TENNESSEE ONCOLOGY PLLC IN FRANKLIN, WILLIAMSON COUNTY

Filed July 2018

CERTIFICATE OF NEED APPLICATION

SECTION A: APPLICANT PROFILE

1. Name of Facility, Agency, or Institution

Tennessee Oncology Radiation Therapy Center at Franklin
Name

4488 Carothers Parkway	
Street or Route	*County*

Franklin	TN	37067
City	*State*	*Zip Code*

c/o Tennessee Oncology at *http://tnoncology.com*
Website Address

2. Contact Person Available for Responses to Questions

John Wellborn	Consultant
Name	*Title*

Development Support Group	jwdsg@comcast.net
Company Name	*E-Mail Address*

4219 Hillsboro Road, Suite 210	Nashville	TN	37215
Street or Route	*City*	*State*	*Zip Code*

CON Consultant	615-665-2022	615-665-2042
Association With Owner	*Phone Number*	*Fax Number*

NOTE: **Section A** is intended to give the applicant an opportunity to describe the project. **Section B** addresses how the project relates to the criteria for a Certificate of Need by addressing: Need, Economic Feasibility, Contribution to the Orderly Development of Health Care, and Quality Measures. Please answer all questions on 8.5" X 11" 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 A.1, A.2, etc. The last page of the application should be a completed and signed notarized affidavit.

3. SECTION A: EXECUTIVE SUMMARY

A. Overview

Please provide an overview not to exceed three pages in total, explaining each numbered point.

1) Description (Address the establishment of a health care institution, initiation of health services, bed complement changes, and/or how this project relates to any other outstanding but unimplemented certificates of need held by the applicant.)

The applicant, Tennessee Oncology PLLC is a Tennessee physician group practice of 93 physicians who provide oncology services to patients through 31 practice offices and 30 acute care facilities in Middle Tennessee. The group is the largest oncology practice in Tennessee and is also one of the nation's largest.

Tennessee Oncology physicians are the Medical Directors for eleven of the seventeen hospital-based linear accelerator units in the project service area--Davidson, Rutherford, and Williamson Counties (Nashville area). They medically supervise the operation of six units at three Saint Thomas hospitals and five units at four TriStar HCA hospitals. In 2017, Tennessee Oncology's radiation oncologists performed more than half of the linear accelerator treatments provided in that service area.

Tennessee Oncology's clinic in Williamson County is moving close to Williamson Medical Center, the Sarah Cannon Cancer Center, and the Scott Hamilton Proton Treatment Center, to foster the development of a regional center of excellence in Oncology care. Tennessee Oncology recently received unanimous CON Board approval for a private-practice PET unit at this location to advance that plan.

This current CON application is to acquire a linear accelerator ("Linac") for the Franklin clinic building and to initiate outpatient megavoltage radiation therapy services for some of Tennessee Oncology's patients who want and need this option.

The site for the project is 4488 Carothers Parkway, near the Franklin/Williamson Medical Center Exit from Interstate 65. The site is on the south side of the Scott Hamilton Proton Center under construction approximately 450 yards from Williamson Medical Center. Tennessee Oncology physicians at this practice office are on that hospital's active medical staff.

The proposed linear accelerator is projected to be a leased Varian unit with the most advanced planning and treatment capabilities available. The unit will be located in 6,560 usable SF (7,097 rentable SF) of leased ground-floor space at a three-floor medical office building ("MOB") under construction by a third party. It will consist of office and support space within the MOB, adjoining a heavily shielded accelerator vault that will be added to the side of the MOB. This linac space will be an addition to Tennessee Oncology's practice office and PET Center that are currently under construction within that MOB.

The design of the project provides a reception area and waiting room, three patient examination rooms, physician and staff offices, staff break room, the linac and CT control rooms, the CT room, the linac vault and other support spaces.

The proposed service will initially be scheduled to operate from 8 AM to 4:30 PM weekdays, with extended and Saturday hours available when needed by patients. Being located in the medical practice, the radiation therapy service will be globally billed, i.e., charges will include both the technical and professional/medical components of the treatments. Patients will not receive a separate bill from the radiation oncologist.

2) Ownership Structure

The applicant is TennesseeOncology PLLC, whose 93 physicians are Tennessee's largest oncology group practice, and one of the largest in America. This PLLC is owned by 72 of its full-time physicians, each with an interest of approximately 1.3888%. No person or entity owns 5% or more of the PLLC.

In addition to providing patient care, Tennessee Oncology physicians also conduct clinical trials for Nashville's Sarah Cannon Cancer Center, which manages the nation's largest network of clinical trials of cancer medications.

Tennessee Oncology has a strong leadership role in providing care for this region's oncology patients. The PLLC operates three PET facilities in Davidson and Rutherford Counties. A fourth PET unit for Tennessee Oncology patients, to be located in Franklin in the same building as this project, received CON approval in 2017 and is under development. At that time, Tennessee Oncology's 3-unit PET network constituted the largest single PET scan provider to residents of the 38 counties of Middle Tennessee--performing 43% of all PET scans of those counties' residents. It was the largest provider to Davidson County residents--performing 33% of their total scans.

MOB Information: Franklin Investments LLC and Provision Healthcare LLC, are equal co-owners of Middle Tennessee Health Realty LLC, whose only role in this project is as owner, developer, and lessor of the medical office building being constructed at this location for multiple tenants.

Franklin Investments LLC is a real estate investment entity that is owned by a group of Tennessee Oncology PLLC physician partners.

Middle Tennessee Health Realty LLC is owned 50% by Franklin Investments LLC and 50% by Provision Healthcare LLC.

Provision Healthcare LLC's members are Terry Douglass, his children, and two charitable trusts managed by Mr. Douglass. Their percentages of membership are as follows:

Vision Rev. Charitable Trust	*40.2904%*
Terry D. Douglass	*20.0000*
Rev. Charitable Trust of Terry and Roseann Douglas	*10.0000%*
Deborah Douglass Robinson	*9.9032%*
Melissa Douglass Hill	*9.9032%*
Timothy Dean Douglass	*9.9032%*

3) Service area

The primary service area of the project is projected to be Davidson, Williamson and Rutherford Counties.

4) Existing similar service providers

The primary service area contains 11 hospital providers of megavoltage radiation therapy services, who collectively operate 17 linear accelerators. Unlike all other diagnostic and treatment technology in this regional medical service area, none of the existing linear accelerators is owned or operated by a private physician practice. This will be the first physician-owned and operated linear accelerator service in the area.

5) Project cost

The estimated project cost is $13,807,020. Under HSDA rules, this includes the operating expenses of the space lease, leased equipment, and equipment service contracts. The actual capital cost (and funding) needed to implement the project is only $2,172,633.

6) Funding

The applicant will fund the capital cost of the project through internal cash reserves and operating income.

7) Financial feasibility, including when the proposal will realize a positive financial margin; and

The proposed radiation therapy service will operate with a positive positive net income in its second year of operation.

8) Staffing

The staff required for this service will be 8.2 FTE's in Year One. Clinical staff will consist of a physicist, a dosimetrist, an RN, 3 therapists and 1 PRN therapist. A clinical services assistant will provide reception and clerical services. Business support will be provided by the applicant's existing PLLC office staff. The applicant will explore contracting with other nearby providers for certain staff support functions; but currently the applicant expects to directly employ all necessary staff as part of its practice.

B. 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, can be economically accomplished and maintained, will provide health care that meets appropriate quality standards, and will contribute to the orderly development of adequate and effective health care in the service area. This section should provide rationale for each criterion using the data and information points provided in Section B of this application. Please summarize, in one page or less, each of the criteria.

1) Need

A. The applicant provides radiation therapy services through its radiation oncologists, who provide medical supervision at 11 linear accelerators at 7 hospital programs in the three-county service area.

B. The applicant's physicians provide ***more than half*** of all radiation therapy treatments on linear accelerators in the service area. The rest are provided by Vanderbilt Clinic physicians who operate 6 linear accelerators at 2 locations in these three counties. The two groups do not share locations or equipment. Both are nationally known for quality of care and for research.

C. Tennessee Oncology's experience is that the linear accelerators to which it has access are averaging very high average utilization in terms of hours per day requiring physician presence. All but one of its seven linac sites continuously require more than an eight-hour physician day to meet current patient needs; and some are requiring physician presence twelve hours a day, six days a week. This is excessive and less than optimal for patients.

D. More capacity is needed for Tennessee Oncology patients. The State Health Plan targets for average utilization in the service area have become outdated and are not reachable areawide. Its linear accelerator review criteria utilize treatment time assumptions that are often not accurate. They do not take into account emerging mixes of types of beam treatments, and the fact that a linac cannot be operated continuously during the workday. Pauses in delivering dosages into the tumors are frequent and medically essential. Examples include machine warm-up, quality assurance checks and physics calculations, all of which require the radiation oncologist's attention, during which the machine is idled.

E. Adding a linear accelerator at the Tennessee Oncology clinic under construction at the Franklin exit from I-65 will meet several patient needs. Because of this, the numbers of Tennessee Oncology patients who will choose this new site will be sufficient to heavily utilize it within three years. This project will be utilized by redistribution of Tennessee Oncology's own patients--not by increasing Tennessee Oncology's market share. The benefits will include:

1. First, the project will give patients improved access. Radiation therapy requires more patient drive time than any other service. It requires daily round trips from home or work over periods of weeks. With this new location along I-65, many patients of this practice (depending on where they live or work) will find that this site offers easier access than driving daily back and forth into central urban areas with traffic and parking issues. Those patients will have a reduced drive time and/or a less stressful daily drive time.

2. Second, the project will reduce costs of care for some patients and their insurors. It will be the area's first linear accelerator to be based in a physician practice, where it will have a

lower charge structure benefiting patients and payors whose costs are related to provider charges. This savings will be the same type that is seen in emerging freestanding MRI, CT and outpatient surgical facilities that are independent of hospital campuses.

3. Third, an additional site of service will help patients avoid wait times when needing to start a type of life-saving care that cancer patients want to start as quickly as possible. With area linear accelerators now so heavily scheduled, patients soon will begin to face waiting times for start of treatment. Currently, such waiting times are being largely avoided only because radiation oncologists at many Tennessee Oncology sites are working extended hours and extended workweeks that cannot continue indefinitely. Most of the largest providers' linac vaults are too landlocked to add more units (many are underground, beside or under hospital buildings). It is prudent to add a linear accelerator at this more open, interstate-accessible location before wait times become a more serious problem.

2) Economic Feasibility

A. The applicant has cash flows and lines of credit sufficient to provide the approximately $2.2 million dollars required to implement the project.

B. The project will have a positive cash flow and positive operating margin very quickly.

C. This applicant will be economically accessible, having contracts with all area MCO's and having a record of providing charity care.

3) Appropriate Quality Standards

A. The unit will achieve accreditation from the American Society of Therapeutic Radiation Oncologists.

B. The applicant is experienced with meeting high quality standards at multiple sites where it owns and operates PET units, some of which are under ODC licensure and all of which comply with licensure and accreditation standards.

4) Orderly Development of adequate and effective health care

A. Giving the area its first private practice radiation therapy equipment is a timely innovation that will reduce patient costs for many patients.

B. The project will continue the evolution of this location into an oncology center of excellence. The applicant group practice has already been given CON approval to add a PET unit to its office at this location (its fourth PET unit in the service area). Nearby are multiple other oncology providers with whom Tennessee Oncology is working collaboratively, including Williamson Medical Center (medical and surgical oncology), the regionally significant Scott Hamilton Proton Treatment Center (opening September 2018) and a branch office of the Sarah Cannon Cancer Center (which manages the nation's largest network of new pharmaceutical trials).

C. Consent Calendar Justification

If consent calendar is requested, please provide the rationale for an expedited review. A request for Consent Calendar must be in the form of a written communication to the Agency's Executive Director at the time the application is filed.

Not requested.

SECTION A (CONTINUED): PROJECT DETAILS

4.A. Owner of the Facility, Agency, or Institution

Tennessee Oncology PLLC	615-312-3286
Name	*Phone Number*

2004 Hayes Street, Suite 800	Davidson
Street or Route	*County*

Nashville	TN	37203
City	*State*	*Zip Code*

B. Type of Ownership or Control (Check One)

A. Sole Proprietorship		F. Government (State of TN or Political Subdivision)	
B. Partnership		G. Joint Venture	
C. Limited Partnership		H. Limited Liability Company	
D. Corporation (For-Profit)		I. Other (Specify):	*x*
E. Corporation (Not-for-Profit)		*Professional Limited Liability Company*	

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 TN Secretary of State's website hpps://tnbear.tn.gov/Ecommerce/FilingSearch.aspx.

See Attachment Section A-4A.

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.

Tennessee Oncology PLLC is a 93-physician group practice organized in Tennessee as a professional limited liability company. All of the PLLC's membership shares are owned by 72 of the practice's oncologists. Each member owns approximately 1.3888% of the membership interests. The physician members of the PLLC, their Middle Tennessee office locations and the 30 Tennesssee acute care facilities where they have privileges are listed in Attachment A-4A. Attachment A-4A also contains documentation of the PLLC's formation and an organization chart showing its relationship to this project.

5A. Name of Management/Operating Entity (If Applicable) **N/A**

Name

Street or Route *County*

City *State* *Zip Code*

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 methodology and schedule. For facilities with existing management agreements, attach a copy of the fully executed final contract.

N/A

6A. Legal Interest in the Site of the Institution (Check One)

A. Ownership		D. Option to Lease	
B. Option to Purchase		E. Other (Specify):	
C. Lease of 10 Years	x		

Check appropriate line above: For applicants or applicant's parent company/owner that currently own the building/land for the project location, attach a copy of the title/deed. For applicants or applicant's parent company/owner that currently lease the building/land for the project location, attach a copy of the fully executed lease agreement. For projects where the location of the project has not been secured, attach a fully executed document including Option to Purchase Agreement, Option to Lease Agreement, or other appropriate documentation. Option to Purchase Agreements must include anticipated purchase price. Lease/Option to Lease Agreements must include the actual/anticipated term of the agreement and actual/anticipated lease expense. The legal interests described herein must be valid on the date of the Agency's consideration of the certificate of need application.

See Attachment Section A-6A.

6B. Attach a copy of the site's plot plan, floor plan, and if applicable, public transportation route to and from the site, on an 8.5" X 11 sheet of white paper, single-sided. Do not submit blueprints. Simple line drawings should be submitted and need not be drawn to scale.

(1) Plot Plan must include:

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

See Attachment Section A-6B-1.

(2) Attach a floor plan drawing for the facility, which includes legible labeling of patient care rooms (noting private or semi-private), ancillary areas, equipment areas, etc. On an 8.5" X 11" sheet of paper or as many as necessary to illustrate the floor plan.

See Attachment Section A-6B-2.

(3) 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.

See Attachment Section A-6B-3.

7. Type of Institution (Check as appropriate—more than 1 may apply)

A. Hospital (Specify):		H. Nursing Home	
B. Ambulatory Surgical Treatment Center (ASTC) Multi-Specialty		I. Outpatient Diagnostic Center	
C. ASTC, Single Specialty		J. Rehabilitation Facility	
D. Home Health Agency		K. Residential Hospice	
E. Hospice		L. Non-Residential Substitution-Based Treatment Center for Opiate Addiction	
F. Mental Health Hospital		M. Other (Specify):	X
G. Intellectual Disability Institutional Habilitation Facility ICFF/IID		*ASTC limited to megavoltage radiation therapy*	

8. Purpose of Review (Check as appropriate—more than 1 may apply)

A. New Institution		F. Change in Bed Complement *Please note the type of change by underlining the appropriate response: Increase, Decrease, Designation, Distribution, Conversion, Relocation*	
B. Modifying an ASTC with limitation still required per CON		G. Satellite Emergency Department	
C. Addition of MRI Unit		H. Change of Location	
D. Pediatric MRI		I. Other (Specify):	
E. Initiation of Health Care Service as defined in TCA Sec 68-11-1607(4) (Specify) MRT (Linac)	X		

9. Medicaid/TennCare, Medicare Participation

MCO Contracts (Check all that apply:
__x__Amerigroup __x__United Healthcare Community Plan ___x__BlueCare __x___TennCare Select
Medicare Provider Number:
Medicaid Provider Number:
Certification Type: Physician Office
If a new facility, will certification be sought for Medicare or for Medicaid/TennCare?
Medicare Yes___No___N/A _x_
Medicaid/TennCare Yes___No___N/A _x_

10. Bed Complement Data NA

A. Please indicate current and proposed distribution and certification of facility beds.)

	Beds Currently Licensed	Beds Staffed	Beds Proposed	*Beds Approved	**Beds Exempt	TOTAL Beds at Completion
1. Medical						
2. Surgical						
3. ICU/CCU						
4. Obstetrical						
5. NICU						
6. Pediatric						
7. Adult Psychiatric						
8. Geriatric Psychiatric						
9. Child/Adolescent Psychiatric						
10. Rehabilitation						
11. Adult Chemical Dependency						
12. Child/Adolescent Chemical Dependency						
13. Long-Term Care Hospital						
14. Swing Beds						
15. Nursing Home SNF (Medicare Only)						
16. Nursing Home NF (Medicaid Only)						
17. Nursing Home SNF/NF (dually certified MCare/Maid)						
18. Nursing Home-Licensed (Noncertified)						
19. ICF/IID						
20. Residential Hospice						
TOTAL						

** Beds approved but not yet in service* *** Beds exempted under 10%/3 yrs provision*

B. Describe the reasons for change in bed allocations and describe the impact the bed changes will have on the applicant facility's existing services.

See Attachment Section A-10.

C. Please identify all the applicant's outstanding Certificate of Need projects that have a licensed bed change component. If applicable, complete the chart below.

CON Number	CON Expiration Date	Total Licensed Beds Approved

Not applicable. The applicant's only outstanding CON project is a PET unit in the same medical office building that is under construction to house this project and a large Tennessee Oncology clinic. No licensed beds are involved.

11. Home Health Care Organizations – Home Health Agency, Hospice Agency (excluding Residential Hospice), identify the following by checking all that apply:

Not applicable.

Not applicable

	Existing Licensed County	Parent Office County	Proposed Licensed County		Existing Licensed County	Parent Office County	Proposed Licensed County
Anderson	☐	☐	☐	Lauderdale	☐	☐	☐
Bedford	☐	☐	☐	Lawrence	☐	☐	☐
Benton	☐	☐	☐	Lewis	☐	☐	☐
Bledsoe	☐	☐	☐	Lincoln	☐	☐	☐
Blount	☐	☐	☐	Loudon	☐	☐	☐
Bradley	☐	☐	☐	McMinn	☐	☐	☐
Campbell	☐	☐	☐	McNairy	☐	☐	☐
Cannon	☐	☐	☐	Macon	☐	☐	☐
Carroll	☐	☐	☐	Madison	☐	☐	☐
Carter	☐	☐	☐	Marion	☐	☐	☐
Cheatham	☐	☐	☐	Marshall	☐	☐	☐
Chester	☐	☐	☐	Maury	☐	☐	☐
Claiborne	☐	☐	☐	Meigs	☐	☐	☐
Clay	☐	☐	☐	Monroe	☐	☐	☐
Cocke	☐	☐	☐	Montgomery	☐	☐	☐
Coffee	☐	☐	☐	Moore	☐	☐	☐
Crockett	☐	☐	☐	Morgan	☐	☐	☐
Cumberland	☐	☐	☐	Obion	☐	☐	☐
Davidson	☐	☐	☐	Overton	☐	☐	☐
Decatur	☐	☐	☐	Perry	☐	☐	☐
DeKalb	☐	☐	☐	Pickett	☐	☐	☐
Dickson	☐	☐	☐	Polk	☐	☐	☐
Dyer	☐	☐	☐	Putnam	☐	☐	☐
Fayette	☐	☐	☐	Rhea	☐	☐	☐
Fentress	☐	☐	☐	Roane	☐	☐	☐
Franklin	☐	☐	☐	Robertson	☐	☐	☐
Gibson	☐	☐	☐	Rutherford	☐	☐	☐
Giles	☐	☐	☐	Scott	☐	☐	☐
Grainger	☐	☐	☐	Sequatchie	☐	☐	☐
Greene	☐	☐	☐	Sevier	☐	☐	☐
Grundy	☐	☐	☐	Shelby	☐	☐	☐
Hamblen	☐	☐	☐	Smith	☐	☐	☐
Hamilton	☐	☐	☐	Stewart	☐	☐	☐
Hancock	☐	☐	☐	Sullivan	☐	☐	☐
Hardeman	☐	☐	☐	Sumner	☐	☐	☐
Hardin	☐	☐	☐	Tipton	☐	☐	☐
Hawkins	☐	☐	☐	Trousdale	☐	☐	☐
Haywood	☐	☐	☐	Unicoi	☐	☐	☐
Henderson	☐	☐	☐	Union	☐	☐	☐
Henry	☐	☐	☐	Van Buren	☐	☐	☐
Hickman	☐	☐	☐	Warren	☐	☐	☐
Houston	☐	☐	☐	Washington	☐	☐	☐
Humphreys	☐	☐	☐	Wayne	☐	☐	☐
Jackson	☐	☐	☐	Weakley	☐	☐	☐
Jefferson	☐	☐	☐	White	☐	☐	☐
Johnson	☐	☐	☐	Williamson	☐	☐	☐
Knox	☐	☐	☐	Wilson	☐	☐	☐
Lake	☐	☐	☐				

12. Square Footage and Cost Per Square Footage Chart--Tennessee Oncology Linear Accelerator (Franklin)

Unit/Department	Existing Location	Existing SF	Temporary Location	Proposed Final Location	Proposed Final Square Footage		
					Renovated	New	Total
Linear Accelerator Space	NA	NA	NA	NA	6,560		6,560
Unit/Dept GSF Subtotal							
Other GSF Subtotal					0	0	0
Total GSF		0			6,560	0	6,560
Total Cost*					$1,700,000.00		$1,700,000.00
**Cost Per Square Foot					$259.15		$259.15
Cost per Square Foot is Within Which Range?					___ Below 1st Quartile	___ Below 1st Quartile	___ Below 1st Quartile
					___ Between 1st and 2nd Quartile	___ Between 1st and 2nd Quartile	___ Between 1st and 2nd Quartile
The comparison is to hospital space costs in Registry data. Third quartile for renovation is $247.52.					___ Between 2nd and 3rd Quartile	___ Between 2nd and 3rd Quartile	___ Between 2nd and 3rd Quartile
					_X_ Above 3rd Quartile	___ Above 3rd Quartile	_X_ Above 3rd Quartile

** The Total Construction Cost should equal the Construction Cost reported on line A5 of the Project Cost Chart.*

*** Cost per Square Foot is the construction cost divided by the square feet. Please do not include contingency costs.*

ARCHITECT SHOULD ENTER COST PSF ONLY FOR NEW AND RENOVATED COLUMNS; THE TOTAL COST PSF COLUMN CALCULATES AUTOMATICALLY.

13. MRI, PET, and/or LINEAR ACCELERATOR

Describe the acquisition of any Magnetic Resonance Imaging (MRI) scanner that is adding an MRI scanner in counties with population less than 250,000, or is initiating pediatric MRI in counties with population greater than 250,000, and/or describe the acquisition of any Positron Emission Tomography (PET) unit or Linear Accelerator unit if initiating the service by responding to the following:

A. Complete the Chart below for acquired equipment.

Linear Accelerator	
Mev:	Total Cost*: $7,665,198.80
Types: (indicate one)	By Purchase? __
x SRS	By Lease? x
x IMRT	
x IGRT	Expected Useful Life (yrs): 6 years
_ Other :	New? _x_
	Refurbished? __
	If not new, how old (Yrs)? __

MRI (Not Applicable)	
Tesla:	Total Cost*: $
Magnet: (indicate one)	By Purchase? __
_ Breast	By Lease? __
_ Extremity?	
_ Open?	Expected Useful Life (yrs): __
_ Short Bore?	New? __
_ Other -- _____	Refurbished? __
	If not new, how old (Yrs)? __

PET (Not Applicable)	
PET Only? __	Total Cost*: $
	By Purchase? __
PET/CT? __	By Lease? __
PET/MRI? __	Expected Useful Life (yrs): __
	New? __
	Refurbished? __
	If not new, how old (Yrs)? __

**As defined by Agency Rule 0720-9-.01(13). The cost shown is lease outlay (7 years) plus the service agreement. Does not include the simulator, a different equipment item.*

B. In the case of equipment purchase, include a quote and/or proposal from an equipment vendor. In the case of equipment lease, provide a draft lease or contract that at least includes the term of the lease and the anticipated lease payments along with the fair market value of the equipment.

See Attachment Section A.13.B for the lease and purchase quotes.

C. Compare the lease cost of the equipment to its fair market value. Note: Per Agency rule, the higher cost must be identified in the project cost chart.

Linac Package
Lease Cost = 84 months @ $76,040 per mo. = $6,387,360 outlay + service contract
Purchase Cost = $5,733,662 + service contract

CT Simulator:
Lease Cost = 60 months @ $7,930.31 per mo. = $475,819 outlay + service contract
Purchase Cost = $716,023

D. Schedule of Operations: Not applicable

Location	Days of Operation (Sun-Sat)	Hours of Operation
Fixed Site (Applicant)		
Mobile Locations		
Applicant		
Name of other location		

E. Identify the clinical applications to be provided, that apply to the project.

The proposed linear accelerator will be used in the treatment of tumors at any location in the body, as deemed medically appropriate.

F. If the equipment has been approved by the FDA within the past five years, provide documentation of the same.

See Attachment A.13.F.

SECTION B: GENERAL CRITERIA FOR CERTIFICATE OF NEED

In accordance with T.C.A. § 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, can be economically accomplished and maintained, will provide health care that meets appropriate quality standards, and will contribute to the orderly development of health care." Further standards for guidance are provided in the State Health Plan developed pursuant to T.C.A. § 68-11-1625.

The following questions are listed according to the four criteria: (1) Need, (2) Economic Feasibility, (3) Applicable Quality Standards, and (4) Contribution to the Orderly Development of Health Care. Please respond to each question and provide underlying assumptions, data sources, and methodologies when appropriate. *Please type each question and its response on an 8 1/2" x 11" white paper, single-sided.* All exhibits and tables must be attached to the end of the application in correct sequence identifying the question(s) to which they refer, unless specified otherwise. ***If a question does not apply to your project, indicate "Not Applicable (NA)."***

A. Provide a response to each criterion and standard in Certificate of Need categories in the State Health Plan that are applicable to the proposed project. Criteria and standards can be obtained from the THSDA or found on the agency's website at http://tjn.gov/hsda/article/hsda-criteria-and-standards.

STATE HEALTH PLAN
CERTIFICATE OF NEED STANDARDS AND CRITERIA
FOR
MEGAVOLTAGE RADIATION THERAPY SERVICES

Standards and Criteria

1. Utilization standards for MRT Units.

a. Linear Accelerators not dedicated to performing SRT and/or SBRT procedures:

i. Full capacity of a Linear Accelerator MRT Unit is 8,736 procedures, developed from the following formula: 3.5 treatments per hour, times 48 hours (6 days of operation, 8 hours per day, or 5 days of operation, 9.6 hours per day), times 52 weeks.

ii. Linear Accelerator Minimum Capacity: 6,000 procedures per Linear Accelerator MRT unit annually except as otherwise noted herein.

iii. Linear Accelerator Optimal Capacity: 7,688 procedures per Linear Accelerator MRT Unit annually, based on a 12% average downtime per MRT unit during normal business hours annually.

Response: Subparagraphs i-iii above are definitions that do not require a response. However, the applicant questions the validity and appropriateness of these methodologies for calculating annual capacity goals for MRT units. See explanation below.

iv. An applicant proposing a new Linear Accelerator should project a minimum of at least 6,000 MRT procedure in the first year of service in its Service Area, building to a minimum of 7,688 procedures per year by the third year of service and for every year thereafter.

Response: The applicant projects the following utilization in this unit's first three years:

	Year 1 2020	Year 2 2021	Year 3 2022
Tennessee Oncology Patients (100%)	160	191	213
Treatments	3,509	4,210	4,678

The validity and appropriateness of these methodologies for calculating annual capacity goals for MRT units is questionable. The definitions of optimal utilization are not attainable without scheduling excessively long workdays that are not optimal for either the patients or the physicians. The applicant's perspective comes from its medical supervision and staffing of 11 of the 17 linear accelerators in this service area. Some of the units supervised by the applicant are being worked up to 12 hours a day, 6 days a week, which reflects a lack of needed capacity in the service area. Yet none of the sites is attaining 6,000 annual treatments per linear accelerator, much less "a minimum of 7,688" annual procedures.

b. For Linear Accelerators dedicated to performing only SRT procedures, full capacity is 500 annual procedures.

Response: Not applicable.

c. For Linear Accelerators dedicated to performing only SRT/SBRT procedures, full capacity is 850 annual procedures.

Response: Not applicable.

d. An exception to the standard number of procedures may occur as new or improved technology and equipment or new diagnostic applications for Linear Accelerators develop. An applicant must demonstrate that the proposed Linear Accelerator offers a unique and necessary technology for the provision of health care services in the proposed service area.

Response: An exception would be appropriate in light of the current criteria's over-estimate of the annual capacity of MRT units (linear accelerators), the excessive operating hours

recommended and the resulting overstatement of the threshold for CON approval of additional capacity in a service area.

e. Proton Beam MRT Units. As of the date of the approval and adoption of these Standards and Criteria, insufficient data are available to enable detailed utilization standards to be developed for Proton Beam MRT Units.

Response: Not applicable.

2. Need Standards for MRT Units.

a. For Linear Accelerators not dedicated solely to performing SRT and/or SBRT procedures, need for a new Linear Accelerator in a proposed Service Area shall be demonstrated if the average annual number of Linear Accelerator procedures performed by existing Linear Accelerators in the proposed Service Area exceeds 6,000.

Response: The most recently reported (CY2017) Registry data on service area linear accelerators indicates an areawide average utilization of 3,997 treatments per year on 17 linacs at nine service area locations.

The applicant believes that two of these locations have higher annual utilization than reported to the Registry, based on the fact that the applicant's physicians supervise all treatments at those locations and their records indicate that the reported volumes do not include almost nine thousand more treatments that were provided. Using this adjustment (see Table Section B-Need-E-4b), the average area utilization per linac was 4,495 treatments--which the applicant considers to be an appropriately high level of utilization for current linac technology that deliver mixes of treatment types of varying durations.

Again, the validity and appropriateness of these methodologies for calculating annual capacity goals for MRT units is questionable. The definitions of optimal utilization are not attainable without scheduling excessively long workdays that are not optimal for either the patients or the physicians. The applicant's perspective comes from its medical supervision and staffing of 11 of the 17 linear accelerators in this service area. Some of the units supervised by the applicant are being worked up to 12 hours a day, 6 days a week, which reflects a lack of needed capacity in the service area. Yet none of the sites is attaining 6,000 annual treatments, much less "a minimum of 7,688" annual procedures.

b. For Linear Accelerators dedicated to performing only SRT procedures, need in a proposed Service Area shall be demonstrated if the average annual number of MRT procedures performed by existing Linear Accelerators dedicated to performing only SRT procedures in a proposed Service Area exceeds 300, based on a full capacity of 500 annual procedures.

Response: Not applicable.

c. For Linear Accelerators dedicated to performing only SRT/SBRT procedures, need in a proposed Service Area shall be demonstrated if the average annual number of MRT procedures performed by existing Linear Accelerators dedicated to performing only SRT/SBRT procedures in a proposed Service Area exceeds 510, based on a full capacity of 850 annual procedures.

Response: Not applicable.

d. Need for a new Proton Beam MRT Unit: Due to the high cost and extensive service areas that are anticipated to be required for these MRT units, an applicant proposing a new Proton Beam MRT Unit shall provide information regarding the utilization and service areas of existing or planned Proton Beam MRT Units' utilization and service areas (including those that have received a CON), if the provide MRT services in the proposed Service Area and if that data are available, and the impact its application, if granted, would have on those other Proton Beam MRT Units.

Response: Not applicable.

e. An exception to the need standards may occur as new or improved technology and equipment or new diagnostic applications for MRT Units develop. An applicant must demonstrate that the proposed MRT Unit offers a unique and necessary technology for the provision of health care services in the proposed Service Area.

Response: The applicant does not request an exception based on unique technology.

3. Access to MRT Units.

a. An MRT unit should be located at a site that allows reasonable access for residents of the proposed Service Area.

Response: The proposed site's accessibility is superior to that of most existing linac sites in the service area. It is just off I-65 a few miles south of the Davidson County line; and it is accessible from throughout the service area by major interstate, Federal and State highways.

b. An applicant for any proposed new Linear Accelerator should document that the proposed location of the Linear Accelerator is within a 45-minute drive time of the majority of the proposed Service Area's population.

Response: This is documented by Table B-Need-State Plan-3b, on the following page.

The project site is on a well-known parkway across from Williamson Medical Center. The site is within a few minutes' drive of I-65, a major north-south corridor through the project service area. Bus service to the site is available from the City of Franklin, whose municipal transit system bus route and schedule are provided in Attachment Section A-6B(3).

The great majority of the population in the primary service area counties will be within 45 minutes' drive time of the project, as shown in the table below.

Table B-Need-State Plan-3b: Mileage and Drive Times Between Project and Communities in the Primary Service Area			
County	**Community**	**Miles**	**Drive Time**
Davidson	Nashville	18.8	22 min.
	Donelson	23.7	27 min.
	Bellevue	30.6	33 min.
	Antioch	16.7	24 min.
	Madison	29.8	34 min.
	Bordeaux	23.3	28 min.
Rutherford	Murfreesboro	28.8	37 min.
	Smyrna	20.6	37 min.
Williamson	Franklin	3.7	10 min.
	Brentwood	11.3	15 min.
	Fairview	21.7	34 min.
	Peytonsville	21.8	34 min.
	Thompson Station	12.8	18 min.

Source: Google Maps. 10:45 am, 7-11-18.

c. Applications that include non-Tennessee counties in their proposed Service Areas should provide evidence of the number of existing MRT units that service the non-Tennessee counties and the impact on MRT unit utilization in the non-Tennessee counties, including the specific location of those units located in non-Tennessee counties, their utilization rates, and their capacity (if that data are available).

Response: Not applicable. The project service area does not include non-Tennessee counties.

4. Economic Efficiencies. All applicants for any proposed MRT unit should document that lower cost technology applications have been investigated and found less advantageous in terms of accessibility, availability, continuity, cost, and quality of care.

Response: There is no lower-cost type of technology available for delivery of needed radiation beam treatments, at sites where it is medically indicated in preference to other types of radiation therapy (e.g., implant of seeds for prostate cancer). The costs submitted in this application, however, reflect maximum lease and purchase costs that have not yet been negotiated. If the CON is granted, this will allow the applicant to enter normal negotiation of terms with the manufacturers, which the applicant anticipates will result in lower equipment costs.

5. Separate Inventories for Linear Accelerators and for other MRT units. A separate inventory shall be maintained by the HSDA for Linear Accelerators, for Proton Beam Therapy MRT Units, and, if data are available, for Linear Accelerators dedicated to SRT and/or SBRT procedures and other types of MRT units.

Response: The HSDA appears to have done this with the data supplied to the applicant by the HSDA Registry.

6. Patient Safety and Quality of Care. The applicant shall provide evidence that any proposed MRT Unit is safe and effective for its proposed use.

a. The United States Food and Drug Administration (FDA) must certify the proposed MRT unit for clinical use.

This is a well-established series of linear accelerators from the world's largest manufacturer (Varian). It received FDA approval long ago. Periodic updates to this series of machines have also received FDA approval.

b. The applicant should demonstrate that the proposed MRT Units shall be housed in a physical environment that conforms to applicable Federal standards, manufacturer's specifications, and licensing agencies' requirements.

Response: The applicant so commits. Please see the project architect's letter in the Attachments, attesting to the codes and standards that will be followed.

c. The applicant should demonstrate how emergencies within the MRT Unit facility will be managed in conformity with accepted medical practice.

In the event of a health emergency, the following procedure will be followed:

A technologist will immediately notify the onsite radiation oncologist or notify the front office staff to call for the onsite radiation oncologist. A technologist will stay with the patient and evaluate his/her condition.

The onsite radiation oncologist will authorize notification of Emergency Medical Services if needed and attempt to stabilize the patient until the EMS team arrives.

The radiation oncologist or a technologist under the supervision of the radiation oncologist may defibrillate or administer emergency drugs.

After the patient has been stabilized and/or transported to the nearest emergency facility by the EMS team, the technologist involved will fill out an incident report online in the Adverse Event program accessible through the Tennessee Oncology Intranet.

d. The applicant should establish protocols that assure that all MRT Procedures performed are medically necessary and will not unnecessarily duplicate other services.

This is essential to do, and is familiar to the applicant. At its three operational PET services in Davidson and Rutherford Counties, the applicant has established procedures for utilization review that ensure the necessity of performing scans and the avoidance of duplication. These will be adapted in establishing protocols for the linear accelerator service, reflecting such techniques as IMRT, stereotactic radiograpy, and stereotactic body radiation therapy. In addition, the practice will draw from existing protocols being, used at their seven current hospital-based radiation therapy programs.

e. An applicant proposing to acquire any MRT Unit shall demonstrate that it meets the staffing and quality assurance requirements of the American Society of Therapeutic Radiation and Oncology (ASTRO), the American College of Radiology (ACR), the American College of Radiation Oncology (ACRO) or a similar accrediting authority such as the National Cancer Institute (CNI). Additionally, all applicants shall commit to obtain accreditation from ASTRO, ACR or a comparable accreditation authority for MRT services within two years following initiation of the operation of the proposed MRT Unit.

Response: The proposed service will meet or exceed all staffing and quality assurance requirements for accreditation by ASTRO and will seek to obtain ASTRO accreditation within two years of opening the MRT service.

f. All applicants should seek and document emergency transfer agreements with local area hospitals, as appropriate. An applicant's arrangements with it physician medical director must specify that said physician be an active member of the subject transfer agreement hospital medical staff.

Response: All radiation oncologists who might supervise the Franklin service have, or will be required to obtain, active staff privileges at Williamson Medical Center. Almost all of the applicant's radiation oncologists who are officed in the Nashville area are on the active staff of all area hospitals where Tennessee Oncology provides medical supervision and treatments for radiation therapy programs.

g. All applicants should provide evidence of any onsite simulation and treatment planning services to support the volumes they project and any impact such services may have on volume and treatment times.

Response: This is a new facility and location for radiation therapy; no staff are as yet employed. The applicant has projected appropriate staffing for all phases of the service, in conformity with accreditation standards, at levels appropriate for the projected high utilization of the service.

7. The applicant should provide assurances that it will submit data in a timely fashion as requested by the HSDA to maintain the HSDA Equipment Registry.

Response: The applicant routinely does this for its several PET facilities in the service area; and will also provide requested data timely for its Franklin linear accelerator.

8. In light of Rule 0720-11.01, which lists the factors concerning need on which an application may be evaluated, and Principle No 2 in the State Health Plan, "Every citizen should have reasonable access to health care," the HSDA may decide to give special consideration to an applicant:

a. Who is offering the service in a medically underserved area as designated by the United States Health Resources and Services Administration; or

b. Who is a "safety net hospital" or a "children's hospital" as defined by the Bureau of TennCare Essential Access Hospital payment program; or

c. Who provides a written commitment of intention to contract with at least one TennCare MCO and, if providing adult services, to participate in the Medicare program.

Response: The applicant already contracts with all area MCO's. This is simply a service addition to the practice and will fall under existing contracts. Likewise, the applicant is certified for Medicare and TennCare participation, and this new service will fall under that existing certification.

B. Describe the relationship of this project to the applicant facility's long-range development plans, if any, and how it relates to previously approved projects of the applicant.

The mission of this exceptionally large 40-year old specialty group practice is to provide rapid access to high-quality cancer care and to the expertise of clinical research for all patients, at convenient locations within their community and close to their homes and workplaces.

This commitment is demonstrated by the group's extensive network of offices across Middle Tennessee, its work with the nation's largest organization for trials of new cancer medications (the Sarah Cannon Cancer Center), its operation of three (soon to be four) PET diagnostic units in the area, its supervision of more than half of the radiation therapy programs in the area, and its performance of more than half of the linear accelerator cancer treatments given in the area.

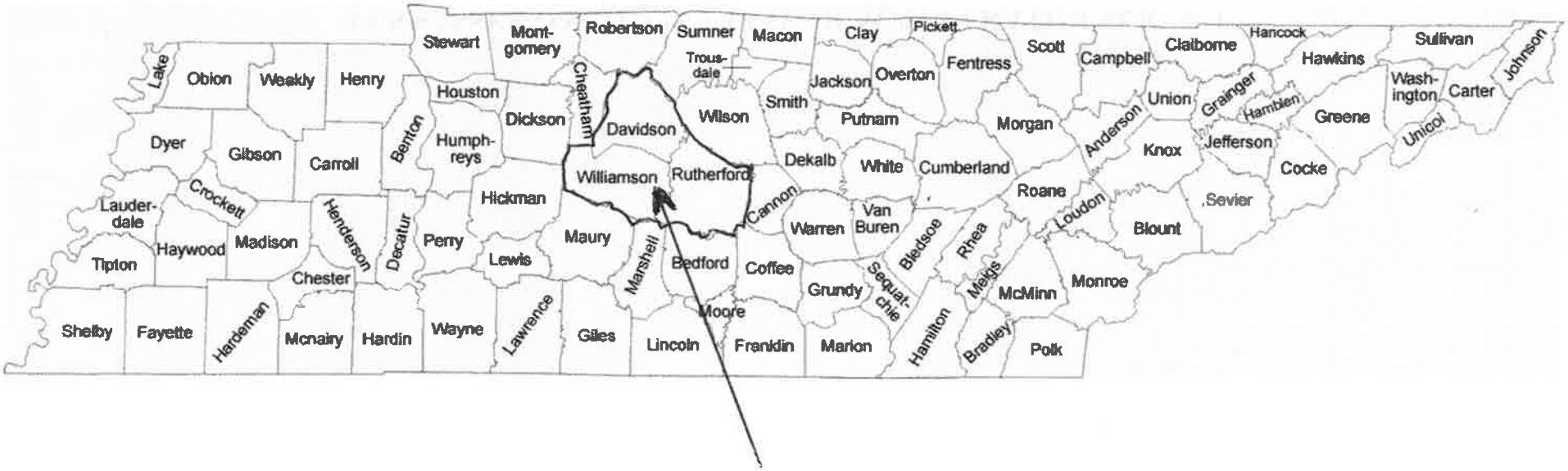
This project extends this commitment by adding needed radiation therapy capacity to a high-growth sector of the service area, at a major multi-provider location that is already in place there--offering linear accelerators, PET diagnostic services, the only Proton Treatment Center in Middle Tennessee, and a sophisticated acute care hospital and physician community. Complementing these, in the same building with the proposed PET, there will be an expanded office of Tennessee Oncology physicians and a satellite office of the Sarah Cannon Cancer Center to enhance physician collaborations on medical trials.

C. Identify the proposed service area and justify the reasonableness of that proposed area. Submit a county level map for the Tennessee portion of the service area, using the map on the following page, clearly marked 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 bordering states, if applicable.

The map is provided after this page, and also in Attachment Section B-Need-C.

The project's primary service area consists of three contiguous counties, which comprise the most rapidly growing major urban area in Tennessee. This service area is a logical one for Tennessee Oncology and for health planning purposes. Approximately 97% of these counties' residents obtain radiation therapy within the three counties; and Tennessee Oncology's radiation oncologists perform more than half of those, at 7 hospital-based radiation therapy programs in the three-county service area.

Also, this project is less than 45 minutes' drive time from most, if not all, of the population of these three counties. The populations served by the Dickson, Gallatin, Springfield, and Clarksville radiation programs in other central Middle Tennessee counties are typically more than 45 minutes' drive from this project south of Nashville.



TENNESSEE ONCOLOGY LINEAR ACCELERATOR SERVICE PRIMARY SERVICE AREA

C. (Continued) Please complete the following tables, if applicable:

Service Area Counties	CY2017 Utilization of Linac by County Residents At All Tennessee Providers	% of Total Procedures
Davidson	24,397	62.5%
Rutherford	7,653	19.6%
Williamson	6,983	17.9%
Totals	39,033	100%

Source: HSDA Registry.

D. 1) a). Describe the demographics of the population to be served by the proposal.

The primary service area (PSA) had a median age of 35 years, moderately younger than the State's median age of 38 years. The total population of the PSA exceeds a million persons and is projected to increase by 6.5% during the next four years--which is almost twice as fast as the State rate of 3.3%.

Significantly, the PSA's population age 50+, which experiences the great majority of cancer cases, will increase by 9.3% over the next four years, half again as fast as the 5.9% Statewide rate of increase for this age group.

Median household income for the PSA is significantly higher than for the State as a whole. Persons living in poverty in the PSA are estimated at 14.1%, below the State rate of 17.2%. PSA TennCare enrollees are 16% of the total population compared to a Statewide average of 21%.

D.1) b). Using current and projected population data from the Department of Health, the most recent enrollee data from the Bureau of TennCare, and demographic information from the U.S. Census Bureau, complete the following table and include data for each county in your proposed service area.

Projected Population Data:

http://www.tn.gov/health/article/statistics-population

TennCare Enrollment Data:

http://www.tn.gov/tenncare/topic/enrollment-data

Census Bureau Fact Finder:

http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml

Please see the table on the following page.

Table B-Need-4A(2):Tennessee Oncology Radiation Therapy at Franklin
Demographic Characteristics of Primary Service Area
2018-2022

	Department of Health / Health Statistics							Bureau of the Census				TennCare	
Primary Service Area Counties	**Current Total Population 2018**	**Projected Total Population 2022**	**Total Population % Change 2018 - 2022**	**Current Target* Population Age 50+ 2018**	**Projected Target* Population Age 50+ 2022**	**Projected Target* Population % Change 2018 - 2022**	**Projected Target* Population As % of Projected Total Population 2022**	**Median Age**	**Median Household Income**	**Persons Below Poverty Level**	**Persons Below Poverty Level as % of Total Population**	**Current TennCare Enrollees**	**TennCare Enrollees as % of Total County or Zip Code Population**
Davidson	700,384	729,829	4.2%	205,875	217,378	5.6%	29.8%	34	$50,484	123,968	17.7%	136,472	19.5%
Rutherford	323,336	353,516	9.3%	89,746	102,275	14.0%	28.9%	32	$58,032	40,740	12.6%	51,565	15.9%
Williamson	229,992	252,018	9.6%	77,637	88,465	13.9%	35.1%	39	$100,140	11,960	5.2%	12,946	5.6%
Service Area Total	1,253,712	1,335,363	6.5%	373,258	408,118	9.3%	30.6%	35	$69,552	176,668	14.1%	200,983	16.0%
State of TN Total	6,769,368	6,992,559	3.3%	2,452,906	2,596,566	5.9%	37.1%	38	$46,574	421,900	17.2%	1,418,732	21.0%

Sources: TDOH Population Projections, 2015; U.S. Census QuickFacts; TennCare Bureau.
Service area data is either total, or average, as appropriate.

D. 2). Describe the special needs of the service area population, including health disparities, the accessibility to consumers, particularly the elderly, women, racial and ethnic minorities, and low-income groups. Document how the business plans of the facility will take into consideration the special needs of the service area population.

The primary service area population is increasing rapidly, especially in the age ranges most susceptible to cancer. The applicant's owner, Tennessee Oncology, PLLC, has a long track record of being accessible to all of the groups listed above. The applicant is contracted with Medicare, Medicaid, and all the service area's TennCare MCO's.

E. 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 provide the following data: admissions or discharges, patient days, average length of stay, and occupancy. Other projects should use the appropriate measures, e.g., cases, procedures, visits, admissions, etc. This does not apply to projects that are solely relocating a service.

How Radiation Oncologists Are Organized in the Service Area

The three-county primary service area ("PSA") has 17 linear accelerators ("linacs"). They are owned by, or affiliated with, 8 area hospitals and are located at 9 sites.

However, regardless of equipment distribution, radiation therapy services to area patients are provided by two separate and distinct physician groups, with access to mutually exclusive linear accelerator sites. One group consists of Tennessee Oncology's radiation oncologists; the other group consists of radiation oncologists of the Vanderbilt Clinic. It is important to note that these two multi-site medical groups operate independently of one another. Neither group's radiation oncologists have privileges at the other's linac treatment sites. Each needs access to its own full spectrum of radiation therapy equipment.

The Tennessee Oncology program medically supervises 11 area linacs at 7 Saint Thomas and TriStar HCA hospitals. According to HSDA Registry data, in 2017, it provided more than 56% of all linac treatments that took place at service area units. It receives referrals both from community physicians and from Tennessee Oncology's own medical oncologists seeing patients at 30 urban and rural locations across Middle Tennessee. The Vanderbilt program owns and operates six linacs at two different service area locations, receiving referrals from Vanderbilt and community physicians. Last year, Registry data showed that Vanderbilt provided more than 43% of all linac treatments that took place within the service area.

Utilization of Service Area Linear Accelerators

Linear accelerator providers report annual treatment utilization to the HSDA Registry. The first following page contains tables summarizing the more detailed data on the second through fifth following pages.

The second following page identifies the location and number of the service area's linear accelerators, and each site's 2015-2017 treatment volumes. The upper table on that page shows only HSDA Registry treatment data. The lower table on that page amends the Registry's 2017 data at two programs, indicated in bold italic type. This information is offered because the applicant's patient records of its own physicians' treatments at those two programs was almost twice as large as what was reported to the HSDA. The applicant wants the Agency to be aware of this difference in provider records--a difference of 8,794 treatments that makes a 13% difference in average utilization per linac.

The third, fourth, and fifth following pages provide data on 2017 utilization at Tennessee Oncology's linac sites, on service area counties' use of linac providers, and on secondary service area counties' use of linac.

The following tables summarize the data on the next four pages.

Table Section B-Need-E-1a: Linac RT Treatments Performed Within the PSA--CY2017 HSDA Registry Reports	
Total Treatments By PSA Linacs, of All Patients from All Areas	67,617
Treatments By Tennessee Oncology (11 linac units)	38,189 (56.5% of total)
Average Treatments per Linac Unit	3,977

Source: HSDA Registry only.

Table Section B-Need-E-1b: Linac RT Treatments Performed Within the PSA--CY2017 HSDA Registry Reports Amended by Tennessee Oncology	
Total Treatments By PSA Units, of All Patients from All Areas	76,411
Treatments By Tennessee Oncology (11 linac units)	46,983 (61.5% of total)
Average Treatments per Linac	4,495

Source: HSDA Registry, Amended By Tennessee Oncology at Two Linac Sites.

Table Section B-Need-E-2: PSA Residents' Utilization of Linac RT--CY2017	
PSA Residents' Treatments at All Locations in Tennessee	39,033 (100.0%)
PSA Residents' Treatments at Linacs Within the 3-County PSA	38,132 (97.7%)
PSA Residents' Treatments at PSA Linacs Supervised by TN Oncology	23,045 (59.0%)

Source: HSDA Registry only. HSDA TN patient origin data for linacs does not equal HSDA total linac utilization data because the patient origin data omits out-of-State patients and perhaps some patients whose home county was not identified.

Table Section B-Need-E-3: SSA Residents' Utilization of PSA Linac RT Units- -CY2017		
SSA County	**Treatments at All 9 PSA Sites**	**Treatments at Tn Oncology's 7 PSA Sites**
Bedford	1,026	641
Giles	1,863	38
Marshall	718	243
Maury	6,451	200
SSA Total	10,058	1,122

Source: HSDA Registry only.

Tennessee Oncology regards areawide average linac utilization (4,495) to be already at or optimal utilization if evaluated appropriately, based on the applicant's medical experience.

Based on its own clinical experience at seven of the nine area sites of service, Tennessee Oncology feels that the State Plan's initial targets of 6,000+ treatments per year cannot be achieved within what should be considered an optimal workweek (a routine 40-hour week). Few linacs in the area achieve more than 5,000 treatments per year; and those sites in the Tennessee Oncology network are characterized by twelve-hour days that are unreasonably stressful for patients and staff alike.

Table Section B-Need-E-4a: Linear Accelerator Utilization In the Project Service Area--By Provider Name
HSDA Registry Data Only

County	Provider	2015 Procedures	2016 Procedures	2017 Procedures	% Change 2015-2017	Linac Units in 2017	Average Procedures Per Unit in 2017	Annual Utilization Standard 6,000/Unit*)	Percent of State Health Plan Standard in 2017
PSA									
Davidson	St. Thomas Midtown Hospital	5,478	5,593	5,130	-6.4%	2	2,565	6,000	42.8%
Rutherford	St. Thomas Rutherford Hospital	11,941	12,120	6,364	-46.7%	2	3,182	6,000	53.0%
Davidson	St. Thomas West Hospital	6,221	6,579	3,515	-43.5%	2	1,758	6,000	29.3%
Davidson	TriStar Centennial Medical Center	8,487	8,401	9,772	15.1%	2	4,886	6,000	81.4%
Davidson	TriStar Skyline Medical Center	5,479	5,502	5,498	0.3%	1	5,498	6,000	91.6%
Rutherford	TriStar Stonecrest Medical Center	2,559	3,854	3,864	51.0%	1	3,864	6,000	64.4%
Davidson	TriStar Summit Medical Center - ODC	4,641	5,750	4,046	-12.8%	1	4,046	6,000	67.4%
Williamson	Vanderbilt Ingram Cancer Center at Franklin	5,073	3,086	2,869	-43.4%	1	2,869	6,000	47.8%
Davidson	Vanderbilt University Medical Center	28,064	29,152	26,559	-5.4%	5	5,312	6,000	88.5%
	Primary Service Area	**77,943**	**80,037**	**67,617**	**-13.2%**	**17**	**3,977**	**6,000**	**66.3%**

Source: HSDA Registry, May 2018
** 6,000 areawide average procedures per unit is the State Health Plan standard for adding capacity to the service area.*

Table Section B-Need-E-4b: Linear Accelerator Utilization In the Project Service Area--By Provider Name
HSDA Registry Data Amended by Applicant

County	Provider	2015 Procedures	2016 Procedures	2017 Procedures	% Change 2015-2017	Linac Units in 2017	Average Procedures Per Unit in 2017	Annual Utilization Standard 6,000/Unit*)	Percent of State Health Plan Standard in 2017
PSA									
Davidson	St. Thomas Midtown Hospital	5,478	5,593	5,130	-6.4%	2	2,565	6,000	42.8%
Rutherford	St. Thomas Rutherford Hospital	11,941	12,120	***11,981***	0.3%	2	5,991	6,000	99.8%
Davidson	St. Thomas West Hospital	6,221	6,579	***6,692***	7.6%	2	3,346	6,000	55.8%
Davidson	TriStar Centennial Medical Center	8,487	8,401	9,772	15.1%	2	4,886	6,000	81.4%
Davidson	TriStar Skyline Medical Center	5,479	5,502	5,498	0.3%	1	5,498	6,000	91.6%
Rutherford	TriStar Stonecrest Medical Center	2,559	3,854	3,864	51.0%	1	3,864	6,000	64.4%
Davidson	TriStar Summit Medical Center - ODC	4,641	5,750	4,046	-12.8%	1	4,046	6,000	67.4%
Williamson	Vanderbilt Ingram Cancer Center at Franklin	5,073	3,086	2,869	-43.4%	1	2,869	6,000	47.8%
Davidson	Vanderbilt University Medical Center	28,064	29,152	26,559	-5.4%	5	5,312	6,000	88.5%
	Primary Service Area	**77,943**	**80,037**	***76,411***	**-2.0%**	**17**	**4,495**	**6,000**	**74.9%**

Source: HSDA Registry, May 2018; Saint Thomas Rutherford and West 2017 data amended from Tennessee Oncology patient records.
** 6,000 areawide average procedures per unit is the State Health Plan standard for adding capacity to the service area.*

Table Section B-Need-E-5a: Linear Accelerator Utilization In the Project Service Area--Ranked by Procedures Per Linac
HSDA Registry Data Only

County	Provider	2015 Procedures	2016 Procedures	2017 Procedures	% Change 2015-2017	Linac Units, 2017	2017 Average Procedures Per Unit	Annual Utilization Standard 6,000/Unit*)	2017 Percent of Standard
PSA									
Davidson	TriStar Skyline Medical Center	5,479	5,502	5,498	0.3%	1	5,498	6,000	91.6%
Davidson	Vanderbilt University Medical Center	28,064	29,152	26,559	-5.4%	5	5,312	6,000	88.5%
Davidson	TriStar Centennial Medical Center	8,487	8,401	9,772	15.1%	2	4,886	6,000	81.4%
Davidson	TriStar Summit Medical Center - ODC	4,641	5,750	4,046	-12.8%	1	4,046	6,000	67.4%
Rutherford	TriStar Stonecrest Medical Center	2,559	3,854	3,864	51.0%	1	3,864	6,000	64.4%
Rutherford	St. Thomas Rutherford Hospital	11,941	12,120	6,364	-46.7%	2	3,182	6,000	53.0%
Williamson	Vanderbilt Ingram Cancer Center at Franklin	5,073	3,086	2,869	-43.4%	1	2,869	6,000	47.8%
Davidson	St. Thomas Midtown Hospital	5,478	5,593	5,130	-6.4%	2	2,565	6,000	42.8%
Davidson	St. Thomas West Hospital	6,221	6,579	3,515	-43.5%	2	1,758	6,000	29.3%
	Primary Service Area	**77,943**	**80,037**	**67,617**	**-13.2%**	**17**	**3,977**	**6,000**	**66.3%**

Source: HSDA Registry, May 2018

Table Section B-Need-E-5b: Linear Accelerator Utilization In the Project Service Area--Ranked by Procedures Per Linac
HSDA Registry Data Amended by Applicant

County	Provider	2015 Procedures	2016 Procedures	2017 Procedures	% Change 2015-2017	Linac Units, 2017	2017 Average Procedures Per Unit	Annual Utilization Standard 6,000/Unit*)	2017 Percent of Standard
PSA									
Davidson	St. Thomas Rutherford Hospital	11,941	12,120	11,981	0.3%	2	5,991	6,000	99.8%
Davidson	TriStar Skyline Medical Center	5,479	5,502	5,498	0.3%	1	5,498	6,000	91.6%
Davidson	Vanderbilt University Medical Center	28,064	29,152	26,559	-5.4%	5	5,312	6,000	88.5%
Davidson	TriStar Centennial Medical Center	8,487	8,401	9,772	15.1%	2	4,886	6,000	81.4%
Rutherford	TriStar Summit Medical Center - ODC	4,641	5,750	4,046	-12.8%	1	4,046	6,000	67.4%
Rutherford	TriStar Stonecrest Medical Center	2,559	3,854	3,864	51.0%	1	3,864	6,000	64.4%
Williamson	St. Thomas West Hospital	6,221	6,579	6,692	7.6%	2	3,346	6,000	55.8%
Davidson	Vanderbilt Ingram Cancer Center at Franklin	5,073	3,086	2,869	-43.4%	1	2,869	6,000	47.8%
Davidson	St. Thomas Midtown Hospital	5,478	5,593	5,130	-6.4%	2	2,565	6,000	42.8%
	Primary Service Area	**77,943**	**80,037**	**76,411**	**-2.0%**	**17**	**4,495**	**6,000**	**74.9%**

Source: HSDA Registry, May 2018; Saint Thomas Rutherford and West 2017 data amended from Tennessee Oncology patient records.

Table Section B-Need-E-6a: CY2017 Linear Accelerator Treatments Performed By Applicant's Radiation Oncologists at Service Area Hospitals HSDA Registry Data Only		
County	Tennessee Oncology Site	2017 Procedures
PSA		
Davidson	St. Thomas Midtown Hospital	5,130
Davidson	St. Thomas West Hospital	3,515
Davidson	TriStar Centennial Medical Center	9,772
Davidson	TriStar Skyline Medical Center	5,498
Davidson	TriStar Summit Medical Center - ODC	4,046
Rutherford	St. Thomas Rutherford Hospital	6,364
Rutherford	TriStar Stonecrest Medical Center	3,864
	Primary Service Area	**38,189**

Source: HSDA Registry, May 2018

Note: Tennessee Oncology physicians are the Medical Directors for radiation therapy at these hospitals, and perform all facility radiation therapy treatments.

Table Section B-Need-E-6b: CY2017 Linear Accelerator Treatments Performed By Applicant's Radiation Oncologists at Service Area Hospitals HSDA Data Amended by Tennessee Oncology		
County	Tennessee Oncology Site	2017 Procedures
PSA		
Davidson	St. Thomas Midtown Hospital	5,130
Davidson	St. Thomas West Hospital	***6,692***
Davidson	TriStar Centennial Medical Center	9,772
Davidson	TriStar Skyline Medical Center	5,498
Davidson	TriStar Summit Medical Center - ODC	4,046
Rutherford	St. Thomas Rutherford Hospital	***11,981***
Rutherford	TriStar Stonecrest Medical Center	3,864
	Area Average	***46,983***

Table Section B-Need-E-7: Primary Service Area Residents' Use of Linear Accelerators In the Primary Service Area
CY 2017

Provider County	Provider Type	Provider	Resident County	Number of Treatments	TX in PSA County	PSA County Where Performed	% of Tot Co Tx	TnOnc Treatments
Cumberland	HOSP	Cumberland Medical Center, Inc.	Davidson	4				
Davidson	HOSP	Vanderbilt University Medical Center	Davidson	8,551				
Davidson	HOSP	TriStar Centennial Medical Center	Davidson	4,916				4,916
Davidson	HOSP	St. Thomas Midtown Hospital	Davidson	3,167				3,167
Davidson	HOSP	TriStar Skyline Medical Center	Davidson	2,252				2,252
Davidson	HOSP	St. Thomas West Hospital	Davidson	1,860				1,860
Davidson	HODC	TriStar Summit Medical Center - ODC	Davidson	1,825	22,571	Davidson	92.5%	1,825
Hamilton	HOSP	Erlanger Medical Center	Davidson	16				
Maury	HOSP	Maury Regional Medical Center	Davidson	43				
Rutherford	HOSP	St. Thomas Rutherford Hospital	Davidson	45				45
Rutherford	HOSP	TriStar Stonecrest Medical Center	Davidson	1,146	1,191	Rutherford	4.9%	1,146
Sumner	HRAD	Carpenter Cancer Center	Davidson	150				
Williamson	ASTC	Vanderbilt Ingram Cancer Center at Franklin	Davidson	422	422	Williamson	1.7%	
				24,397	**24,184**		**99.1%**	**15,211**
Coffee	ASTC	Community Cancer Care of Tullahoma	Rutherford	25				
Cumberland	HOSP	Cumberland Medical Center, Inc.	Rutherford	1				
Davidson	HOSP	St. Thomas Midtown Hospital	Rutherford	147				147
Davidson	HOSP	St. Thomas West Hospital	Rutherford	114				114
Davidson	HOSP	TriStar Centennial Medical Center	Rutherford	256				256
Davidson	HOSP	TriStar Skyline Medical Center	Rutherford	25				25
Davidson	HOSP	Vanderbilt University Medical Center	Rutherford	1,377	1,919	Davidson	25.1%	
Maury	ASTC	Vanderbilt Maury Radiation Oncology	Rutherford	35				
Rutherford	HOSP	St. Thomas Rutherford Hospital	Rutherford	3,228				3,228
Rutherford	HOSP	TriStar Stonecrest Medical Center	Rutherford	2,156	5,384	Rutherford	70.4%	2,156
Williamson	ASTC	Vanderbilt Ingram Cancer Center at Franklin	Rutherford	289	34	Williamson	0.4%	
				7,653	**7,337**		**95.9%**	**5,926**
Cumberland	HOSP	Cumberland Medical Center, Inc.	Williamson	1				
Davidson	HOSP	St. Thomas Midtown Hospital	Williamson	383				383
Davidson	HOSP	St. Thomas West Hospital	Williamson	399				399
Davidson	HOSP	TriStar Centennial Medical Center	Williamson	891				891
Davidson	HOSP	Vanderbilt University Medical Center	Williamson	1,160	2,833	Davidson	40.6%	
Maury	HOSP	Maury Regional Medical Center	Williamson	69				
Maury	ASTC	Vanderbilt Maury Radiation Oncology	Williamson	302				
Rutherford	HOSP	St. Thomas Rutherford Hospital	Williamson	40				40
Rutherford	HOSP	TriStar Stonecrest Medical Center	Williamson	195	235	Rutherford	3.4%	195
Williamson	ASTC	Vanderbilt Ingram Cancer Center at Franklin	Williamson	3,543	3,543	Wiliamson	50.7%	
				6,983	**6,611**		**94.7%**	**1,908**
		TOTALS		**39,033**	**38,132**			**23,045**

Source: Medical Equipment Registry - 5/17/2018. Appears to exclude 771 treatments of unreported patient origin compared to other HSDA data.
Note: Treatment Data is HSDA data unamended by applicant because applicant does not have corresponding patient origin data.

Table Section B-Need-E-8: Secondary Service Area Residents' Use of Linear Accelerators in the PSA CY2017

Linac Provider County	Provider Type	Provider	Year	Resident County	Number of Treatments	SSA Treatments at All PSA Units		SSA Treatments at TN Oncology Units
Davidson	HOSP	St. Thomas Midtown Hospital	2017	Bedford	7			
Rutherford	HOSP	St. Thomas Rutherford Hospital	2017	Bedford	581			
Davidson	HOSP	TriStar Centennial Medical Center	2017	Bedford	41			
Davidson	HOSP	TriStar Skyline Medical Center	2017	Bedford	12			
Williamson	ASTC	Vanderbilt Ingram Cancer Center at Franklin	2017	Bedford	43			
Maury	ASTC	Vanderbilt Maury Radiation Oncology	2017	Bedford	58			
Davidson	HOSP	Vanderbilt University Medical Center	2017	Bedford	284	1,026		641
Maury	HOSP	Maury Regional Medical Center	2017	Giles	1,506			
Davidson	HOSP	St. Thomas Midtown Hospital	2017	Giles	1			
Davidson	HOSP	St. Thomas West Hospital	2017	Giles	15			
Davidson	HOSP	TriStar Centennial Medical Center	2017	Giles	7			
Rutherford	HOSP	TriStar Stonecrest Medical Center	2017	Giles	15			
Maury	ASTC	Vanderbilt Maury Radiation Oncology	2017	Giles	208			
Davidson	HOSP	Vanderbilt University Medical Center	2017	Giles	111	1,863		38
Davidson	HOSP	St. Thomas Midtown Hospital	2017	Marshall	22			
Rutherford	HOSP	St. Thomas Rutherford Hospital	2017	Marshall	35			
Davidson	HOSP	St. Thomas West Hospital	2017	Marshall	20			
Davidson	HOSP	TriStar Centennial Medical Center	2017	Marshall	126			
Rutherford	HOSP	TriStar Stonecrest Medical Center	2017	Marshall	40			
Williamson	ASTC	Vanderbilt Ingram Cancer Center at Franklin	2017	Marshall	134			
Maury	ASTC	Vanderbilt Maury Radiation Oncology	2017	Marshall	318			
Davidson	HOSP	Vanderbilt University Medical Center	2017	Marshall	23	718		243
Maury	HOSP	Maury Regional Medical Center	2017	Maury	4,482			
Rutherford	HOSP	St. Thomas Rutherford Hospital	2017	Maury	7			
Davidson	HOSP	St. Thomas West Hospital	2017	Maury	63			
Davidson	HOSP	TriStar Centennial Medical Center	2017	Maury	120			
Rutherford	HOSP	TriStar Stonecrest Medical Center	2017	Maury	10			
Williamson	ASTC	Vanderbilt Ingram Cancer Center at Franklin	2017	Maury	352			
Maury	ASTC	Vanderbilt Maury Radiation Oncology	2017	Maury	1,116			
Davidson	HOSP	Vanderbilt University Medical Center	2017	Maury	301	6,451		200
						10,058		**1,122**

Medical Equipment Registry - 5/17/2018

F. Provide applicable utilization and/or occupancy statistics for your institution for each of the past three years and the projected 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.

Projection

Tennessee Oncology projects that the proposed linear accelerator at its Franklin campus will experience at least the following utilization during its first three years of operation. As explained below, these will be Tennessee Oncology patients referred through the practice's own referral network. This projection does not anticipate, or include, patients who would otherwise be using the area's other linac sites operated by Vanderbilt.

Table B-Need-F-1: Projected Utilization of Tennessee Oncology Linear Accelerator Williamson County 2020-2022

	Year 1 2020	Year 2 2021	Year 3 2022
Tennessee Oncology Patients (100%)	160	191	213
Treatments	3,509	4,210	4,678

Methodology

Tennessee Oncology radiation oncologists receive referrals from a large, multi-county region around Nashville. The great majority of their patients are treated primarily at linear accelerators located in Metropolitan Nashville-Davidson County and Murfreesboro.

A Tennessee Oncology-owned and operated radiation therapy unit, just off I-65 within a short drive from south Davidson County, will be a preferred treatment site for many Tennessee Oncology patients, for three reasons:

(1) Radiation therapy requires almost daily round-trip drives for periods of weeks. The Franklin site will be a more convenient destination for many patients who otherwise would have to deal with traffic and parking issues in more congested sectors of Davidson County. It would also be more attractive to service area patients who work near Franklin; patients want treatments either close to their homes or close to their workplaces.

(2) For several years, this start-up linear accelerator will offer an abundance of treatment time options that do not require the elderly to drive in the dark, in early morning or late afternoon or the evening, or in traffic rush hours. This is not the case at the heavily scheduled units now available to them.

(3) The applicant will have a lower charge structure than patients encounter at its current seven hospital sites. This will provide savings for patients with types of co-pays that are affected by hospitals' gross charges. It will also provide savings for payors who will contract with the applicant.

Recognizing these potential benefits, Tennessee Oncology has based its utilization projections for this project on the percentages of future Tennessee Oncology patients in each county who likely will prefer this new treatment location. It does not include patients who will be using the service area's other treatment network that is operated by Vanderbilt.

The applicant's treatments of patients from each primary service area county during CY2017 were projected to increase at the rate of increase of their county's population 50+ years of age (which captures the great majority of cancer incidence). The projection period was four years, to CY2022. This will be Year Three of the linac's operation, if approved.

The practice then estimated what percent of those patients would likely choose to receive treatment at the Franklin/I-65 unit in Year Three.

This resulted in a Year Three utilization forecast of 4,678 patients. As a reasonable ramp-up scenario for the new location, Years One and Two were assumed to be 75% and 90%, respectively, of Year Three treatments.

Table Section B-Need-F: Projected Utilization of the Project

	Treatments of Residents by TN Oncology in 2017	Increase of County Population Ages 50+ from 2018-2022	Proportionally Increased Treatments of Residents by TN Oncology in 2022	Percent of Those Tennessee Oncology Patients Served in Franklin in 2022 (Year 3)	Projected Treatments at Franklin Linac in 2022 (Year 3)
PSA					
Davidson	15,211	5.6%	16,063	15.0%	2,409
Rutherford	5,152	14.0%	5,873	10.0%	587
Williamson	1,908	13.9%	2,173	50.0%	1,087
Subtotal PSA	**22,271**		**24,109**	**16.9%**	**4,083**
SSA	1,122	6.0%	1,189	50.0%	595
Grand Total	**23,393**		**25,298**	**18.5%**	**4,678**

Source: HSDA Registry; applicant's patient records for Rutherford residents; TDH population projections.

Tennessee Oncology considers Year Three utilization of 4,678 treatments to be close to the maximum that the unit can routinely provide within a 40-hour workweek, 50 weeks a year. It is slightly higher than the average utilization of the service area's 17 existing linacs.

Based on its own clinical experience at multiple sites, Tennessee Oncology feels that the State Plan's initial target of 6,000 treatments per year cannot be achieved within an appropriate workweek. Few units in the area achieve more than 5,000 treatments per year; and those sites are characterized by twelve-hour days that are stressful on patients and staff alike.

SECTION B: ECONOMIC FEASIBILITY

A. Provide the cost of the project by completing the Project Costs Chart on the following page. Justify the cost of the project.

1) All projects should have a project cost of at least $15,000 (the minimum CON Filing Fee), (See application instructions for Filing Fee.)

2) The cost of any lease, The cost of any lease (building, land, and/or equipment) should be based on fair market value or the total amount of the lease payments over the initial term of the lease, whichever is greater. Note: This applies to all equipment leases including by procedure or "per click" arrangements. The methodology used to determine the total lease cost for a "per click" arrangement must include, at a minimum, the projected procedures, the "per click" rate and the term of the lease.

3) The cost for fixed and moveable equipment includes, but is not necessarily limited to, maintenance agreements covering the expected useful life of the equipment; federal, state, and local taxes and other government assessments; and installation charges, excluding capital expenditures for physical plant renovation or in-wall shielding, which should be included under construction costs or incorporated in a facility lease.

4) Complete the Square Footage Chart on page 8 and provide the documentation. Please note the Total Construction Cost reported on line 5 of the Project Cost Chart should equal the Total Construction Cost reported on the Square Footage Chart.

The Cost Per Square Footage Chart is submitted as page 15 of the application.

5) For projects that include new construction, modification, and/or renovation documentation must be provided from a licensed architect or construction professional that support the estimated construction costs. Provide a letter that includes the following:

a) A general description of the project;

b) An estimate of the cost to construct the project; and

c) A description of the status of the site's suitability for the proposed project;

d) Attesting the physical environment will conform to applicable federal standards, manufacturer's specifications and licensing agencies' requirements including the AIA Guidelines for Design and Construction of Hospital and Health Care Facilities in current use by the licensing authority.

See Attachment Section B-Economic Feasibility-A 5).

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PROJECT COST CHART-- TENNESSEE ONCOLOGY RADIATION THERAPY AT FRANKLIN

A. Construction and equipment acquired by purchase:

1.	Architectural and Engineering Fees	8%	$ 136,000
2.	Legal, Administrative, Consultant Fees (Excl CON Filing Fee)		75,000
3.	Acquisition of Site		0
4.	Preparation of Site		0
5.	Total Construction Cost*		1,306,400
6.	Contingency Fund		400,000
7.	Fixed Equipment: (Not included in Construction Contract)		0
8.	Moveable Equipment (List all equipment over $50,000 as separate attachment)		0
9.	Other (Specify) IS, telecomm, misc		150,000

B. Acquisition by gift, donation, or lease:

1.	Facility (inclusive of building and land)	LEASE OUTLAY	2,484,005
2.	Building only		0
3.	Land only		0
4.	Equipment (Specify)* leased equipment		6,863,179
5.	Other (Specify) MME Service Agreements		2,366,593

C. Financing Costs and Fees:

1.	Interim Financing***	25,843
2.	Underwriting Costs	0
3.	Reserve for One Year's Debt Service	0
4.	Other (Specify)	0

D. Estimated Project Cost (A+B+C) 13,807,020

E. CON Filing Fee 79,390

F. Total Estimated Project Cost (D+E) **TOTAL $** 13,886,410

Actual Capital Cost **2,172,633**
Section B Expenses **11,713,777**

Notes to the Project Cost Chart Projections

A5. The applicant's buildout cost was estimated by the project architect, working with representatives of Middle Tennessee Health Realty LLC, which will develop the building. The estimated buildout construction cost is $1,700,000, for 6,560 SF of usable space not only in the MOB (office area) but also in the expensive shielded vault being built as an extension of the building. The construction cost estimate is approximately $259.15 PSF.

However, the lease payment will include a tenant build-out allowance of $60 PSF, or $393,600 ($60 X 6,560 USF). Net of this, the build-out cost to the applicant will be $1,306,400, which was entered in line A.5.

B1. The lease outlay over the first term, including pass-through expenses, was calculated as shown on the next page. The fair market value of the leased space was calculated as shown on the next page, using the developer's most current cost estimate for the MOB constructed to shell stage. The lease outlay will exceed the fair market value of the leased PET space; so the space lease outlay was entered in line B1 of the Project Cost Chart.

B4. Vendor quotations and discussions indicated that the linear accelerator and CT simulator purchase cost would be $6,449,685 (not including the service contracts), whereas the *equipment lease* outlay (not including the service contract) will be $6,863,179. Therefore the higher lease outlay was entered on line B.4.

B5. The maintenance contracts for the years following the first year warranty period will cost the $2,366,593 entered on line B5.

TENNESSE ONCOLOGY--FRANKLIN EQUIPMENT COSTS

EQUIPMENT	PURCHASE COST	SALES TAX	TOTAL PURCHASE COST	SERVICE AGREEMENT ANNUAL COST	SERVICE AGREEMENT TERM OF YEARS	SERVICE AGREEMENT TOTAL COST	PURCHASE PLUS SERVICE AGREEMENT COSTS	VENDOR
Linear Accelerator	$5,236,221	$497,441	$5,733,662	$321,923	6	$1,931,538	$7,665,200	Varian
Treatment Planning System	included							
Oncology Information System	included							
Simulator	$653,902	$62,121	$716,023	$108,764	4	$435,056	$1,151,079	GE
TOTALS	**$5,890,123**	**$559,562**	**$6,449,685**	**$430,687**		**$2,366,594**	**$8,816,279**	

Source: Applicant's management.

Notes:

1. *SA = Service Agreement annual cost applies in Year Two and thereafter.*
2. *Year Two Expenses on the Projected Data Chart will include service agreement costs.*
3. *Totals above may not be exact due to rounding of columns to the nearest dollar.*

	Purchase		Lease	Calculation	Note
linac with tax	$5,733,662.00		$6,387,360.00	84 X $76,040	
linac service agreement	$1,931,536.80		$1,931,536.80	72 X $26,826.90	YR 1 UNDER WARRANTY
simulator with tax	$716,023.00		$475,818.60	60 X $7,930.31	
simulator service agreement	$435,056.16		$435,056.16	48 X $9,063.67	YR 1 UNDER WARRANTY
Total FMV under CON Rules	$8,816,277.96	vs	$9,229,771.56		

Purchase Cost with Tax	**$6,449,685.00**	**Lease Outlay**	**$6,863,178.60**
Service Outlay	**$2,366,592.96**	**Service Outlay**	**$2,366,592.96**
FMV Purchase	***$8,816,277.96***	***FMV Lease***	***$9,229,771.56***

Tennessee Oncology Linear Accelerator at Franklin
Valuations of the Leased Space

FPSC SPACE--LEASE OUTLAY IN FIRST TERM

First Term of Years	Rentable SF	Lease Rate-$PSF @ 2.5%/yr Increase	Base Lease Outlay	Pass-through Expenses-$PSF @1.5%/yr increase	Annual PassThrough Expenses	Total Costs for Leased Space
Year 1	7,097	$ 24.00	$170,328.00	7.58	53,795.26	$224,123.26
Year 2	7,097	$ 24.60	$174,586.20	7.69	54,602.19	$229,188.39
Year 3	7,097	$ 25.22	$178,950.86	7.81	55,421.22	$234,372.08
Year 4	7,097	$ 25.85	$183,424.63	7.93	56,252.54	$239,677.17
Year 5	7,097	$ 26.49	$188,010.24	8.05	57,096.33	$245,106.57
Year 6	7,097	$ 27.15	$192,710.50	8.17	57,952.77	$250,663.27
Year 7	7,097	$ 27.83	$197,528.26	8.29	58,822.06	$256,350.33
Year 8	7,097	$ 28.53	$202,466.47	8.41	59,704.40	$262,170.86
Year 9	7,097	$ 29.24	$207,528.13	8.54	60,599.96	$268,128.09
Year 10	7,097	$ 29.97	$212,716.33	8.67	61,508.96	$274,225.29
Total			**$1,908,249.61**			**$2,484,005.30**

Note: Base lease rate and estimated pass through expenses projected to increase at 2.5% per year.

FPSC SPACE--FAIR MARKET VALUE		SOURCES
Leased Space RSF	7,097	developer 7-2-18
Building/Vault RSF	68,485	developer 7-2-18
Project % of Building	10.36%	Project USF / Building and Vault Pad USF
MOB Capital Cost	$23,267,000	developer
Leased Space FMV	**$2,411,125**	Leased Space % X MOB Cost

B. Identify the funding sources for this project.

Check the applicable item(s) below and briefly summarize how the project will be financed. (Documentation for the type of funding MUST be inserted at the end of the application, in the correct alpha/numeric order and identified as Attachment C, Economic Feasibility-2.)

_____1) Commercial Loan--Letter from lending institution or guarantor stating favorable initial contact, proposed loan amount, expected interest rates, anticipated term of the loan, and any restrictions or conditions;

_____2) Tax-Exempt Bonds--copy of preliminary resolution or a letter from the issuing authority, stating favorable contact and a conditional agreement from an underwriter or investment banker to proceed with the issuance;

_____3) General Obligation Bonds--Copy of resolution from issuing authority or minutes from the appropriate meeting;

_____4) Grants--Notification of Intent form for grant application or notice of grant award;

___x__5) Cash Reserves--Appropriate documentation from Chief Financial Officer; or

_____6) Other--Identify and document funding from all sources.

The estimated project cost is $13,866,410. Under HSDA rules, this includes the operating expenses of the space lease, leased equipment and equipment service contracts. The actual capital cost (and funding) needed to implement the project is only $2,172,633.

Please see Attachment B-Economic Feasibility-B6, which are letters from the applicant's Chief Financial Officer and the applicant's public accounting firm attesting to the practice's ability to fund the project from operating cash and lines of credit.

C. Complete Historical Data Charts on the following pages--Do not modify the Charts or submit Chart substitutions!

Historical Data Chart represents revenue and expense information for the last three (3) years for which complete data is available. Provide a Chart for the total facility and Chart just for the services being presented in the proposed project, if applicable. Only complete one chart if it suffices.

Note that "Management Fees to Affiliates" should include management fees paid by agreement to the parent company, another subsidiary of the parent company, or a third party with common ownership as the applicant entity. "Management Fees to Non-Affiliates" should include any management fees paid by agreement to third party entities not having common ownership with the applicant.

The Historic Data Chart for the applicant PLLC is attached following this page.

X TOTAL FACILITY
O PROJECT ONLY

HISTORICAL DATA CHART -- TENNESSEE ONCOLOGY, PLLC

Incl's Medical Oncology, Imaging, Pathology, Pharmacy and Radiation Oncology

Give information for the last three (3) years for which complete data are available for the facility or agency.
The fiscal year begins in January.

		Year 2015	Year 2016	Year 2017
A. Utilization Data (Specify unit or measure)	Patient Encounters	411,726	464,601	469,312
B. Revenue from Services to Patients				
1. Inpatient Services		$	$	$
2. Outpatient Services		975,891,952	1,146,588,368	1,267,620,789
3. Emergency Services		0	0	0
4. Other Operating Revenue (Specify) See notes page		15,643,257	16,096,210	16,190,855
	Gross Operating Revenue	$ 991,535,209	$ 1,162,684,578	$ 1,283,811,644
C. Deductions from Gross Operating Revenue				
1. Contractual Adjustments		$ 530,104,508	$ 622,826,801	$ 688,571,613
2. Provision for Charity Care		16,394,985	19,262,685	21,296,029
3. Provisions for Bad Debt		874,201	933,940	893,904
	Total Deductions	$ 547,373,694	$ 643,023,426	$ 710,761,546
NET OPERATING REVENUE		$ 444,161,515	$ 519,661,152	$ 573,050,098
D. Operating Expenses				
1. Salaries and Wages				
a. Clinical		$ 24,505,770	$ 25,438,487	$ 28,495,284
b. Non-Clinical		22,235,287	25,551,715	27,232,938
2. Physicians Salaries and Wages		53,134,856	58,134,807	61,418,377
3. Supplies		315,717,301	379,068,831	421,405,410
4. Rent				
a. Paid to Affiliates		0	0	0
b. Paid to Non-Affiliates		7,060,397	7,431,156	8,940,692
5. Management Fees				
a. Paid to Affiliates		0	0	0
b. Paid to Non-Affiliates		447,922	571,951	563,373
6. Other Operating Expenses	See notes page.			
	Total Operating Expenses	$ 423,101,533	$ 496,196,947	$ 548,056,074
E. **Earnings Before Interest, Taxes, and Depreciation**		$ 21,059,982	$ 23,464,205	$ 24,994,024
F. Non-Operating Expenses				
1. Taxes		$ 158,400	155,704	198,175
2. Depreciation		2,743,730	4,196,997	4,116,969
3. Interest		132,879	114,233	62,116
4. Other Non-Operating Expenses		18,176,870	18,949,718	20,464,788
	Total Non-Operating Expenses	$ 21,211,879	$ 23,416,652	$ 24,842,048
NET INCOME (LOSS)		$ (151,897)	$ 47,553	$ 151,976

Chart Continues Onto Next Page

	Year 2015	Year 2016	Year 2017
NET INCOME (LOSS)	$ (151,898)	$ 47,554	$ 151,978
G. Other Deductions			
1. Annual Principal Debt Repayment	$ 0	$ 0	$ 0
2. Annual Capital Expenditure	0	0	0
Total Other Deductions	$ 0	$ 0	$ 0
NET BALANCE	$ (151,898)	$ 47,554	$ 151,978
DEPRECIATION	$ 2,743,730	4,196,997	4,116,969
FREE CASH FLOW (Net Balance + Depreciation)	$ 2,591,832	$ 4,244,551	$ 4,268,947

X TOTAL FACILITY

O PROJECT ONLY

HISTORICAL DATA CHART -- OTHER EXPENSES

OTHER EXPENSES CATEGORIES	Year 2015	Year 2016	Year 2017
1. Admin Expense	$ 10,546,431	$ 11,323,086	$ 14,624,115
2. Utiliities	311,904	270,725	265,014
3. Cleaning	231,237	209,100	209,998
4. Telephone	588,719	563,654	471,715
5. Insurance - Property	433,529	455,879	363,543
6. Long Term Disability	200,363	248,521	240,297
7. Other Licenses and Taxes	285,040	455,669	397,054
8. Disposal of Assets		281,576	
9. Contract Labor/Services	5,579,647	5,141,508	3,893,052
10.			
11.			
12.			
13.			
14			
15.			
Total Other Expenses	$ 18,176,870	$ 18,949,718	$ 20,464,788

D. Complete Projected Data Charts on the following pages – *Do not modify the Charts provided or submit Chart substitutions!*

The Projected Data Chart requests information for the two years following the completion of the proposed services that apply to the project. Please complete two Projected Data Charts. One Projected Data Chart should reflect revenue and expense projections for the *Proposal Only* (*i.e.*, if the application is for additional beds, include anticipated revenue from the proposed beds only, not from all beds in the facility). The second Chart should reflect information for the total facility. Only complete one chart if it suffices.

Note that "Management Fees to Affiliates" should include management fees paid by agreement to the parent company, another subsidiary of the parent company, or a third party with common ownership as the applicant entity. "Management Fees to Non-Affiliates" should include any management fees paid by agreement to third party entities not having common ownership with the applicant.

The Projected Data Chart for the proposed Linear Accelerator service is attached following this page.

The treatments listed at the top of the page are beam treatments only, consistent with area treatment data in the rest of the application. However, the revenues and expenses data include the use of all equipment in the service, to present a true picture of the feasibility of the service.

O TOTAL FACILITY
x PROJECT ONLY

PROJECTED DATA CHART -- TENNESSEE ONCOLOGY RADIATION THERAPY SERVICE

Give information for the last three (3) years for which complete data are available for the facility or agency.
The fiscal year begins in January.

			Year 2020	Year 2021	Year 2022
A.	Utilization Data	Patients	160	191	213
	(Specify unit or measure)	Linac Treatments	3,509	4,210	4,678
B.	Revenue from Services to Patients				
	1. Inpatient Services		$ 0	$ 0	$ 0
	2. Outpatient Services		6,598,904	7,983,981	9,004,041
	3. Emergency Services		0	0	0
	4. Other Operating Revenue		0	0	0
	(Specify) See notes page				
		Gross Operating Revenue	$ 6,598,904	$ 7,983,981	$ 9,004,041
C.	Deductions from Gross Operating Revenue				
	1. Contractual Adjustments		$ 2,151,816	$ 2,603,472	$ 2,936,100
	2. Provision for Charity Care		71,727	87,287	97,870
	3. Provisions for Bad Debt		114,764	138,852	156,592
		Total Deductions	$ 2,338,307	$ 2,829,611	$ 3,190,562
NET OPERATING REVENUE			$ 4,260,597	$ 5,154,370	$ 5,813,479
D.	Operating Expenses				
	1. Salaries and Wages				
	a. Clinical		$ 887,714	$ 905,469	$ 923,578
	b. Non-Clinical				
	2. Physicians Salaries and Wages		500,000	500,000	500,000
	3. Supplies		881	898	916
	4. Rent				
	c. Paid to Affiliates				
	d. Paid to Non-Affiliates		224,123	229,188	244,372
	5. Management Fees				
	a. Paid to Affiliates		329,945	399,199	450,202
	b. Paid to Non-Affiliates		213,030	257,719	290,674
	6. Other Operating Expenses	See notes page.	1,793,134	1,793,134	1,793,134
		Total Operating Expenses	$ 3,948,827	$ 4,085,607	$ 4,202,876
E.	**Earnings Before Interest, Taxes, and Depreciation**		$ 311,770	$ 1,068,763	$ 1,610,603
F.	Non-Operating Expenses				
	1. Taxes		$ 0	0	0
	2. Depreciation		800,000	800,000	800,000
	3. Interest		39,924	48,123	54,099
	4. Other Non-Operating Expenses				
		Total Non-Operating Expenses	$ 839,924	$ 848,123	$ 854,099
NET INCOME (LOSS)			$ (528,154)	220,640	$ 756,504

Chart Continues Onto Next Page

NOTE: LINE A2 DATA IS BEAM TREATMENTS ONLY. REVENUE AND EXPENSES INCLUDE OTHER EQUIPMENT/PROCEDURES AS WELL.

	Year 2020	Year 2021	Year 2022
NET INCOME (LOSS)	$ (528,154)	$ 220,640	$ 756,504
G. Other Deductions			
1. Annual Principal Debt Repayment	$	$	$
2. Annual Capital Expenditure			
Total Other Deductions	$ 0	$ 0	$ 0
NET BALANCE	$ (528,154)	$ 220,640	$ 756,504
DEPRECIATION	$	$	$
FREE CASH FLOW (Net Balance + Depreciation)	$ (528,154)	$ 220,640	$ 756,504

O TOTAL FACILITY
x PROJECT ONLY

HISTORICAL DATA CHART -- OTHER EXPENSES

OTHER EXPENSES CATEGORIES	Year 2020	Year 2021	Year 2022
1. Equipment Lease fees	$ 1,007,640	$ 1,007,640	$ 1,007,640
2. Equipment Maintenance fees	430,692	430,692	430,692
3. Utilities	82,845	82,845	82,845
4. Laundry & Uniforms	10,301	10,301	10,301
5. Computer services	2,968	2,968	2,968
6. Office supplies/Misc	16,144	16,144	16,144
7. Legal & Accounting fees	10,724	10,724	10,724
8. Courier & Postage	33,853	33,853	33,853
9. Administrative overhead	197,967	197,967	197,967
10.			
11.			
12.			
13.			
14			
15.			
Total Other Expenses	$ 1,793,134	$ 1,793,134	$ 1,793,134

E. 1) Please identify the project's average gross charge, average deduction from operating revenue, and average net charge using information from the Projected Data Chart for Year 1 and Year 2 of the proposed project. Please complete the following table.

	Project Previous Year	Project Current Year	Project Year One	Project Year Two	% Change (Current Yr to Yr2)
Gross Charge -- Gross Operating Revenue / TREATMENT	NA	NA	$1,881	$1,896	0.8%
Deduction from Revenue --Total Deductions / TREATMENT	NA	NA	$666	$672	0.9%
Average Net Charge -- Net Revenue/ TREATMENT	N	NA	$1,214	$1,224	0.1%

E. 2) 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.

The gross charge structure is reflected in E.1) above. Following question 5.C. below is a table of the most frequent charges projected for the Franklin linear accelerator.

E. 3) Compare the proposed charges to those of similar facilities in the service area/adjoining service areas, or to proposed charges of projects recently approved by the Health Services and Development Agency. If applicable, compare the proposed charges of the project to the current Medicare allowable fee schedule by common procedure terminology (CPT) code(s).

Table B-Economic Feasibility-5C-1 on the following page shows the CY2017 average charges per linac treatment for all linac providers in the primary service area counties, as reported to the HSDA Registry. This data is the most recent publicly available charge information at the time of filing this application.

This proposed Franklin linac's average gross charge in its first year, CY2020, is projected to be approximately $1,881. This compares favorably to areawide average charges and to most providers' charges, as reported in CY2017.

The second following page contains a table of the most frequent charges for the service, by type of PET procedure.

Table Section B-Economic Feasibility E.3)-a Linear Accelerator Gross Charges Per Treatment			
Linear Accelerator Provider	2017 Treatments	2017 Gross Charges	2017 Gross Charge Per Treatment
TriStar Stonecrest Medical Center	3,864	$14,879,401	$3,851
Vanderbilt University Medical Center	26,559	$68,614,265	$2,583
TriStar Centennial Medical Center	9,772	$23,434,499	$2,398
TriStar Summit Medical Center - ODC	4,046	$9,689,551	$2,395
TriStar Skyline Medical Center	5,498	$12,723,804	$2,314
St. Thomas Rutherford Hospital	6,364	$13,021,093	$2,046
St. Thomas West Hospital	3,515	$7,176,150	$2,042
Vanderbilt Ingram Cancer Center at Franklin	2,869	$4,299,435	$1,499
St. Thomas Midtown Hospital	5,130	$7,463,590	$1,455
Area Average Charge in 2017	67,617	$161,301,788	**$2,386**
This Project in 2020			**$1,881**

Source: HSDA Registry, 2018. Applicant has not adjusted site volumes to reflect its own records. And providers' reported revenues for linac may include more than linac treatment charges.

Table Section B-Economic Feasibility-E.3)-b
Tennessee Oncology Linear Accelerator
Most Frequent CPT Codes and Charges

CPT	Descriptor	Current Medicare Allowable	Average Gross Charge		
			Current Average	Year 1	Year 2

Source: Hospital Management

F. 1) Discuss how projected utilization rates will be sufficient to support the financial performance. Indicate when the project's financial breakeven is expected and demonstrate the availability of sufficient cash flow until financial viability is achieved.

As shown on the Projected Data Chart, the anticipated utilization will assure financial breakeven and positive cash flow in Year Three.

Provide copies of the balance sheet and income statement from the most recent reporting period of the institution and the most recent audited financial statements with accompanying notes, if applicable. For all projects, provide financial information for the corporation, partnership, or principal parties that will be a source of funding for the project.

Copies must be inserted at the end of the application, in the correct alpha-numeric order and labeled as Attachment C, Economic Feasibility. NOTE: Publicly held entities only need to reference their SEC filings.

See Attachment Section B-Economic Feasibility-6A.

F. 2) Net Operating Margin Ratio – Demonstrates how much revenue is left over after all the variable or operating costs have been paid. The formula for this ratio is: (Earnings before interest, Taxes, and Depreciation/Net Operating Revenue).

Utilizing information from the Historical and Projected Data Charts please report the net operating margin ratio trends in the following table:

Tennessee Oncology, PLLC:

	2015 2nd Yr Previous to Current Yr	2016 1st Yr Previous to Current Yr	2017 Current Yr	Projected Yr 1	Projected Yr 2
Net Operating Margin Ratio	.047	.045	.044	NA	NA

Project:

	2nd Yr Previous to Current Yr	1st Yr Previous to Current Yr	Current Yr	Projected Yr 1	Projected Yr 2
Net Operating Margin Ratio	NA	NA	NA	.073	0.208

F. 3) Capitalization Ratio (Long-term debt to capitalization) – Measures the proportion of debt financing in a business's permanent (Long-term) financing mix. This ratio best measures a business's true capital structure because it is not affected by short-term financing decisions. The formula for this ratio is: (Long-term debt/(Long-term debt + Total Equity (Net assets)) x 100).

For the entity (applicant and/or parent company) that is funding the proposed project please provide the capitalization ratio using the most recent year available from the funding entity's audited balance sheet, if applicable. The Capitalization Ratios are not expected from outside the company lenders that provide funding.

Tennessee Oncology PLLC, from CY2017 Balance Sheet (in Attachments):

Long-term debt:	$0 (Notes on balance sheet are short term debt)
Net assets:	$30,035,796
Calculations:	Long-term debt / (Long-term debt/Net assets) X 100 $0 / (0 / $30,035,796) X 100 = 0

The application formula does not appear to be meaningful for a physician practice with no long term debt. Zero cannot be divided into and one cannot divide by zero.

G. 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. Additionally, report the estimated gross operating revenue dollar amount and percentage of projected gross operating revenue anticipated by payor classification for the first year of the project by completing the table below.

Applicant's Projected Payor Mix, Year 1		
Payor Source	**Projected Gross Operating Revenue**	**As a Percent of Total Revenue**
Medicare/Medicare Managed Care	$ 2,467,416	43.0%
TennCare/Medicaid	$ 344,291	6.0%
Commercial/Other Managed Care	$ 2,295,271	40.0%
Self-Pay	$ 114,764	2.0%
Charity Care	$ 172,145	3.0%
Other	$ 344,291	6.0%
Total	$ 5,738,177	100%

Tennessee Oncology has an exceptionally strong commitment to financial accessibility for patients referred to the practice.

First, the practice accepts all referred patients regardless of their insurance coverage. If patient's resources appear insufficient for their expected cost of care, the practice itself provides free care and/or obtains support from industry and foundation groups for those patients. Patients who are financially assisted by the practice fall into one of two categories.

The first is a designated indigent patient. Those patients are identified under the practice guidelines found in the Miscellaneous section of the Attachments at the back of the application. Under that policy, indigent patients are accepted but not balance-billed at all for their care. Last calendar year, several hundred patients were accepted and treated as medical indigents.

The second group of patients who receive financial assistance are those of limited insurance and means who do not qualify as indigents but nonetheless, cannot afford part or all of the cost of care. They too are accepted by the practice, which does not keep records of their numbers.

For both groups of assisted patients, the practice employs eighteen full time staff, at a personnel cost of $893,000 per year, to (1) request nonprofit foundations for financial assistance grants to the patients themselves, and to (2) apply for free pharmaceuticals that are often available from manufacturers as well as access their copay programs for patients who qualify.

Designated indigent patients receive no bills at all. Patients with foundation or copay assistance have those monies applied to their balances upon the patient's request. All patients within TN Oncology who have an unpaid balance are billed, but not pressured. The practice never sends patients to collections and never reports them to a credit agency. Their unpaid balances are written off as bad debt. Moreover, patients who were unable to pay all of their account balances from a previous episode of care are nonetheless accepted and treated again, if they are again referred due to recurrence of symptoms--a frequent experience in cancer care.

H. Provide the projected 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 (FTE) positions for these positions. Additionally, please identify projected salary amounts by position classifications and compare the clinical staff salaries to prevailing wage patterns in the proposed service area as published by the Department of Labor & Workforce Development and/or other documented sources.

See the staffing table on the following page.

Table B-Financial Feasibility-H: Tennessee Oncology Radiation Therapy at Franklin Current and Projected Staffing				
Position Classification	**Existing FTEs (NA)**	**Projected FTEs (Yr 1)**	**Average Wage / Contractual Rate (Annual)**	**Areawide Mean Wage 2016**
A. Direct Patient Care Positions				
Physicist		1.00	$185,000	NA
Dosimetrist		1.00	$98,000	NA
RN		1.00	$61,000	$62,310
Therapists		3.00	$94,000	$73,430
Therapists PRN		1.00	$64,000	NA
Dietitican		0.20	$46,000	$55,950
Total Direct Patient Care Positions		***7.20***		
B. Non-Patient Care Positions				
Clinical Services Assistant		1.00	$28,000	
Total Non-Patient Care Positions		***1.00***		
Total Employees (A + B)		***8.20***		
C. Contractual Positions		**0.00**		
(Nonclinical support provided by				
the medical practice--existing staff)				
Total Staff (A+B+C)		***8.20***		

Source: Applicant's management.

I. Describe all alternatives to this project that were considered and discuss the advantages and disadvantages of each alternative, including but not limited to:

1) Discuss the availability of less costly, more effective and/or more efficient alternative methods of providing the benefits intended by the proposal. If development of such alternatives is not practicable, justify why not, including reasons as to why they were rejected.

The benefits of the project--improved accessibility for patients; lower costs; better choice of treatment start times--can only be provided by the introduction of additional linac capacity in the service area; there is no alternative technology that is acceptable to meet patient needs.

2) Document that consideration has been given to alternatives to new construction, e.g., modernization or sharing arrangements.

The proposed radiation therapy service will be in a building that is under construction, in which the applicant's office practice and its PET service are committed to locate, and for which the HSDA has already approved a new PET service. This project needs to be integrated into this office for staff support and medical supervision. No other location was considered or would be more appropriate or efficient.

SECTION B: CONTRIBUTION TO THE ORDERLY DEVELOPMENT OF HEALTH CARE

A. List all existing health care providers (i.e., hospitals, nursing homes, home care organizations, etc.), managed care organizations, alliances, and/or networks with which the applicant currently has or plans to have contractual and/or working relationships, that may directly or indirectly apply to the project, such as transfer agreements or contractual agreements for health services.

The applicant is the State's largest oncology group practice, and one of the nation's largest. It has offices at more than 30 locations across Tennessee, including 28 hospitals. Please see the Attachments for the list of these offices. Tennessee Oncology has contracts with all Middle Tennessee TennCare MCO's. It provides exclusive medical direction to radiation therapy services at seven Middle Tennessee hospitals in the primary service area, utilizing 11 linear accelerators.

For this project, Tennessee Oncology will have an emergency transfer agreement with Williamson Medical Center, which is 450 yards away.

B. Describe the effects of competition and/or duplication of the proposal on the health care system, including the impact to consumers and existing providers in the service area. Discuss any instances of competition or duplication arising from your proposal including a description of the effect the proposal will have on the utilization rates of existing providers in the service area of the project.

1). Positive Effects

The project will meet the needs of this practice's own patients for improved accessibility to service, for new cost savings and for rapid treatment starts once the therapy is deemed necessary. It will be the area's first linear accelerator service provided by a private physician group rather than by a hospital system.

The project will allow Tennessee Oncology to shift a small percentage of its treatments to the new location, providing relief to its radiation oncologists who currently are working excessively extended hours and workweeks to meet patient needs on existing linear accelerators.

The project will be located in a rapidly developing center of excellence for comprehensive oncology care, where one of the Middle Tennessee's two radiation oncology physician groups has established a linear accelerator for patients in its own referral networks. This proposed linear accelerator will provide that option for patients of Tennessee Oncology, the service area's other radiation oncology physician group.

2). Negative Effects

There will be a very minor and temporary adverse impact on the hospitals where Tennessee Oncology currently provides this type of treatment. This is because the proposed Franklin unit will be utilized by patients who otherwise would be going to those hospitals.

Last year, Tennessee Oncology provided 46,903 linac treatments to patients at the seven hospitals where it is currently the sole physician providers of this service. In its third year of operation (CY2022), this Franklin project will perform an estimated 4,684 treatments--which is only 10% of the applicant's CY2017 treatments at its present Davidson and Rutherford County sites. And, this will be offset to some extent by increased market growth available to all providers over the next six years.

C. 1) Discuss the availability of an accessibility to human resources required by the proposal, including clinical leadership and adequate professional staff, as per the State of Tennessee licensing requirements and/or requirements of accrediting agencies such as the Joint Commission and the Commission on Accreditation of Rehabilitation Facilities.

The applicant's projected operations will conform to the requirements of ASTRO, which will be asked to accredit the service. The service does not require Tennessee licensure; but its staffing will meet or exceed standards of Tennessee licensure.

C. 2). Verify that the applicant has reviewed and understands all licensing and/or certification as required by the State of Tennessee and/or accrediting agencies such as the Joint Commission for medical/clinical staff. 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.

The applicant so verifies. Please see response 3.A above.

C. 3) Discuss the applicant's participation in the training of students in the areas of medicine, nursing, social work, etc. (e.g., internships, residencies, etc.).

It is not anticipated that this unit will be a training site for health professional education programs.

D. Identify the type of licensure and certification requirements applicable and verify that the applicant has reviewed and understands them. Discuss any additional requirements, if applicable. Provide the name of the entity from which the applicant has received or will receive licensure, certification, and/or accreditation.

Licensure:

The applicant has discussed licensure with the Tennessee Department of Health. It appears that licensure is not required to operate the unit within the medical practice. However, licensure is an available option and, if sought, would be as an Ambulatory Surgical Treatment Center limited to Radiation Therapy. At the present time the applicant is undecided as to whether or not Licensure will be requested.

Certification Type (e.g. Medicare SNF, Medicare LTAC, etc.):

The applicant is a professional medical practice already certified for participation in both Medicare and Medicaid/TennCare. The proposed service will be operated under those existing certifications.

Accreditation (i.e. Joint Commission, CARF, etc.):

The applicant will seek accreditation of the linear accelerator from ASTRO (American Society for Therapeutic Radiation Oncology).

1) If an existing institution, describe the current standing with any licensing, certifying, or accrediting agency. Provide a copy of the current license of the facility and accreditation designation.

The applicant owns two licensed Outpatient Diagnostic Centers (Nashville and Murfreesboro). Both are in compliance with Licensure rules and regulations and are in good standing. Their PET units are accredited by the American College of Radiology. The licenses and accreditation documents for those facilities is in Attachment A-4A.

2) For existing providers, please provide a copy of the most recent statement of deficiencies/plan of correction and document that all deficiencies/findings have been corrected, by providing a letter from the appropriate agency.

See Attachment Section B-Orderly Development-D 2).

3) Document and explain inspections within the past three survey cycles which have resulted in any of the following state, federal, or accrediting body actions: suspension of admissions, civil monetary penalties, notice of 23- ore 90-day termination proceedings from Medicare or Medicaid/TennCare, revocation/denial of accreditation, or other similar actions.

a) Discuss what measures the applicant has or will put in place to avoid similar findings in the future.

Not applicable. None of those events has occurred.

E. Respond to all of the following and for such occurrences, identify, explain, and provide documentation:

1) Has any of the following:
a) 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);
b) Any entity in which any person(s) or entity with more than 5% ownership (direct of 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
c) Any physician or other provider of health care, or administrator employed by any entity in which any person(s) or entity with more than 5% ownership in the applicant (to include any entity in the chain of ownership for applicant) has an ownership interest of more than5%...

2) Been subjected to any of the following:
a) Final Order or Judgment in a State licensure action;
b) Criminal fines in cases involving a Federal or State health care offense;
c) Civil monetary penalties in cases involving a Federal or State health care offense;
d) Administrative monetary penalties in cases involving a Federal or State health care offense;
e) Agreement to pay civil or monetary penalties to the Federal government or any State in cases involving claims related to the provision of health care items and services; and/or
f) Suspension or termination of participation in Medicare or Medicaid/TennCare programs;
g) Is presently subject of/to an investigation, regulatory action, or party in any civil or criminal action of which you are aware;
h) Is presently subject to a corporate integrity agreement.

None of the persons or entities in question 5A above have been subjected to any of the sanctions listed in question 5B above.

F. Outstanding Projects:

1) Complete the following chart by entering information for each applicable outstanding CON by applicant or share common ownership; and
2) Provide a brief description of the current progress, and status of each applicable outstanding CON.

Outstanding Projects					
			Annual Progress Report*		
CON Number	Project Name	Date Approved	Due Date	Date Filed	Expiration Date
CN1703-012	Franklin PET Center	8-23-17	10-1-18	Not yet	10-1-19
Status: MOB in which project leases space is under construction with shell being completed currently.					

*Annual Progress Reports – HSDA Rules require that an Annual Progress Report (APR) be submitted each year. The APR is due annually until the Final Project Report (FPR) is submitted (FPR is due within 90 ninety days of the completion and/or implementation of the project). Brief progress status updates are requested as needed. The project remains outstanding until the FPR is received.

G. Equipment Registry -- For the applicant and all entities in common ownership with the applicant.

1) Do you own, lease, operate, and/or contract with a mobile vendor for a Computed Tomography Scanner (CT), Linear Accelerator, Magnetic Resonance Imaging (MRI), and/or Positron Emission Tomographer (PET)?

Yes

2) If yes, have you submitted their registration to HSDA? If you have, what was the date of the submission?

Yes

3) If yes, have you submitted their utilization to HSDA? If you have, what was the date of the submission?

Yes

Facility	Date of HSDA Registration	Date of Last Utilization Submittal
Tennessee Oncology PLLC, Nashville PET	2003 / Jan. 19, 2018	1-29-2018
Imaging Alliance-Nashville PET ODC	2004 / Jan. 19, 2018	1-29-2018
Tennessee PET Scan Center ODC	2007 / Jan. 19, 2018	1-29-2018

SECTION B: QUALITY MEASURES

Please verify that the applicant will report annually using forms prescribed by the Agency, concerning continued need and appropriate quality measures as determined by the Agency pertaining to the Certificate of Need, if approved.

The applicant so verifies.

SECTION C: STATE HEALTH PLAN QUESTIONS

T.C.A. §68-11-1625 requires the Tennessee Department of Health's Division of Health Planning to develop and annually update the State Health Plan (found at http://www.tn.gov/health/topic/health-planning). The State Health Plan guides the State in the development of health care programs and policies and in the allocation of health care resources in the State, including the Certificate of Need program. The 5 Principles for Achieving Better Health are from the State Health Plan's framework and inform the Certificate of Need program and its standards and criteria.

Discuss how the proposed project will relate to the 5 Principles for Achieving Better Health found in the State Health Plan.

A. The purpose of the State Health Plan is to improve the health of the people of Tennessee.

The project meets the need for additional service area capacity to treat cancer. With cancer being a leading cause of death among Tennesseans 50 years of age and older, the project will contribute to maintaining and improving the health of Middle Tennessee residents.

B. People in Tennessee should have access to health care and the conditions to achieve optimal health.

The project will provide many service area residents with quicker and/or less stressful drive time access to needed cancer care. It will provide the elderly with more options for treatment at times which do not force them to drive in the dark or in heavy traffic.

C. Health resources in Tennessee, including health care, should be developed to address the health of people in Tennessee while encouraging economic efficiencies.

This project contributes to the orderly development of needed treatment capacity.

D. People in Tennessee should have confidence that the quality of health care is continually monitored and standards are adhered to by providers.

The applicant is one of the largest physician groups in the State, with a deep record of providing high quality care in physician services, as well as at the three PET facilities it operates in two of the three service area counties. These are fully accredited and two of them are licensed as Outpatient Diagnostic Centers.

E. The state should support the development, recruitment, and retention of a sufficient and quality health workforce.

While small, the project will attract additional professional resources into the service area.

PROOF OF PUBLICATION

Attach the full page of the 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.

NOTIFICATION REQUIREMENTS

(Applies only to Nonresidential Substitution-Based Treatment Centers for Opiate Addiction)

Note that T.C.A. §68-11-1607(c)(3) states that "...Within ten (10) days of filing 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 member(s) of the House of Representatives and the Senator of the General Assembly representing the 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 a 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."

Failure to provide the notifications described above within the required statutory timeframe will result in the voiding of the CON application.

Please provide documentation of these notifications.

Not applicable.

DEVELOPMENT SCHEDULE

T.C.A. §68-11-1609(c) provides that a Certificate of Need is valid for a period not to exceed three (3) years (for hospital projects) or two (2) years (for all other projects) from the date of its issuance and after such time shall expire; provided, that the Agency may, in granting the Certificate of Need, allow longer periods of validity for Certificates 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 which has been extended shall expire at the end of the extended time period. The decision whether to grant such an extension is within the sole discretion of the Agency, and is not subject to review, reconsideration, or appeal.

1. **Complete the Project Completion Forecast Chart on the next page. If the project will be completed in multiple phases, please identify the anticipated completion date for each phase.**
2. **If the response to the preceding question *indicates that the applicant does not anticipate completing the project within the period of validity as defined in the preceding paragraph,* please state below any request for an extended schedule and document the "good cause" for such an extension.**

PROJECT COMPLETION FORECAST CHART

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

PHASE	DAYS REQUIRED	Anticipated Date (MONTH /YEAR)
1. Initial HSDA Decision Date	--	10-24-18
1. Architectural & engineering contract signed	6	11-18
2. Construction documents approved by TDH	66	1-19
3. Construction contract signed	81	1-19
4. Building permit secured	141	3-19
5. Site preparation completed	na	na
6. Building construction commenced	156	4-19
7. Construction 40% complete	216	6-19
8. Construction 80% complete	276	8-19
9. Construction 100% complete	336	10-19
10. * Issuance of license	na	na
11. *Initiation of service	426	1020
12. Final architectural certification of payment	486	3-20
13. Final Project Report Form (HF0055)	546	5-20

*** For projects that <u>DO NOT</u> involve construction or renovation: please complete items 11-12 only.**

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

JUL 13 18 PM 2:10

AFFIDAVIT

STATE OF TENNESSEE

COUNTY OF DAVIDSON

JOHN WELLBORN, being first duly sworn, says that he is the lawful agent of the applicant named in this application, that this project will be completed in accordance with the application to the best of the agent's knowledge, that the agent has read the directions to this application, the Rules of the Health Services and Development Agency, and T.C.A. § 68-11-1601, *et seq.*, and that the responses to this application or any other questions deemed appropriate by the Health Services and Development Agency are true and complete to the best of the agent's knowledge.

John Wellborn
SIGNATURE/TITLE

Sworn to and subscribed before me this 13th day of July (Month), 2018 (Year) a Notary

Public in and for the County/State of Davidson / Tennessee

JAN M. DANFORTH
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES 5-2-2022

NOTARY PUBLIC

My commission expires May 2 (Month/Day), 2022 (Year).

THE TENNESSEAN

Public Notices

Public Notices

NOTIFICATION OF INTENT
TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. Sections 68-11-1601 et seq., and the Rules of the Health Services and Development Agency, that Tennessee Oncology Radiation Therapy (a proposed service of a private professional practice), to be owned and managed by Tennessee Oncology, PLLC (a professional limited liability company), intends to file an application for a Certificate of Need to acquire major medical equipment (a linear accelerator) for Megavoltage Radiation Therapy and to initiate outpatient megavoltage radiation therapy for its patients, at a project cost estimated at approximately $12,200,000, including the value of leased space and equipment. The project will be located in the Tennessee Oncology practice office in a medical office building under construction at 4488 Carothers Parkway, Franklin, TN 37067 (suite number not yet assigned). The project site is on the east side of Carothers Parkway, and on the south side of the Scott Hamilton Proton Treatment Center being built at the intersection of Physicians Way and Carothers Parkway.

The project may require licensure by the Board for Licensing Health Care Facilities, as an ambulatory surgical treatment center limited to megavoltage radiation therapy. The project does not contain any other type of major medical equipment or initiate or discontinue any other health service; and it will not affect any facility's licensed bed complements.

The anticipated date of filing the application is on or before July 13, 2018. The contact person for the project is John Wellborn, who may be reached at Development Support Group, 4219 Hillsboro Road, Suite 210, Nashville, TN 37215; (615) 665-2022. Upon written request by interested parties, a local Fact-Finding public hearing shall be conducted. Written requests for hearing should be sent to:

Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

Pursuant to TCA Sec. 68-11-1607(c)(1): (A) any health care institution wishing to oppose a Certificate of Need application must file a written objection with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled, and (B) any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

INDEX OF ATTACHMENTS

Section A

A-4A	Legal Status and Ownership Structure of Applicant
A-6A	Site Control Documentation
A-6B(1)a-d	Plot Plan
A-6B(2)	Floor Plan
A-6B(3)	Bus Line Schedule
A-13B	Major Medical Equipment Quotes or Leases
A-13F	FDA Approval Letter

Section B

B-Need-C	Service Area Map
B-Economic Feasibility-A 5)	Documentation of Construction Cost Estimate
B-Economic Feasibility-B 6)	Documentation of Funding/Financing Availability
B-Economic Feasibility-F 1)	Applicant's Financial Statements
B-Orderly Development-D 2)	Licensure and Accreditation Findings and Corrections

Other Attachments

Miscellaneous Information	Charity Care Policy

A-4A
Legal Status and Ownership Structure of Applicant

Business Information Search

As of July 06, 2018 we have processed all corporate filings received in our office through July 04, 2018 and all annual reports received in our office through July 04, 2018.

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

Search: 1-1 of 1

Search Name: Tennessee Oncology, PLLC (Starts With / Contains)

Control #:

Active Entities Only:

Search

Control #	Entity Type	Name	Name Type	Name Status	Entity Filing Date	Entity Status
000315661	LLC	TENNESSEE ONCOLOGY, PLLC *TENNESSEE*	Entity	Active	08/01/1996	Active

1-1 of 1

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

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

Click Here for information on the Business Services Online Search logic.

Division of Business Services
312 Rosa L. Parks Avenue, Snodgrass Tower, 6th Floor
Nashville, TN 37243
615-741-2286
8:00 a.m. until 4:30 p.m. (Central) Monday - Friday.
Directions | State Holidays | Methods of Payment

Business Filings and Information (615) 741-2286 | TNSOS.CORPINFO@tn.gov
Certified Copies and Certificate of Existence (615) 741-6488 | TNSOS.CERT@tn.gov
Motor Vehicle Temporary Liens (615) 741-0529 | TNSOS.MVTL@tn.gov
Notary Commissions (615) 741-3699 | TNSOS.ATS@tn.gov
Uniform Commercial Code (UCC) (615) 741-3276 | TNSOS.UCC@tn.gov
Workers' Compensation Exemption Registrations (615) 741-0526 | TNSOS.WCER@tn.gov
Apostilles & Authentications (615) 741-0536 | TNSOS.ATS@tn.gov
Summons (615) 741-1799 | TNSOS.ATS@tn.gov
Trademarks (615) 741-0531 | TNSOS.ATS@tn.gov
Nonresident Fiduciaries (615) 741-0536 | TNSOS.ATS@tn.gov

Secretary of State
Division of Business Services
312 Rosa L. Parks Avenue
6th Floor, William R. Snodgrass Tower
Nashville, Tennessee 37243

DATE: 09/22/09
REQUEST NUMBER: 6600-0951
TELEPHONE CONTACT: (615) 741-2286
FILE DATE/TIME: 09/21/09 1320
EFFECTIVE DATE/TIME: 09/21/09 1630
CONTROL NUMBER: 0315661

TO:
CFS
8161 HWY 100, 172

NASHVILLE, TN 37221

RE:
TENNESSEE ONCOLOGY, PLLC
AMENDED AND RESTATED ARTICLES - LIMITED LIABILITY COMPANY

THIS WILL ACKNOWLEDGE THE FILING OF THE ATTACHED DOCUMENT WITH AN EFFECTIVE DATE AS INDICATED ABOVE.

WHEN CORRESPONDING WITH THIS OFFICE OR SUBMITTING DOCUMENTS FOR FILING, PLEASE REFER TO THE LIMITED LIABILITY COMPANY CONTROL NUMBER GIVEN ABOVE. PLEASE BE ADVISED THAT THIS DOCUMENT MUST ALSO BE FILED IN THE OFFICE OF THE REGISTER OF DEEDS IN THE COUNTY WHEREIN A LIMITED LIABILITY COMPANY HAS ITS PRINCIPAL OFFICE IF SUCH PRINCIPAL OFFICE IS IN TENNESSEE.

FOR: AMENDED AND RESTATED ARTICLES - LIMITED LIABILITY COMPANY ON DATE: 09/22/09

FROM:
CAPITAL FILING SERVICE (CFS)
8161 HIGHWAY 100
#172
NASHVILLE, TN 37221-0000

	FEES	
RECEIVED:	$20.00	$0.00
TOTAL PAYMENT RECEIVED:		$20.00

RECEIPT NUMBER: 00004671508
ACCOUNT NUMBER: 00101230

SS-4451

Tre Hargett
TRE HARGETT
SECRETARY OF STATE

FILED
RECEIVED
STATE OF TENNESSEE
2009 SEP 21 PM 1:20
TRE HARGETT
SECRETARY OF STATE

AMENDED AND RESTATED ARTICLES OF ORGANIZATION OF TENNESSEE ONCOLOGY, PLLC

Pursuant to the provisions of Section 48-209-105 of the Tennessee Limited Liability Company Act, the undersigned professional limited liability company hereby amends and restates its Articles of Organization to supersede the Articles of Organization and any and all prior amendments thereto and certifies as follows:

I. The name of the professional limited liability company is Tennessee Oncology, PLLC.

II. The text of the Amended and Restated Articles of Organization is as follows:

ARTICLE 1

The name of the professional limited liability company is Tennessee Oncology, PLLC (the "Company").

ARTICLE 2

Pursuant to T.C.A. §§ 48-249-1002 and 48-249-1133, the Company elects to be governed by the Tennessee Revised Limited Liability Company Act (the "Act").

ARTICLE 3

The Company is a professional limited liability company.

ARTICLE 4

The Company's purpose is to render specified professional services. The Company has one (1) or more qualified persons as members and no disqualified persons as members or holders.

ARTICLE 5

The name of the registered agent of the Company is Charles E. McKay, M.D., and the address of the initial registered agent is 300 20th Avenue North, Suite 301, Nashville, Davidson County, Tennessee 37203.

ARTICLE 6

The complete address of the Company's principal executive office is 300 20th Avenue North, Suite 301, Nashville, Davidson County, Tennessee 37203.

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SECRETARY OF STATE

ARTICLE 7

The Company shall be a director-managed professional limited liability company as such term is defined in the Act.

ARTICLE 8

The duration of the Company shall be perpetual, unless sooner terminated in accordance with the terms of the Operating Agreement, as amended, of the Company or applicable law.

ARTICLE 9

These Amended and Restated Articles of Organization shall be effective upon their filing with the Secretary of State of Tennessee.

ARTICLE10

The Company shall have the power to expel a member."

III. The Amended and Restated Articles of Organization as set forth above contain amendments requiring member approval. The Amended and Restated Articles of Organization were duly approved and adopted by the members of the Company effective as of January 1, 2009.

IN WITNESS WHEREOF, the undersigned has executed these Amended and Restated Articles of Organization effective as of the 1st day of January, 2009.

TENNESSEE ONCOLOGY, PLLC.

By: CMcKay
Charles E. McKay, M.D.
Chief Manager

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SECRETARY OF STATE

BOOK 10219 PG 471

ARTICLES OF ORGANIZATION

OF

TENNESSEE ONCOLOGY, PLLC

The undersigned, acting as Organizer of a professional limited liability company under the Professional Tennessee Limited Liability Company Act, Tennessee Code Annotated Section 48-248-101 et.seq. (the "Act"), hereby adopts the following Articles of Organization for such professional limited liability company:

ARTICLE I

The name of the professional limited liability company is Tennessee Oncology, PLLC.

ARTICLE II

The purpose of the professional limited liability company is to render professional medical services, including any services ancillary to such professional medical services.

ARTICLE III

The street address and zip code of the initial registered office of the professional limited liability company shall be 300 20th Avenue North, Suite 301, Nashville, Davidson County, Tennessee 37203. The name of the professional limited liability company's initial registered agent at its initial registered office is Charles E. McKay, M.D.

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ARTICLE IV

The name and address of the organizer are Sharon Bauer Berman, Bass, Berry & Sims, 2700 First American Center, Nashville, Davidson County, Tennessee 37238.

96 OCT -7 RILEY C. DARNELL SECRETARY OF STATE

ARTICLE V

At the date and time of formation, there are two (2) or more qualified persons (as such term is defined in Section 48-248-102(8) of the Act) as members of the professional limited liability company. There are no disqualified persons (as such term is defined in Section 48-248-102(1)) as members of the professional limited liability company at the date and time of formation.

ARTICLE VI

The professional limited liability company shall have the power and authority to carry on any business permitted by, and to have and exercise all of the powers and rights conferred by, the Act as amended from time to time or any successor provisions thereto.

ARTICLE VII

The professional limited liability company shall be managed by a Board of Governors.

a. At the date and time of formation, the Board of Governors of the professional limited liability company shall consist of: Charles E. McKay and Eric L. Raefsky.

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SECRETARY

b. All powers shall be exercised by or under the authority of, and the business and affairs of the professional limited liability company shall be managed by or under the direction of, the Board of Governors of the professional limited liability company. The number of governors and their terms shall be as specified in the Operating Agreement of the professional limited liability company.

c. Whenever the Board of Governors is required or permitted to take any action by vote, such action may be taken without a meeting on written consent, setting forth the action so taken, if all of the governors entitled to vote thereon consent to the taking of action on written consent without a meeting; any such action shall be as valid and effective as any resolution duly adopted at an annual or regularly scheduled or special meeting of the Board of Governors.

d. Any or all of the governors may be removed either with or without cause at any time by a proper vote of the members and may be removed with cause by a majority vote of the entire Board of Governors.

e. New members shall be admitted to the professional limited liability company in the manner prescribed in the Operating Agreement of the professional limited liability company.

f. The initial Chief Manager, who shall be Charles E. McKay, M.D., and such other managers as shall be designated by appointment by the Board of Governors shall have such authority and shall perform the duties set forth in the Operating Agreement of the professional limited liability company or as prescribed by the Board of Governors of the professional limited liability company.

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SECRETARY OF STATE

ARTICLE VIII

At the date and time of the filing of these Articles of Organization, there are two (2) qualified members of the professional limited liability company.

ARTICLE IX

The street address and zip code of the principal executive office of the professional limited liability company and the county in which the principal executive office is located is 300 20th Avenue North, Suite 301, Nashville, Davidson County, Tennessee 37203.

ARTICLE X

The professional limited liability company shall have the power and authority to expel a member.

ARTICLE XI

The members of the professional limited liability company shall not have preemptive rights.

ARTICLE XII

In the event of a member's withdrawal and subject to the provisions of the Operating Agreement of the professional limited liability company concerning dissolution, winding down or termination of the professional limited liability company, the existence and business of the professional limited liability company may be continued by consent of a majority in interest of the remaining members of the professional limited liability company.

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ARTICLE XIII

a. The professional limited liability company shall have the power to indemnify any governor who has taken an action of management as a member, manager, employee, agent of the professional limited liability company, or any other person who is serving at the request of the professional limited liability company in any such capacity with another foreign or domestic corporation, limited liability company, partnership, joint venture, trust, or other enterprise (including, without limitation, any employee benefit plan) to the fullest extent permitted by the Act as it exists on the date hereof or as it may hereafter be amended, and any such indemnification may continue as to any person who has ceased to be a governor, manager, employee, or agent and may inure to the benefit of the heirs, executors, and administrators of such a person.

b. By action of its Board of Governors, notwithstanding any interest of the directors in the action, the professional limited liability company may purchase and maintain insurance, in such amounts as the Board of Governors deems appropriate, to protect any governor, manager, employee, independent contractor or agent of the professional limited liability company or any other person who is or was serving at the request of the professional limited liability company in any such capacity with another foreign or domestic corporation, limited liability company, partnership, joint venture, trust, or other enterprise (including, without limitation, any employee benefit plan) against liability asserted against him or incurred by him in any such capacity or arising out of his status as such (including, without limitation, expenses, judgments, fines, and amounts paid in settlement) to the fullest extent permitted by the Act as it exists on the

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SECRETARY OF STATE

date hereof or as it may hereafter be amended, and whether or not the professional limited liability company would have the power or would be required to indemnify such person under the terms of any agreement or provision of the Operating Agreement or the Act. For purposes of this paragraph (b), "fines" shall include any excise taxes assessed on a person with respect to any employee benefit plan.

c. To the fullest extent that the Act as it exists on the date hereof or as it may hereafter be amended permits the limitation or elimination of the liability of governors, a governor of the professional limited liability company shall not be personally liable to the professional limited liability company or its members for monetary damages for a breach of fiduciary duty as a governor, except for liability (i) for any breach of the governor's duty of loyalty to the professional limited liability company or its members, (ii) for acts or omissions not in good faith or which involve intentional misconduct or a knowing violation of law, or (iii) under Section 48 237 101 of the Act, as the same exists or hereafter may be amended. If the Act hereafter is amended to authorize the further elimination or limitation of the liability of governors, then the liability of a governor of the professional limited liability company, in addition to the limitation on personal liability provided herein, shall be limited to the fullest extent permitted by the amended Act. This paragraph (c) shall not eliminate or limit the liability of a governor for any act or omission occurring prior to the date when paragraph (c) became effective, if such a limitation or elimination of liability of a governor for such acts or omission is prohibited by the Act as then in effect. Any repeal or modification of this paragraph (c) by the members of the professional limited

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SECRETARY OF STATE

liability company shall be prospective only, and shall not adversely affect any limitation on the personal liability of a governor of the professional limited liability company existing at the time of such repeal or modification.

ARTICLE XIV

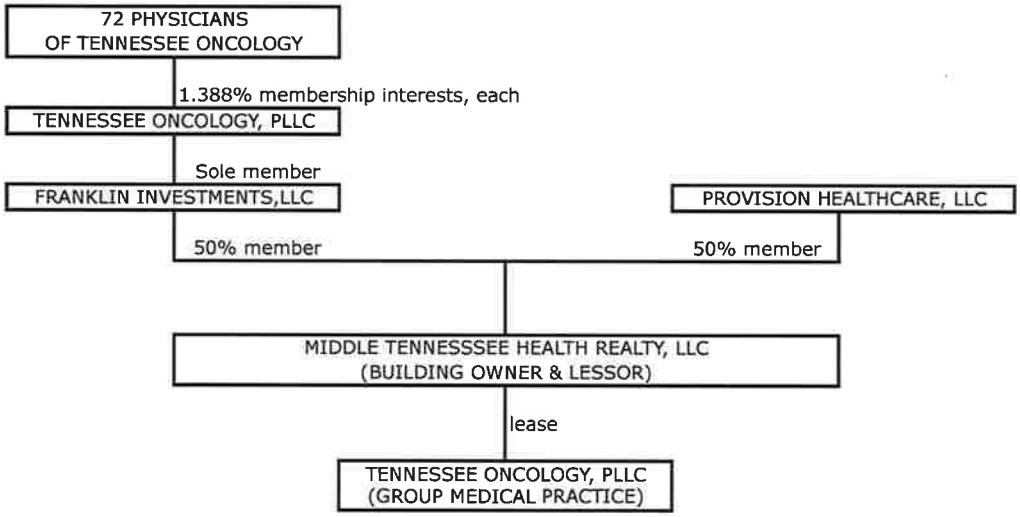
The Organizer shall have the power to form the professional limited liability company pursuant to Tennessee Code Annotated Section 48-248-103 and, in that capacity, may file these Articles of Organization with the Tennessee Secretary of State, accept initial contributions from the members, and take such other actions as may be necessary or appropriate to organize the professional limited liability company.

Dated: August 1, 1996.

Sharon Bauer Berman, Organizer

#415483.01

ORGANIZATION CHART--TENNESSEE ONCOLOGY RADIATION THERAPY SERVICE



Tennessee Oncology
Board of Governors
2016-2018

First Name	Last Name	Position
Anthony	Meluch	Board Member
Dianna	Shipley	Board Member
David	Spigel	Board Member
Edward	Arrowsmith	Board Member
Jack	Erter	Board Member
Jeffrey	Infante	Board Member
Jeffrey	Patton	CEO
John	Zubkus	Board Member
Natalie	Dickson	CMO
Paul	Rosenblatt	Board Member
Patrick	Murphy	Board Member

Tennessee Oncology, PLLC--List of Offices		
Practice Name	**Practice Address**	**City**
Tennessee Oncology, PLLC-Midtown (Baptist)	300 20th Avenue North, Suite 301	Nashville
Tennessee Oncology, PLLC-Centennial	250 25th Avenue North, Suite 100 The Atrium	Nashville
Tennessee Oncology, PLLC-Skyline	3443 Dickerson Road, Suite 760	Nashville
Tennessee Oncology, PLLC-Clarksville	776 Weatherly Drive, Suite A	Clarksville
Tennessee Oncology, PLLC-Murfresboro	1840 Medical Center Pkwy, Ste 300	Murfreesboro
Tennessee Oncology, PLLC-Tullahoma	1750 Cedar Lane, Suite 200	Tullahoma
Tennessee Oncology, PLLC-Southern Hills	397 Wallace Road, Suite C-201	Nashville
Tennessee Oncology, PLLC-Summit	5653 First Boulevard, Suite 434	Hermitage
Tennessee Oncology, PLLC-Gallatin	225 Big Station Camp Rd, Ste 201	Gallatin
Tennessee Oncology, PLLC-McMinnville	1589 Sparta Street, Suite 306	McMinnville
Tennessee Oncology, PLLC-Smyrna	300 Stonecrest Boulevard, Suite 400	Smyrna
Tennessee Oncology, PLLC-Dickson	103 Natchez Park Drive, Suite 103	Dickson
Tennessee Oncology, PLLC-Springfield	504 22nd Avenue, East	Springfield
Tennessee Oncology, PLLC-Lebanon	103 Physicians Way, Ste 120	Lebanon
Tennessee Oncology, PLLC-Smithville	518 Main Street	Smithville
Tennessee Oncology, PLLC-Shelbyville	120 Frank Martin Rd, Suite 102	Shelbyville
Tennessee Oncology, PLLC - St.Thomas West	4220 Harding Road, S&E Bldg, Suite 200	Nashville
Tennessee Oncology, PLLC - Franklin	4323 Carothers Parkway, Suite 500	Franklin
Tennessee Oncology, PLLC-Winchester	2092 Cowan Highway, Suite A	Winchester
Tennessee Oncology, PLLC-Lawrencebrug	2121 North Locust Avenue, Suite 2	Lawrenceburg
Tennessee Oncology, PLLC - DDU	250 25th Avenue North, Suite 200 The Atrium	Nashville
Tennessee Oncology, PLLC-Hendersonville	353 New Shackle Island Road, Suite 204 A, Building A	Hendersonville
Tennessee Oncology, PLLC-BMT	250 25th Avenue North, Suite 412	Nashville
Tennessee Oncology, PLLC-St.Thomas GYN	4220 Harding Road, S&E Bldg, Suite 200	Nashville
Tennessee Oncology, PLLC-Pulaski	215 S. Cedar Lane	Pulaski
Tennessee Oncology, PLLC-Spring Hill	5073 Main Street, Ste 210	Spring Hill
Tennessee Oncology, PLLC - Memorial	605 Glenwood Drive, Ste 200	Chattanooga
Tennessee Oncology, PLLC - North Park	2051 Hamill Rd, Ste 107	Hixson
Tennessee Oncology, PLLC - Medical Park II	2200 E. Third St., Ste 100	Chattanooga
Tennessee Oncology, PLLC - Cleveland	2390 N. Ocoee St	Cleveland
Tennessee Oncology, PLLC-Park Pharmacy	250 25th Avenue North, Suite 110	Nashville
Tennessee Oncology, PLLC - Sarah Cannon	250 25th Avenue North, Suite 200	Nashville
Tennessee Oncology, PLLC - Imaging Alliance	52 White Bridge Road	Nashville
Tennessee Oncology, PLLC - SO PET	2018 Murphy Avenue, Suite 200	Nashville
Tennessee Oncology, PLLC - TN PET	1840 Medical Center Pkwy, Ste 100	Murfreesboro

Middle TN - Medical Oncology Clinics (18) Full time (includes 2 CT scanners in clinic)
Middle TN - Medical Oncology Satellite Clinics (5)
East Tn - Medical Oncology Clinics (4) (includes 1 CT scanner in Clinic)
Middle TN - Specialty Divisons (Gynocology, Bone Marrow Transplant Services, Drug Development Unit, Psychology Department) (4)
Middle TN - Pharmacy
Middle TN - Lab and Flow Department (located at Centennial)
Middle TN - Full PET/CT Imaging Centers (3) - (including 1 MRI scanner at Murphy Rd)

Hospital Contact Information

Centennial Medical Center
2300 Patterson Street
Nashville, TN 37203

Centennial Surgery Center
2300 Patterson Street
Nashville, TN 37203

CHI Memorial Hospital Chattanooga
2525 Desales Ave.
Chattanooga, Tn 37404

CHI Memorial Hospital - Georgia (formerly Hutcheson Medical Center /Cornerstone Medical Center)
100 Gross Crescent Circle
Fort Oglethorpe, Georgia 30742

Erlanger Hospital
975 3 3rd St.
Chattanooga, TN 37403

Hendersonville Medical Center
355 New Shackle Island Rd.
Hendersonville, TN 37075

Horizon Medical Center
111 Hwy 70E
Dickson, TN 37055

Northcrest Medical Center
100 Northcrest Dr.
Springfield, TN 37172

Parkridge Medical Center
2333 McCallie Ave.
Chattanooga, TN , 37404

Saint Thomas Dekalb
502 W. Main St.
Smithville, TN 37166

Saint Thomas Midtown
2000 Church St

Nashville, TN 37205
P: 615-284-7642

Saint Thomas Riverpark Hospital
1559 Sparta Street
McMinnville, TN 37110

Saint Thomas Rutherford
1700 Medical Center Pkwy
Murfreesboro, TN 37129

Saint Thomas West
4220 Harding Pike
Nashville, TN 37205

Select Specialty Hospital-Nashville
2000 Hayes Street
Suite 1502
Nashville, TN 37203

Skyline Medical Center
3441 Dickerson Road
Nashville, TN 37207

Southern Hills Medical Center
391 Wallace Road
Nashville, TN 37211

Southern Tennessee Regional Health Center – Lawrenceburg/Pulaski
185 Hospital Road
Winchester, TN 37398
(931) 766-3160
(931) 766-3511

Southern Tennessee Regional Health System – Winchester/Sewanee
185 Hospital Road
Winchester, TN 37398
Ph 931-967-8189
Fx 931-967-8274

Stonecrest Medical Center
200 StoneCrest Boulevard
Smyrna, TN 37167

Summit Medical Center

5655 Frist Blvd.
Hermitage, TN 37076

Sumner Regional Medical Center
555 Hartsville Pike
Gallatin, TN 37066

Tennova Clarksville
651 Dunlop Lane
Clarksville, TN 37043

Tennova Cleveland
2305 Chambliss Ave.
Cleveland, TN 37311

Tennova Harton
1801 North Jackson St.
Tullahoma, TN 37388

Tennova Lebanon
1411 Baddour Pkwy
Lebanon, TN 37087

Tennova Shelbyville
2835 Hwy 231 N
Shelbyville, TN 37160

Urology Associates
2801 Charlotte Ave.
Nashville, TN 37209

Urology Surgery Center
2801 Charlotte Ave.
Nashville, TN 37209

Williamson Medical Center
4321 Carothers Pkwy
Franklin, TN 37067

TENNESSEE ONCOLOGY, PLLC--MIDDLE TENNESSEE RADIATION ONCOLOGY LOCATIONS		
Practice Name	**Practice Address**	**City**
Tennessee Oncology, PLLC - Midtown (Baptist)	2011 Church Street Plaza 1 Lower Level	Nashville
Tennessee Oncology, PLLC - Centennial	2410 Patterson St	Nashville
Tennessee Oncology, PLLC - St. Thomas West	4220 Harding Rd (Dan Rudy Cancer Center	Nashville
Tennessee Oncology, PLLC - Skyline	3441 Dickerson Pike	Nashville
Tennessee Oncology, PLLC - Gallatin	225 Big Station Camp Blvd, Suite 104	Gallatin
Tennessee Oncology, PLLC - Summit	3901 Central Pike, Suite 153	Hermitage
Tennessee Oncology, PLLC - Dickson	105 Natchez Park Drive	Dickson
Tennessee Oncology, PLLC - Murfreesboro	1840 medical Center Pkwy, Suite 102	Murfreesboro
Tennessee Oncology, PLLC - Smyrna	300 Stonecrest Blvd, Suite 155	Smyrna

The American Board of Radiology

Organized through the cooperation of the
American College of Radiology, the American Roentgen Ray Society,
the American Radium Society, the Radiological Society of North America,
the Section on Radiology of the American Medical Association,
the American Society for Therapeutic Radiology and Oncology,
and the Association of University Radiologists
Hereby certifies that

Scott A. Montesi, M.D.

Has pursued an accepted course of graduate study
and clinical work, has met certain standards and qualifications and
has passed the examinations conducted under the authority of
The American Board of Radiology
On this eighth day of June, 1939
Thereby demonstrating to the satisfaction of the Board
that he is qualified to practice the specialty of

Diagnostic Radiology

THE AMERICAN BOARD OF RADIOLOGY INCORPORATED IN THE DISTRICT OF COLUMBIA 1934

Robert G. Parker
President

Secretary

Renewal No.
798484

State of Tennessee
Division Of Health Related Boards

9500879
License No.
MD0000015572

This Certifies that

SCOTT A MONTESI, MD

whose credentials have been approved by the:

BOARD OF MEDICAL EXAMINERS

has fulfilled all requirements for renewal and registration as required by the Tennessee Code Annotated and is a duly authorized: **MEDICAL DOCTOR**

in the State of Tennessee through **MARCH 31, 2017**

Rosemarie Otto
DIRECTOR, HEALTH RELATED BOARDS

DCF014 15063

A.6A

Site Control Documentation

OPTION TO LEASE AGREEMENT

THIS OPTION TO LEASE AGREEMENT (the "Agreement") is made and entered into as of this 10TH day of JULY, 2018, by and between Middle Tennessee Health Realty, LLC, a Tennessee limited liability company ("Landlord") and Tennessee Oncology, PLLC, a Tennessee professional limited liability company ("Tenant").

WITNESSETH

WHEREAS, Landlord has acquired that certain real property located in Williamson County, Tennessee more particularly described on Exhibit A hereto and hereby incorporated by reference herein, consisting of approximately 5.5 acres (the "Property"), and is currently constructing a medical office building on the Property (the "Building"); and

WHEREAS, Landlord desires to enter into an option with Tenant whereby Landlord grants to Tenant the option to lease approximately 7,097 rentable square feet in the Building (the "Leased Premises"), which option must be exercised as set forth below.

NOW, THEREFORE, for $10 cash in hand paid and in consideration of the mutual promises set forth herein and other valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties hereto hereby agree as follows:

SECTION 1
GRANT OF OPTION

1.1 Landlord hereby grants to Tenant an exclusive option to lease the Leased Premises, upon the terms and conditions set forth herein (the "Option").

1.2 The term of Tenant's Option shall commence on the date hereof and shall continue for a period of twelve (12) months from the date hereof (the "Option Period"). The Option Period may be extended at any time prior to its expiration upon the mutual consent of the parties.

1.3 Tenant shall exercise its Option by delivering written notice to Landlord within the Option Period by Registered or Certified Mail, or in person.

SECTION 2
TERMS AND CONDITIONS OF THE LEASE

2.1 Upon the exercise of the Option by Tenant as set forth herein, the parties agree to execute a lease agreement, subject to any terms and conditions contained in this Agreement and as mutually agreed upon by the parties. The parties expect that rent shall reflect the fair market value of the property and shall be approximately $24.00 per rentable square foot for the first year of the lease. Rent shall increase by 2.5% each subsequent year during the term of the lease. The lease

shall also provide that taxes and operating expenses will be passed through to Tenant. The parties estimate that pass through expenses for the first year of the lease will be approximately $7.58 per rentable square foot.

2.2 The initial term of Tenant's lease of the Leased Premises shall be for a period of ten (10) years (the "Term").

2.3 The lease shall provide Tenant an improvement allowance in the amount of $60.00 per usable square foot. The parties anticipate that the Leased Premises will contain approximately 6,171 usable square feet.

SECTION 3
MISCELLANEOUS PROVISIONS

3.1 Any notices required or permitted herein shall be addressed as follows and delivered to the other party by either registered or certified mail or in person:

If to Landlord:

c/o Middle Tennessee Health Realty, LLC
1400 Dowell Springs Blvd., Suite 350
Knoxville, TN 37909

If to Tenant:

c/o Tennessee Oncology, PLLC
2004 Hayes Street, Suite 800
Nashville, TN 37922

3.2 This Agreement constitutes the entire agreement of the parties with respect to the subject matter hereof and may not be amended except by written instrument executed by Landlord and Tenant. The section headings are inserted for convenience only and are in no way intended to describe, interpret, define or limit the scope or content of this Agreement or any provision hereof. This Agreement shall be construed and interpreted in accordance with the laws of the State of Tennessee. This Agreement shall be binding upon and inure to the benefit of the parties hereto and their respective heirs, successors and permitted assigns as the case may be. Tenant shall have the right to transfer or assign any of its rights and interest under this Agreement without obtaining the prior consent of Landlord. This Agreement may be executed in any number of counterparts, each of which shall be deemed to be an original, and all of such counterparts shall constitute one Agreement. To facilitate execution of this Agreement, the parties may execute and exchange executed counterparts of the signature pages by e-mail.

[Signature page follows.]

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed by such party, as of the date first above written.

LANDLORD:

Middle Tennessee Health Realty, LLC
a Tennessee Limited Liability Company

By: _____
Name: CHRISTOPHER T. BROWN
Its: MANAGER

TENANT:

Tennessee Oncology, PLLC
a Tennessee Professional Limited Liability Company

By: _____
Name: RON HAROWITZ
Its: CFO

EXHIBIT A

The Property

That certain tract or parcel of real estate containing 240,064 square feet, or 5.51 acres, together with all appurtenances, rights, privileges, easements, and advantages belonging thereto, located in the 9th Civil District, Williamson County, Tennessee. Tract being Lot 4 of the proposed Medcore Medical Building Subdivision, Revision Three, Re-subdivision of Lot 3, not of record. Being bounded on the north by Lot 3 of said proposed Medcore Medical Building Subdivision, Revision Three, Re-subdivision of Lot 3, on the east by Lots 51 and 52 of Breckinridge South Subdivision, Section 5 as recorded in Plat Book 9, Page 119, ROWC, by the western Right-of-Way (ROW) of Breckinridge Road, and by Lots 66 and 67, Section 3, Breckinridge South Subdivision as recorded in Plat Book 7, Page 133, ROWC, on the south by Williamson County tract as recorded in deed book 988, page 832, ROWC, and on the west by Carothers Parkway Right-of-Way(ROW). Tract being described as follows:

> POINT OF BEGINNING being on iron rod with "RAGEN" cap lying on the eastern ROW of said Carothers Parkway and being the southwestern corner of the tract being described; thence with said ROW, North 07°08'02" East 361.12 feet to a point; thence with a curve to the left having a length of 2.70 feet, a radius of 92.00 feet, a central angle of 01°40'57", and having a chord bearing and distance of North 06°17'31" East 2.70 feet to a point; thence leaving said ROW, South 82°27'58" East 564.46 feet to a point; thence North 07°44'13" East 112.52 feet to a point; thence South 82°15'47" East 74.35 feet to a point; thence South 07°44'13" West 476.11 feet to a point; thence North 82°27'45" West 634.94 feet to the point of beginning.

LANDLORD'S DEED

BK/PG:7033/62-67
17011174

6 PGS : DEED	
JESSICA SWEENEY 482510 - 17011174	
03/22/2017 - 11:15:26 AM	
MORTGAGE TAX	0.00
TRANSFER TAX	13108.94
RECORDING FEE	30.00
DP FEE	2.00
REGISTER'S FEE	1.00
TOTAL AMOUNT	13141.94

STATE of TENNESSEE, WILLIAMSON COUNTY
SADIE WADE
REGISTER OF DEEDS

THIS INSTRUMENT PREPARED BY:
BASS, BERRY & SIMS PLC (MAS)
150 3rd Avenue South, Suite 2800
Nashville, Tennessee 37201

SPECIAL WARRANTY DEED

Address New Owner(s):	Send Tax Bills To:	Map/Parcel Numbers:
Middle Tennessee Health Realty, LLC 1400 Dowell Springs Boulevard, Suite 350 Knoxville, TN 37909	Same	A portion of Tax Parcel No. 079-048.04

FOR AND IN CONSIDERATION OF the sum of TEN AND NO/100 DOLLARS ($10.00) cash in hand paid and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, MTPC, LLC, a Tennessee limited liability company (the "Grantor"), has bargained and sold, and hereby transfers and conveys, to MIDDLE TENNESSEE HEALTH REALTY, LLC, a Tennessee limited liability company, and its successors and assigns (the "Grantee"), certain real property in Williamson County, Tennessee, more particularly described on Exhibit A attached hereto, together with all rights and appurtenances pertaining to such real property and all improvements, structures and fixtures now constructed and completed or under construction on the real property.

Said property is conveyed subject to those matters more particularly described on Exhibit A attached hereto and incorporated herein by reference.

TO HAVE AND TO HOLD said property, together with the appurtenances, hereditaments, estate, title and interest thereto belonging, to Grantee, forever.

This is unimproved property.

Grantor covenants and binds itself and its successors to warrant specially and defend to Grantee forever the title to said property against the lawful claims of all persons claiming by, through or under Grantor (excluding claims arising out of the matters set forth on Exhibit B), but not further or otherwise.

[*Signature Page Follows*]

IN WITNESS WHEREOF, the undersigned Grantor has executed this instrument or has caused same to be executed as of the 17 day of March, 2017.

MTPC, LLC,
a Tennessee limited liability company

By: _____
Name: Robert Vincill
Title: CFO

STATE OF Tennessee)

COUNTY OF Knox)

Personally appeared before me, the undersigned, a Notary Public having authority within the State and County aforesaid, Robert Vincill, with whom I am personally acquainted, and who acknowledged that he executed the within instrument for the purposes therein contained, and who further acknowledged that he is the CFO of a MTPC, LLC, a Tennessee limited liability company, and is authorized by the limited liability company to execute this instrument on behalf of the limited liability company.

WITNESS my hand, at office, this 17th day of March, 2017.

BARBARA A. MILLER
STATE OF TENNESSEE NOTARY PUBLIC
KNOX COUNTY

_____
Notary Public

My Commission Expires:

8.5.2018

STATE OF Tennessee)

COUNTY OF Knox)

The actual consideration for this transfer or value of property transferred (whichever is greater) is $ 3,542,958.00.

Sworn to and subscribed before me this 17th day of March, 2017.

Notary Public

BARBARA A. MILLER
STATE OF TENNESSEE NOTARY PUBLIC
KNOX COUNTY

My Commission Expires:

8.5.2010

EXHIBIT A

A tract of land in the 9th Civil District, Williamson County, Tennessee being a portion of Lot 3 on Medcore Medical Subdivision, Final Plat, Revision Two of record in Plat Book, P56, Page 82, Register's Office for Williamson County, Tennessee, being more particularly described as follows:

POINT OF BEGINNING being on iron rod with "RAGEN" cap lying on the eastern ROW of said Carothers Parkway and being the southwestern corner of the tract being described; thence with said ROW, North 07°08'02" East 361.12 feet to a point; thence with a curve to the left having a length of 2.70 feet, a radius of 92.00 feet, a central angle of 01°40'57", and having a chord bearing and distance of North 06°17'31" East 2.70 feet to a point; thence leaving said ROW, South 82°27'58" East 564.46 feet to a point; thence North 07°44'13" East 112.52 feet to a point; thence South 82°15'47" East 74.35 feet to a point; thence South 07°44'13" West 476.11 feet to a point; thence North 82°27'45" West 634.94 feet to the point of beginning, contains 240,064 square feet, or 5.51 acres, more or less, all according to survey prepared by Robert Searson, Littlejohn, a Division of S&ME, 1935 21st Avenue South, Nashville, TN 37212, Bearings based on Tennessee State Plane Coordinate System.

Being a portion of the same property conveyed to MTPC, LLC, a Tennessee limited liability company by Special Warranty Deed dated 12/04/2015 from E. Warner Bass, Trustee of record in Book 6628, Page 1, Register's Office for Williamson County, Tennessee.

EXHIBIT B

1. Taxes for the year 2017, a lien not yet due and payable.

2. All matters as set forth per Plat Book P56, Page 82, Register's Office for Williamson County, Tennessee.

3. TVA Easement of record in Book 78, Page 331, Register's Office for Williamson County, Tennessee.

4. Grant of Transmission Line Structure Easement of record in Book 896, Page 364, Register's Office for Williamson County, Tennessee.

5. Order of Possession and Water Line Easement of record in Book 3622, Page 250, Register's Office for Williamson County, Tennessee.

6. Agreement for Dedication of Easement for Temporary Slope, Temporary Construction, Permanent Drainage & Permanent Pedestrian of record in Book 3357, Page 44, Register's Office for Williamson County, Tennessee.

7. Final Judgment of record in Book 3587, Page 614, Register's Office for Williamson County, Tennessee.

8. Stormwater Maintenance of record in Book 6629, Page 944, Register's Office for Williamson County, Tennessee.

9. Easement of record in Book 6966, Page 416, Register's Office for Williamson County, Tennessee.

22521406.1

CONTRACT FOR PURCHASE OF REAL ESTATE

THIS CONTRACT FOR PURCHASE OF REAL ESTATE is made and entered into on effective as of January 9, 2017 (the "Effective Date"), by and between MTPC, LLC (the "Seller") and Middle Tennessee Health Realty, LLC (the "Purchaser").

WITNESSETH:

1. PROPERTY

Seller, in consideration of the mutual covenants and obligations herein and of the Earnest Money as set forth herein, has this day sold and does hereby agree to convey to Purchaser, and Purchaser agrees to purchase from Seller, at the consideration of the Purchase Price and upon the terms and conditions hereof, the following described real property, hereinafter referred to as the "Property":

That certain tract or parcel of real estate containing 240,064 square feet, or 5.51 acres, together with all appurtenances, rights, privileges, easements, and advantages belonging thereto, located in the 9th Civil District, Williamson County, Tennessee. Tract being Lot 4 of the proposed Medcore Medical Building Subdivision, Revision Three, Re-subdivision of Lot 3, not of record. Being bounded on the north by Lot 3 of said proposed Medcore Medical Building Subdivision, Revision Three, Re-subdivision of Lot 3, on the east by Lots 51 and 52 of Breckinridge South Subdivision, Section 5 as recorded in Plat Book 9, Page 119, ROWC, by the western Right-of-Way (ROW) of Breckinridge Road, and by Lots 66 and 67, Section 3, Breckinridge South Subdivision as recorded in Plat Book 7, Page 133, ROWC, on the south by Williamson County tract as recorded in deed book 988, page 832, ROWC, and on the west by Carothers Parkway Right-of-Way(ROW). Tract being described as follows:

> POINT OF BEGINNING being on iron rod with "RAGEN" cap lying on the eastern ROW of said Carothers Parkway and being the southwestern corner of the tract being described; thence with said ROW, North 07°08'02" East 361.12 feet to a point; thence with a curve to the left having a length of 2.70 feet, a radius of 92.00 feet, a central angle of 01°40'57", and having a chord bearing and distance of North 06°17'31" East 2.70 feet to a point; thence leaving said ROW, South 82°27'58" East 564.46 feet to a point; thence North 07°44'13" East 112.52 feet to a point; thence South 82°15'47" East 74.35 feet to a point; thence South 07°44'13" West 476.11 feet to a point; thence North 82°27'45" West 634.94 feet to the point of beginning.

2. CONSIDERATION AND PAYMENT

Subject to the adjustments provided for herein and the other terms and provisions of this Contract, Purchaser agrees to pay, and Seller agrees to accept as full consideration for the conveyance of the Property, the amount of Three Million Five Hundred Forty-Two Thousand Nine Hundred Fifty-Eight Dollars ($3,542,958) (the "Purchase Price") payable in cash at the closing of the sale of the Property as provided herein (the "Closing"). The parties acknowledge that Seller has entered into a contract for certain improvements on the Property or otherwise for the benefit of the Property and that work is in process on the Property. Simultaneously with the execution of this Contract the parties shall execute a Development Agreement related to those improvements, which shall become effective upon the Closing of the sale of the Property pursuant to this Contract. The Development Agreement shall provide, among other things, that Seller and its contractors and subcontractors are authorized to enter upon the Property

to undertake the improvements and any actions necessary in connection with the improvements. The Development Agreement shall also provide, among other things, that Purchaser and Seller will each grant easements to the other as necessary for certain improvements that benefit both of their respective parcels, but are located in whole or in part on the parcel owned by the other party.

3. SURVEY AND TITLE APPROVAL

3.1. Seller has obtained a survey made in accordance with the Minimum Standard Detail Requirements for ALTA/ACSM Land Title Surveys for a Class A survey showing the total area of the Real Property in square feet, easements, if any, location of adjoining streets and rights of way, building setback lines, and other details. As a condition to the Closing, the survey and surveyor's certificate must be in form sufficient to remove the survey exception from the Title Commitment as more specifically provided in Paragraph 3.2(a) hereof. The survey is attached hereto and made part of this Contract as Exhibit A.

3.2. Within five (5) days from the Effective Date hereof Purchaser shall apply to Stewart Title Company (the "Title Company") for a title insurance binder (the "Title Commitment") in the amount of the Purchase Price which shall constitute the commitment of such company to insure the title to the Real Property in the name of Purchaser with an ALTA owner's title insurance policy. As a condition to the Closing, upon delivery of all required surveys, certificates, and affidavits, the Title Company must agree to omit the Standard Exceptions from the Title Commitment for rights or claims of parties in possession not shown by the public records, for unrecorded easements, for matters which would be disclosed by a survey, and for liens for services, labor or materials.

3.3. Purchaser shall have fifteen (15) business days from its receipt of the Title Commitment, copies of all documents referenced in title exceptions disclosed therein, and the survey within which to review same. If any title defects or other matters objectionable to Purchaser are disclosed by any of the items listed in the previous sentence, Purchaser shall give Seller written notice of same prior to the expiration of such fifteen (15) business day period. Seller shall be allowed a reasonable time, not in excess of fifteen (15) business days, within which to cure such defects; provided, however, that in no event shall Seller's cure period extend beyond the Closing Date, as defined below, without the express written consent of Purchaser. If the defects are not timely cured to Purchaser's satisfaction, Purchaser may waive such defects and proceed to close, or Purchaser may terminate this Contract by written notice to Seller, in which event each of the parties shall be released from further liability to the other.

3.4. As a condition to the Closing, such Title Commitment, as approved by Purchaser, must be modified by the Title Company to remove the ALTA Standard Exceptions and any other matters to which Purchaser has objected, to show title to the Property vested in Purchaser, and to update the effective date of such Title Commitment to the Closing Date.

4. CLOSING COSTS

4.1. Purchaser shall pay the following costs and expenses in connection with the transaction contemplated by this Agreement:

(a) all transfer and recording fees, costs, and taxes;

(b) the cost of the title report;

(c) the cost and expenses of the owner's title insurance policy; and

(d) any and all costs incurred by Purchaser in connection with the preparation, review and negotiation of this Agreement and the transactions and the Closing contemplated by this Agreement, including any expenses associated with Purchaser's investigation of the Property, and any attorneys' or consultancy fees.

4.2. Seller shall pay the following costs and expenses in connection with the transaction contemplated by this Agreement:

(a) any fees, costs or taxes related to releases of existing liens;

(b) the cost of preparation of the special warranty deed; and

(c) any and all costs incurred by Seller in connection with the preparation, review and negotiation of this Agreement and the transactions and the Closing contemplated by this Agreement, including any attorneys' or consultancy fees.

5. ADJUSTMENTS

Real and personal property ad valorem taxes upon the Property assessed for the year in which the Closing occurs, including any rollback taxes for that year, shall be prorated as of the Closing Date. Any back taxes, including any rollback taxes, assessed for any year prior to the year in which the Closing occurs shall be paid in full by Seller at or prior to the Closing, including all delinquent and/or interest charges.

6. RISK OF LOSS

Seller shall bear the risk of loss or damage to the Property until transfer of title to the Property to Purchaser.

7. CONDEMNATION

7.1. If all or any part of the Real Property is subject to a pending or threatened condemnation or similar proceeding or is otherwise taken through any power of eminent domain prior to the Closing, Purchaser may elect to:

(a) Terminate this Contract, in which case each of the parties shall be released from further liability to the other, or

(b) Purchase the Real Property under the terms of this Contract, in which event Seller shall assign to Purchaser all of Seller's interest in and to any condemnation award.

7.2. Purchaser's election under the preceding Paragraph 7.1 shall be made in writing to Seller at any time within fifteen (15) days of Purchaser's receipt of Seller's written notice of such taking or pending or threatened condemnation or similar proceeding.

8. CONVEYANCES

At the Closing, Seller shall convey, assign and transfer to Purchaser, good and marketable fee simple title to the Real Property, without exceptions except as expressly provided herein, by a good and valid Special Warranty Deed. Seller shall execute and deliver such other documents and instruments of assignment and transfer as Purchaser and the Title Company may require, including, without limitation, such documents as may be required to remove the standard exceptions from the Title Commitment.

9. REPRESENTATIONS AND WARRANTIES

9.1. Seller is the true and lawful owner of the Property and has full power and authority to enter into this Contract and to convey the Property. Seller's execution of this Contract and performance hereunder is not in conflict with or a breach or default under any other agreement to which Seller is bound.

9.2. Seller has not received any notice that the Property is not in compliance with any federal, state or local statute, ordinance, rule, regulation, requirement or code, including without limitation health and environmental laws.

9.3. With respect to the operation, use, and ownership of the Property, there is no existing or, to the best of Seller's knowledge, threatened default or dispute under the terms of any agreement or contract which materially and adversely affects the Property or its value.

9.4. There are no encumbrances, liens, or charges of any kind upon the Property which will not be satisfied and discharged in full by Seller and released, at or before the Closing, in form satisfactory to Purchaser.

9.5. There has been no storage, disposal, treatment or release of hazardous substances on the Property during the period of Seller's ownership, and to the best of Seller's knowledge there has been no storage, disposal, treatment or release of hazardous substances during the period prior to Seller's ownership. To the best of Seller's knowledge, no part of the Property is being used, or has ever been used, for any manufacturing, handling or other process involving hazardous substances. The terms as used herein, including but not limited to "hazardous substances," shall have the broadest meaning given under applicable state and federal law.

9.6. All of the covenants, representations, and warranties of the Seller made herein are and shall be continuous and continuing and all of the same shall remain true and correct in all respects through the

Closing, and all of the same shall survive for a period of six (6) months following the Closing and transfer of title to the Property to Purchaser as contemplated hereunder.

10. CONTRACT DEFAULT

If either party fails to comply with this Contract within the time specified or if either party breaches any covenant contained herein or if any of a party's representations and warranties are untrue, the non-defaulting party shall be entitled to pursue any remedies available at law or in equity, including without limitation (i) termination of this Contract and suit for money damages, or (ii) suit for specific performance hereof and money damages. An election by the non-defaulting party to pursue any one or more of its available remedies at law or in equity shall in no way limit or be deemed a waiver of its rights to pursue any other remedies available.

11. CLOSING DATE AND LOCATION

11.1. The Closing shall be held on or before February 1, 2017, or on such other date as shall be mutually agreeable to Purchaser and Seller (the "Closing Date").

11.2. The Closing shall be held at such location as is mutually satisfactory to Purchaser and Seller.

11.3. At the Closing, the Purchase Price, all documents herein contemplated for the conveyance of the Property, and the payment of the Purchase Price, and all other necessary documents and instruments shall be executed and/or delivered. Possession of the Property shall be transferred to Purchaser on the Closing Date.

12. NOTICES

All notices required herein must be written and shall be deemed to have been validly given when deposited postage prepaid either (i) with a nationally recognized overnight courier or (ii) in the United States Mail, Certified, Return Receipt Requested, addressed to the parties as identified and set forth below:

Purchaser:	Middle Tennessee Health Realty, LLC 1400 Dowell Springs Blvd., Suite 350 Knoxville, Tennessee 37909 Attn: Manager
Seller:	MTPC, LLC 2095 Lakeside Centre Way Knoxville, Tennessee 37922 Attn: Robert A. Vincill

13. AGREEMENT

This Contract constitutes the sole and entire agreement between Purchaser and Seller and no modification hereof shall be binding unless signed by both Purchaser and Seller. Representations, promises, or inducements not included in this Contract shall not be binding upon either of the parties.

14. SUCCESSORS AND ASSIGNS

This Contract shall be binding upon and shall inure to the benefit of each of the parties hereto, their respective heirs, successors, assigns, beneficial owners and representatives.

15. COMMISSIONS

Purchaser will not be responsible for any commission payable to brokers. Seller represents and warrants that Seller will not pay and has not paid any real estate commission or fees, nor shall any such commission or fees become due, to any person as a result of the transaction contemplated herein. Seller agrees to save and hold Purchaser harmless from any and all claims made by any agent, broker, or other person engaged by Seller.

16. MISCELLANEOUS

16.1. Time is of the essence in the performance and satisfaction of the obligations and conditions of this Contract.

16.2. At the Closing, Seller shall execute a Transferor's Certificate of Non-Foreign Status as required by Section 1445 of the Internal Revenue Code in a form satisfactory to Purchaser.

16.3. The validity, construction, interpretation and performance of this Contract shall, in all ways be governed and determined in accordance with the laws of the State of Tennessee.

16.4. Notwithstanding anything provided herein to the contrary, should either party hereto employ attorneys to enforce any of the provisions hereof, then the party losing in any final judgment agrees to pay to the prevailing party all reasonable costs, charges and expenses, including attorneys' fees expended or incurred in connection therewith.

16.5. This Contract may be signed in counterparts, all of which taken together shall constitute one instrument. A facsimile or scanned .pdf copy transmitted by email will be deemed an original.

[signature page follows]

IN WITNESS WHEREOF, this Contract has been executed by the Purchaser and Seller effective as of the Effective Date.

PURCHASER	**SELLER**
MIDDLE TENNESSEE HEALTH REALTY. LLC	**MTPC, LLC**
By:	By:
Name: Christopher T. Brown	Name:
Title: Manager	Title:

IN WITNESS WHEREOF, this Contract has been executed by the Purchaser and Seller effective as of the Effective Date.

PURCHASER

MIDDLE TENNESSEE HEALTH REALTY, LLC

By:_____

Name:_____

Title:_____

SELLER

MTPC, LLC

By: Robert A Vincill

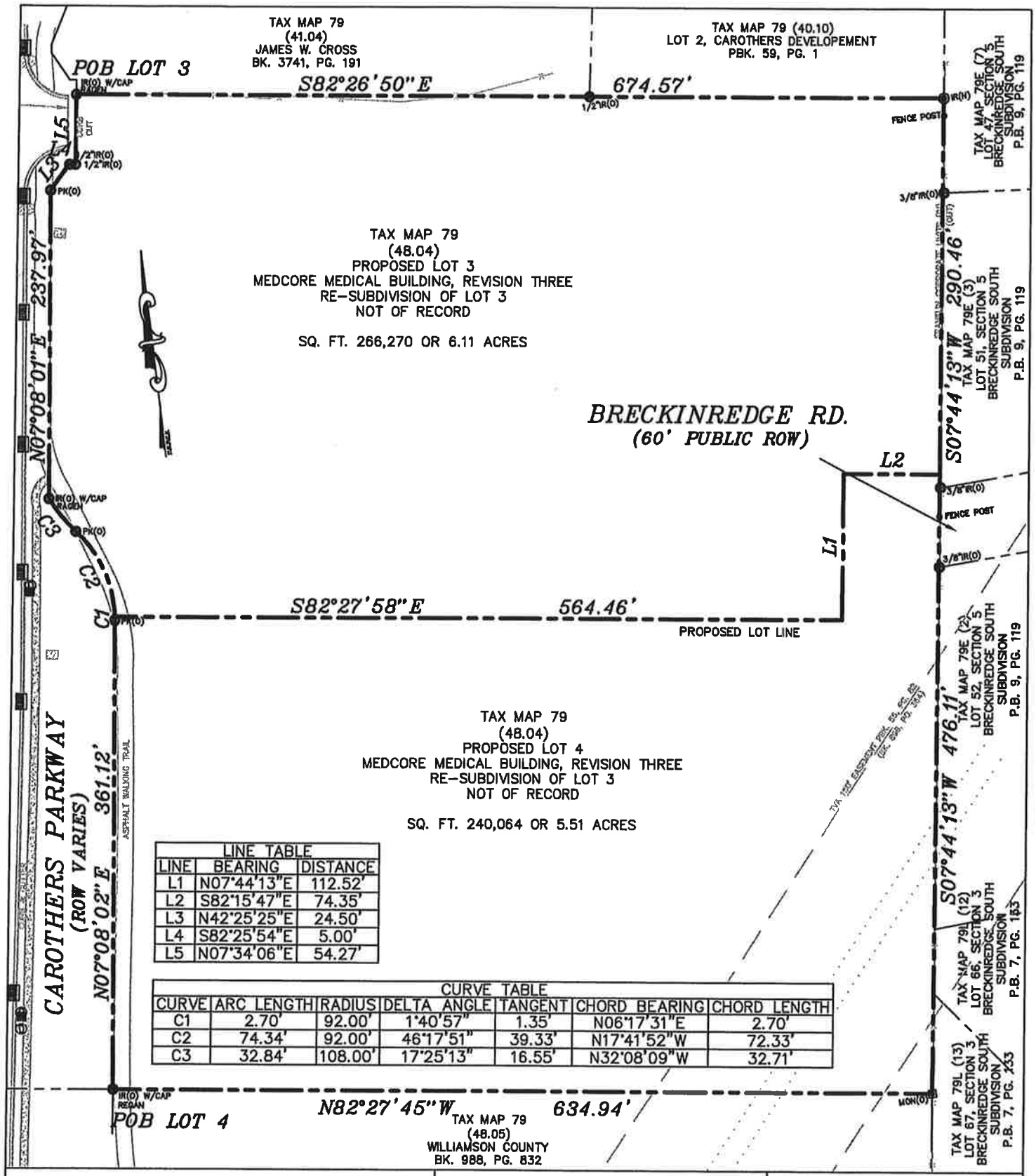
Name: ROBERT A VINCILL

Title: CFO

EXHIBIT A

Survey

(see attached)



LINE TABLE		
LINE	BEARING	DISTANCE
L1	N07°44'13"E	112.52'
L2	S82°15'47"E	74.35'
L3	N42°25'25"E	24.50'
L4	S82°25'54"E	5.00'
L5	N07°34'06"E	54.27'

CURVE TABLE						
CURVE	ARC LENGTH	RADIUS	DELTA ANGLE	TANGENT	CHORD BEARING	CHORD LENGTH
C1	2.70'	92.00'	1°40'57"	1.35'	N06°17'31"E	2.70'
C2	74.34'	92.00'	46°17'51"	39.33'	N17°41'52"W	72.33'
C3	32.84'	108.00'	17°25'13"	16.55'	N32°08'09"W	32.71'

Littlejohn
An S&ME Company
1935 21st Avenue South, NASHVILLE, TENNESSEE 37212
T 615.385.4144 F 615.385.4020 www.leainc.com

Project:

SCOTT HAMILTON
PROTON THERAPY CENTER

TAX MAP 79, PARCEL 48.04
FRANKLIN, WILLIAMSON CO., TN

Title:
PROPOSED LOT EXHIBITS

SCALE : 1" = 100'

PROJ. # 554716089

DATE: 01/05/2017

L:\Projects\2016\554716089\dwg\554716089_2017-01-05_Proposed Lot Exhibit.dwg-Layout1 Jan 05, 2017 - 7:50am zdavis

PROPOSED LOT 4 DESCRIPTION

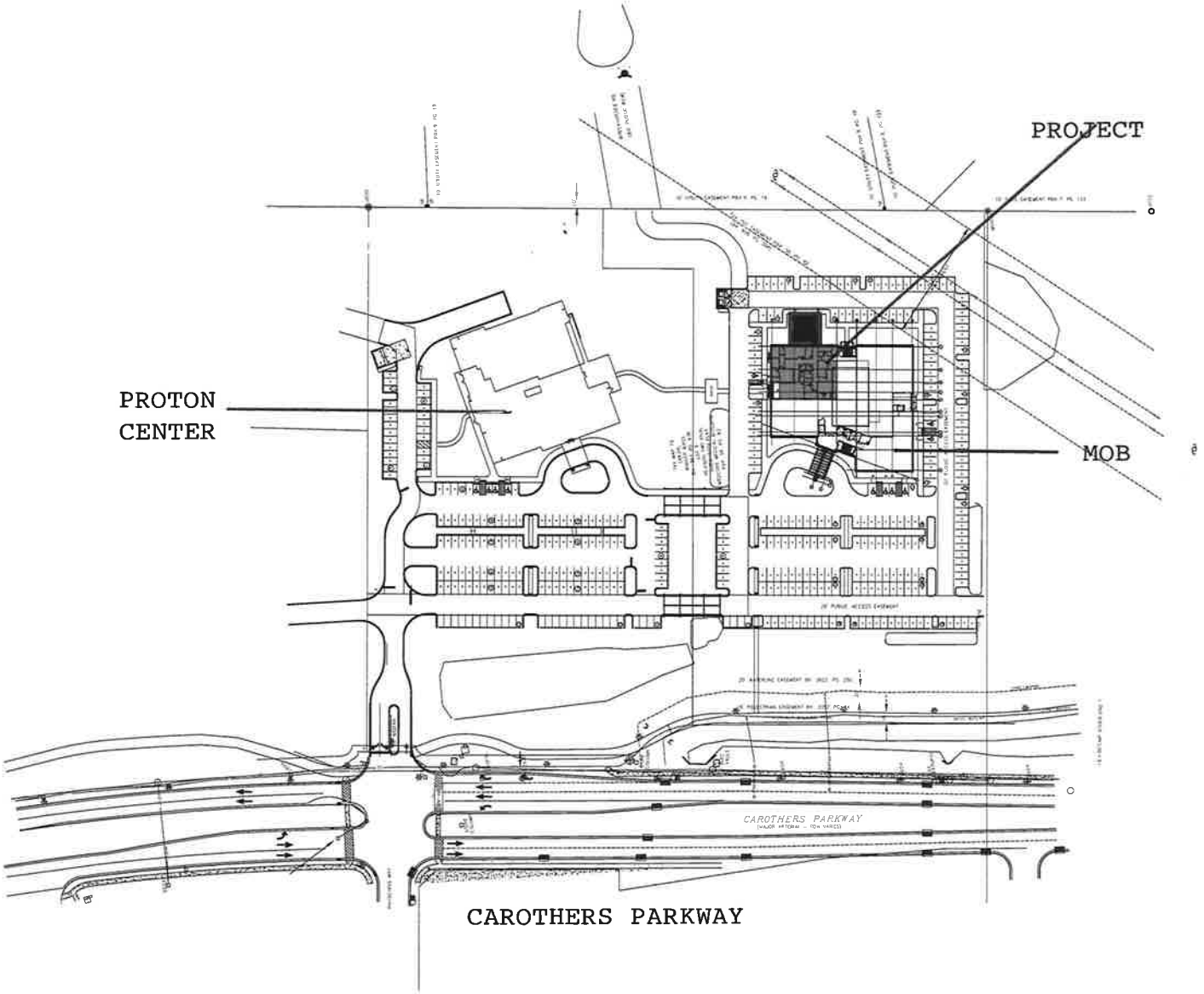
A tract of land in the 9th Civil District, Williamson County, Tennessee. Tract being Lot 4 of the proposed Medcore Medical Building Subdivision, Revision Three, Re-subdivision of Lot 3, not of record. Being bounded on the north by Lot 3 of said proposed Medcore Medical Building Subdivision, Revision Three, Re-subdivision of Lot 3, on the east by Lots 51 and 52 of Breckinridge South Subdivision, Section 5 as recorded in Plat Book 9, Page 119, ROWC, by the western Right-of-Way (ROW) of Breckinridge Road, and by Lots 66 and 67, Section 3, Breckinridge South Subdivision as recorded in Plat Book 7, Page 133, ROWC, on the south by Williamson County tract as recorded in deed book 988, page 832, ROWC, and on the west by Carothers Parkway Right-of-Way(ROW). Tract being described as follows:

POINT OF BEGINNING being on iron rod with "RAGEN" cap lying on the eastern ROW of said Carothers Parkway and being the southwestern corner of the tract being described; thence with said ROW, North 07°08'02" East 361.12 feet to a point; thence with a curve to the left having a length of 2.70 feet, a radius of 92.00 feet, a central angle of 01°40'57", and having a chord bearing and distance of North 06°17'31" East 2.70 feet to a point; thence leaving said ROW, South 82°27'58" East 564.46 feet to a point; thence North 07°44'13" East 112.52 feet to a point; thence South 82°15'47" East 74.35 feet to a point; thence South 07°44'13" West 476.11 feet to a point; thence North 82°27'45" West 634.94 feet to the point of beginning.

Tract contains 240,064 square feet, or 5.51 acres.
Bearings based on Tennessee State Plane Coordinate System.

A-6B(1)a-d

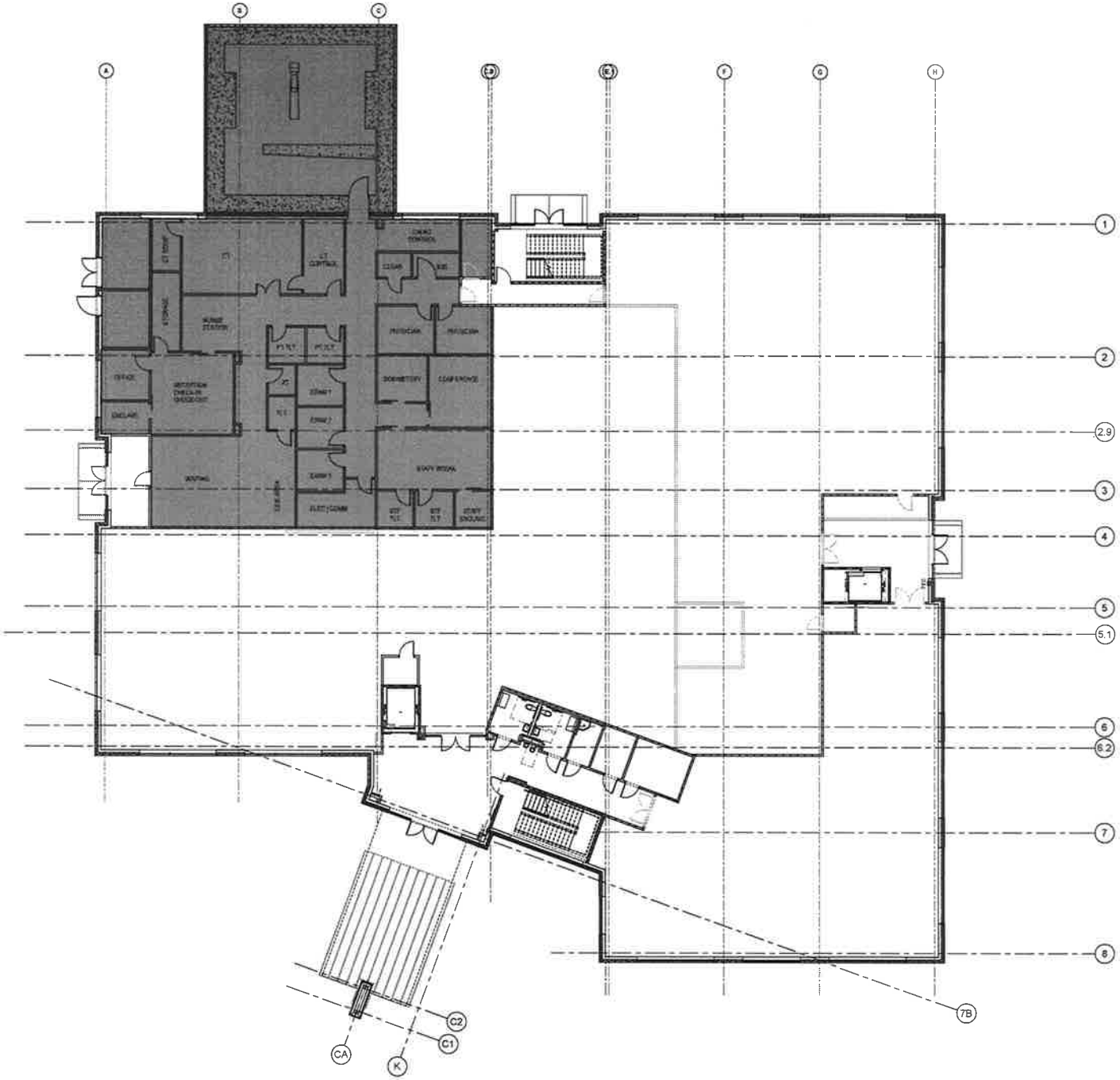
Plot Plan


PROJECT
PROTON
CENTER
MOB
CAROTHERS PARKWAY
CAROTHERS PARKWAY

aerial
innovations
TN.KY.AL

A-6B(2)

Floor Plans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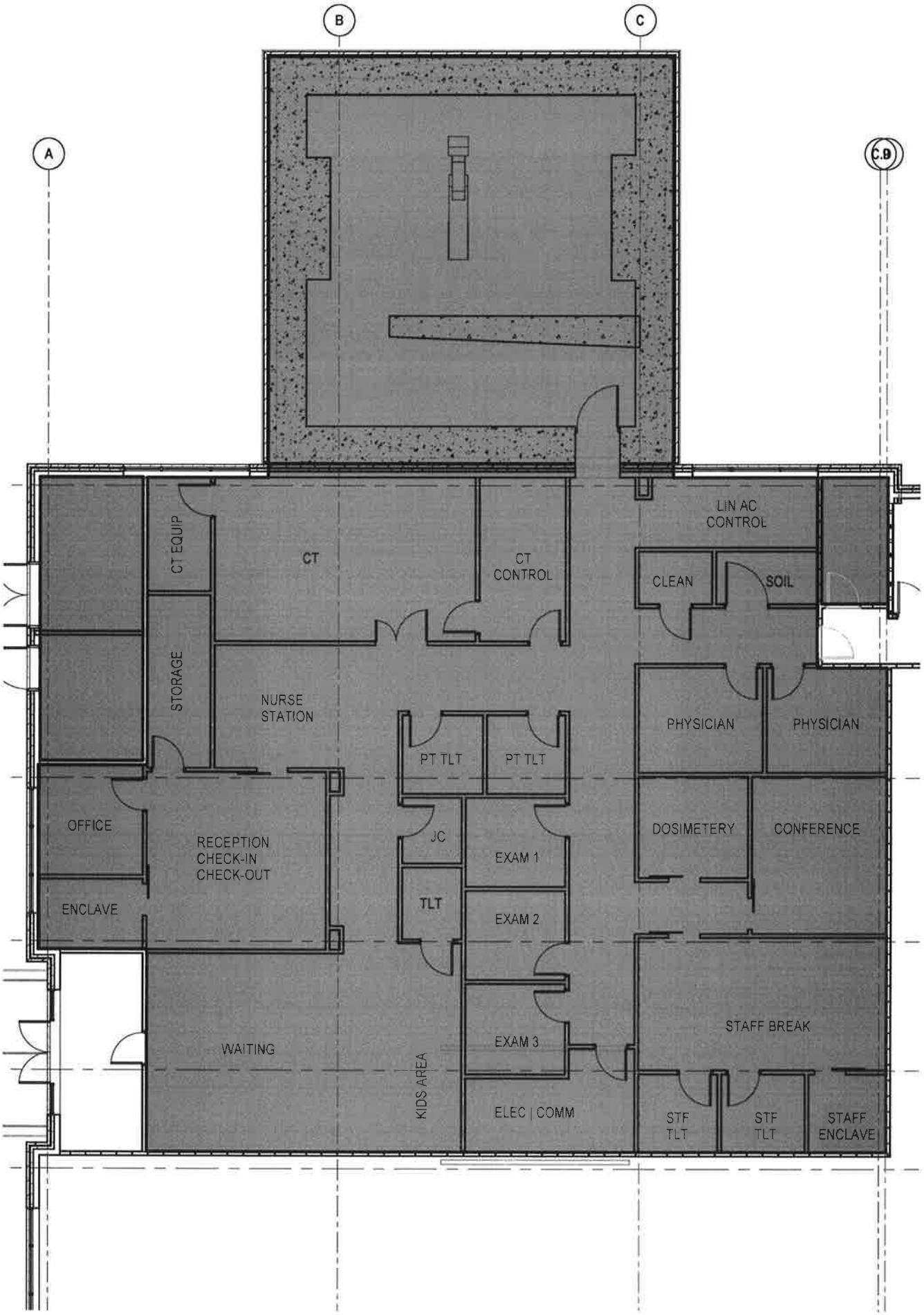
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CT
CT CONTROL
LIN AC CONTROL
CLEAN
SOIL
STORAGE
NURSE STATION
PHYSICIAN
PHYSICIAN
PT TLT
PT TLT
OFFICE
RECEPTION CHECK-IN CHECK-OUT
JC
EXAM 1
DOSIMETERY
CONFERENCE
ENCLAVE
TLT
EXAM 2
STAFF BREAK
WAITING
EXAM 3
KIDS AREA
ELEC | COMM
STF TLT
STF TLT
STAFF ENCLAVE

A-6B(3)

Accessibility--Bus Schedule

8:00	8:03	8:04	8:06	8:10	8:12	8:14	8:15	8:17	8:19	8:20	8:21	8:23	8:25	8:26	8:26	8:27	8:28	8:30	8:32	8:32	8:38	8:40	8:41	8:45	8:48	8:49	8:50	8:52	8:55
9:00	9:03	9:04	9:06	9:10	9:12	9:14	9:15	9:17	9:19	9:20	9:21	9:23	9:25	9:26	9:26	9:27	9:28	9:30	9:32	9:32	9:38	9:40	9:41	9:45	9:48	9:49	9:50	9:52	9:55
10:00	10:03	10:04	10:06	10:10	10:12	10:14	10:15	10:17	10:19	10:20	10:21	10:23	10:25	10:26	10:26	10:27	10:28	10:30	10:32	10:32	10:38	10:40	10:41	10:45	10:48	10:49	10:50	10:52	10:55
11:00	11:03	11:04	11:06	11:10	11:12	11:14	11:15	11:17	11:19	11:20	11:21	11:23	11:25	11:26	11:26	11:27	11:28	11:30	11:32	11:32	11:38	11:40	11:41	11:45	11:48	11:49	11:50	11:52	11:55
12:00	12:03	12:04	12:06	12:10	12:12	12:14	12:15	12:17	12:19	12:20	12:21	12:23	12:25	12:26	12:26	12:27	12:28	12:30	12:32	12:32	12:38	12:40	12:41	12:45	12:48	12:49	12:50	12:52	12:55
1:00	1:03	1:04	1:06	1:10	1:12	1:14	1:15	1:17	1:19	1:20	1:21	1:23	1:25	1:26	1:26	1:27	1:28	1:30	1:32	1:32	1:38	1:40	1:41	1:45	1:48	1:49	1:50	1:52	1:55
2:00	2:03	2:04	2:06	2:10	2:12	2:14	2:15	2:17	2:19	2:20	2:21	2:23	2:25	2:26	2:26	2:27	2:28	2:30	2:32	2:32				2:45	2:48	2:49	2:50	2:52	2:55
3:00	3:03	3:04	3:06	3:10	3:12	3:14	3:15	3:17	3:19	3:20	3:21	3:23	3:25	3:26	3:26	3:27	3:28	3:30	3:32	3:32	3:38	3:40	3:41	3:45	3:48	3:49	3:50	3:52	3:55
4:00	4:03	4:04	4:06	4:10	4:12	4:14	4:15	4:17	4:19	4:20	4:21	4:23	4:25	4:26	4:26	4:27	4:28	4:30	4:32	4:32	4:38	4:40	4:41	4:45	4:48	4:49	4:50	4:52	4:55

Route Begins and Ends at the Factory. This is the Transfer Point to all other Routes. Downtown to Factory, Stops 58, 59 & 60.

East Bound Route — Monday - Friday 7:00 - 6:00 & Saturday 9:00 - 6:00

1	2	3	4	5	6	7	8	91	92	36	9	10	11	18	19	20	21	42	22	23	24	25	26	27	28	29	1
Factory	Spring & Cedar	Spring & Fob	Liberty & Cleveland	Liberty & Hillsboro	Liberty & Eagles Club	Liberty & Liberty Hills	Liberty & Shenandoah Shelter	Vista Cove Springs Apts	Royal Oaks Apts	Williamson Medical Center	Kroger RS	Walmart	Mallory & Frazier	Cathedral Fresh Cover	Mallory & Scales MB	Mallory & Mallory Station	Dwell Apts. & W. Mallory	Whole Foods	Mallory & Scales	Mallory & Liberty	Mallory & Chestnut	Liberty & Liberty Hills	Liberty & Eagles Club	Liberty & Hillsboro	Liberty & Chestnut	Bob & Sycamore	Factory
7:00	7:03	7:04	7:05	7:08	7:10	7:11	7:12	7:14	7:15	7:20	7:24	7:26	7:28	7:32	7:35	7:37	7:39	7:40	7:45	7:47	7:49	7:50	7:51	7:52	7:53	7:53	7:55
8:00	8:03	8:04	8:05	8:08	8:10	8:11	8:12	8:14	8:15	8:20	8:24	8:26	8:28	8:32	8:35	8:37	8:39	8:40	8:45	8:47	8:49	8:50	8:51	8:52	8:53	8:53	8:55
9:00	9:03	9:04	9:05	9:08	9:10	9:11	9:12	9:14	9:15	9:20	9:24	9:26	9:28	9:32	9:35	9:37	9:39	9:40	9:45	9:47	9:49	9:50	9:51	9:52	9:53	9:53	9:55
10:00	10:03	10:04	10:05	10:08	10:10	10:11	10:12	10:14	10:15	10:20	10:24	10:26	10:28	10:32	10:35	10:37	10:39	10:40	10:45	10:47	10:49	10:50	10:51	10:52	10:53	10:53	10:55
11:00	11:03	11:04	11:05	11:08	11:10	11:11	11:12	11:14	11:15	11:20	11:24	11:26	11:28	11:32	11:35	11:37	11:39	11:40	11:45	11:47	11:49	11:50	11:51	11:52	11:53	11:53	11:55
12:00	12:03	12:04	12:05	12:08	12:10	12:11	12:12	12:14	12:15	12:20	12:24	12:26	12:28	12:32	12:35	12:37	12:39	12:40	12:45	12:47	12:49	12:50	12:51	12:52	12:53	12:53	12:55
1:00	1:03	1:04	1:05	1:08	1:10	1:11	1:12	1:14	1:15	1:20	1:24	1:26	1:28	1:32	1:35	1:37	1:39	1:40	1:45	1:47	1:49	1:50	1:51	1:52	1:53	1:53	1:55
2:00	2:03	2:04	2:05	2:08	2:10	2:11	2:12	2:14	2:15	2:20	2:24	2:26	2:28	2:32	2:35	2:37	2:39	2:40	2:45	2:47	2:49	2:50	2:51	2:52	2:53	2:53	2:55
3:00	3:03	3:04	3:05	3:08	3:10	3:11	3:12	3:14	3:15	3:20	3:24	3:26	3:28	3:32	3:35	3:37	3:39	3:40	3:45	3:47	3:49	3:50	3:51	3:52	3:53	3:53	3:55
4:00	4:03	4:04	4:05	4:08	4:10	4:11	4:12	4:14	4:15	4:20	4:24	4:26	4:28	4:32	4:35	4:37	4:39	4:40	4:45	4:47	4:49	4:50	4:51	4:52	4:53	4:53	4:55
5:00	5:03	5:04	5:05	5:08	5:10	5:11	5:12	5:14	5:15	5:20	5:24	5:26	5:28	5:32	5:35	5:37	5:39	5:40	5:45	5:47	5:49	5:50	5:51	5:52	5:53	5:53	5:55

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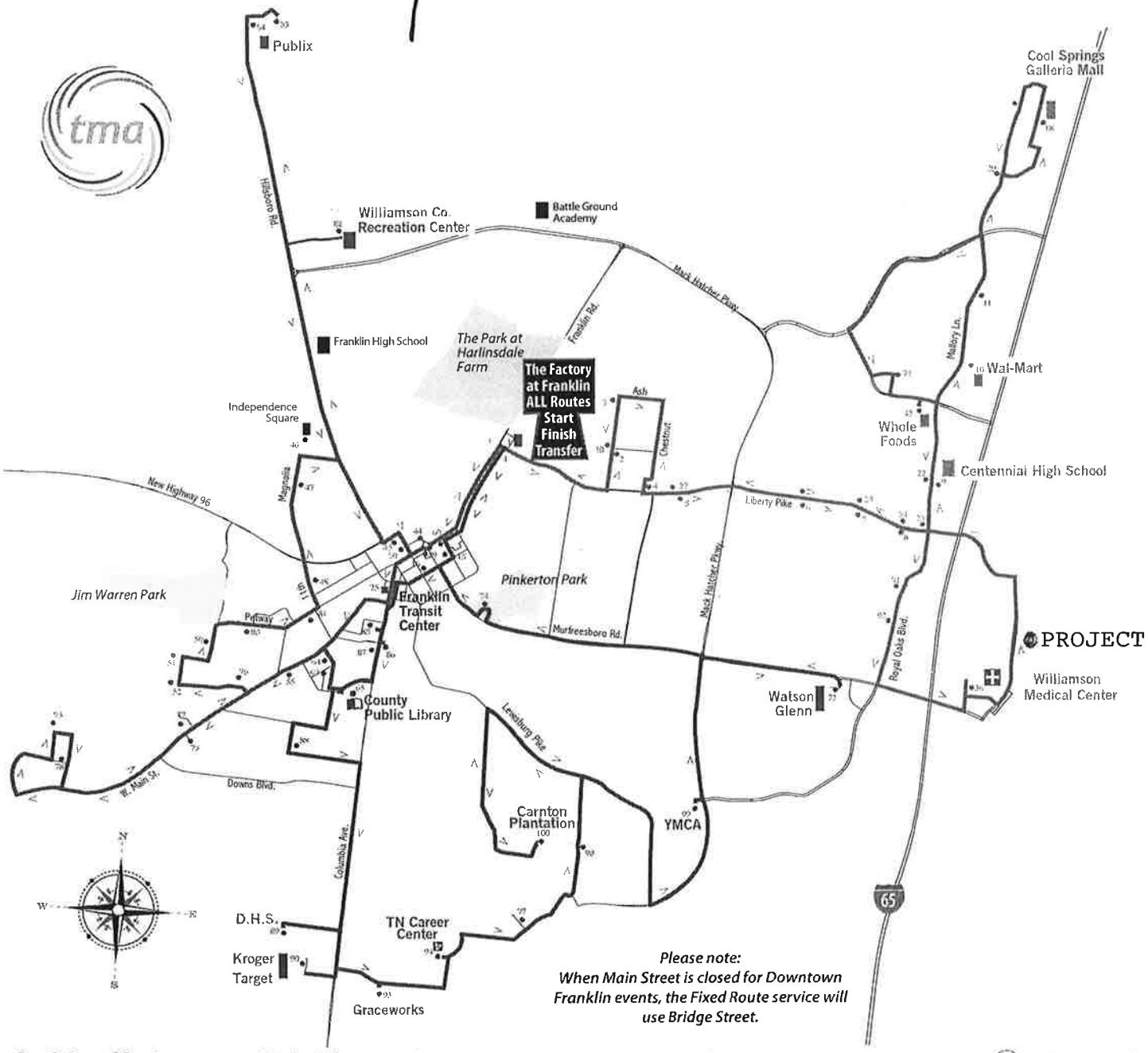
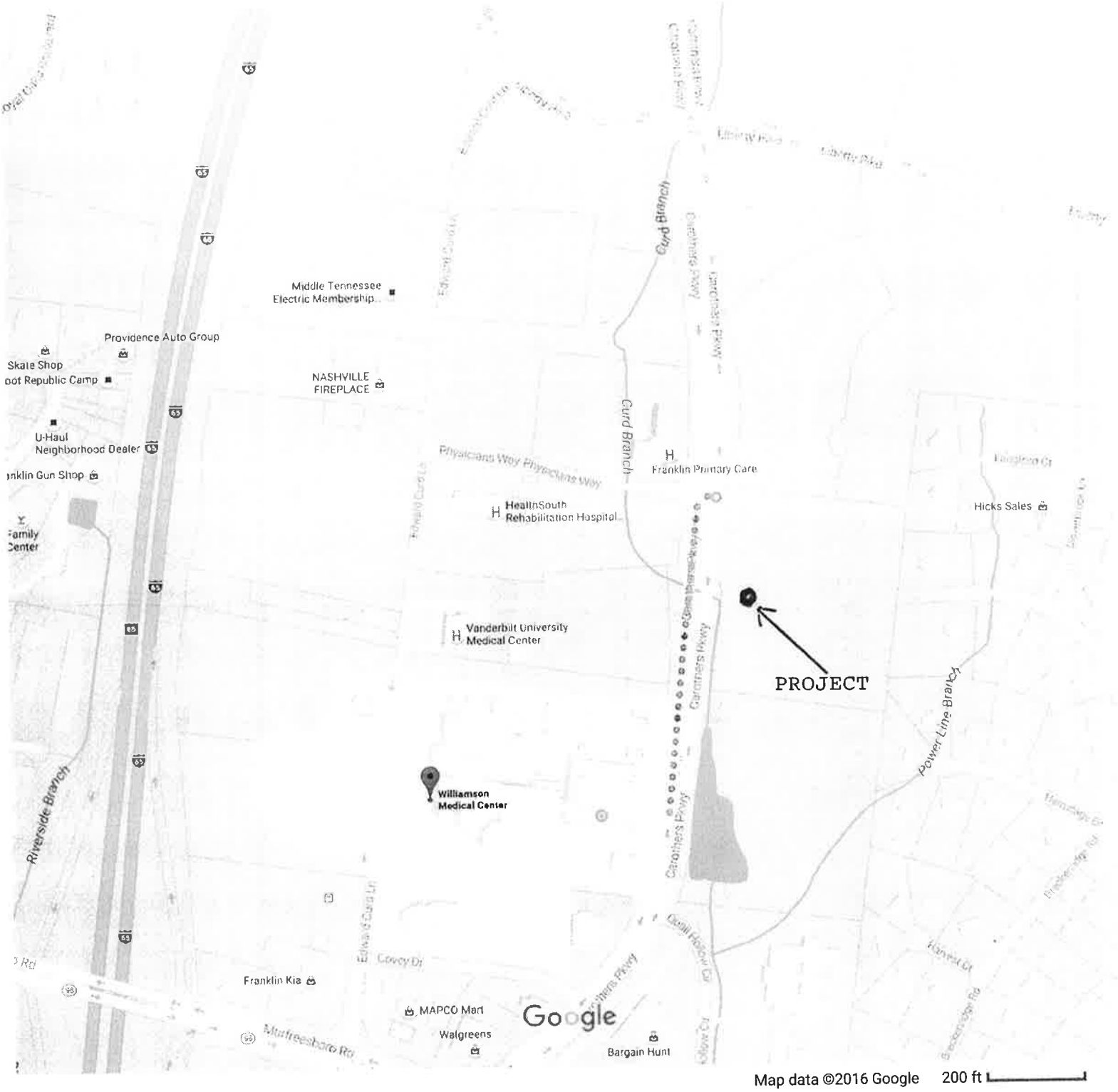


South Bound Route — Monday - Friday 8:00 - 4:00

1	15	16	75	85	86	87	65	88	89	90	93	94	97	98	100	99	73	74	15	1
Factory	2nd Ave & Church St.	4th Ave & Church St.	Transit Center	Pierce Parking Lot	St. Nicholas Lutz Home	Historic Carter House	Public Library	Carnes & Fairgrounds	D.H.S. @ Beasley Dr.	Parkway Commons Shopping Center	Graceworks @ St. Parkway	North Dr. @ Carter Center	Jefferson Co. & Polk St.	Yarmouth @ Carriage Park Dr.	Historic Carter Plantation	Franklin YMCA	Williams Glen Shopping Center	Pinkerton Park	2nd Ave & Church St.	Factory
8:00	8:03	8:04	8:06	8:08	8:10	8:11	8:12	8:14	8:16	8:20	8:25	8:27	8:28	8:29	8:36	8:41	8:46	8:53	8:56	9:00

FRANKLIN

Google Maps Williamson Medical Center



A-13B

Major Medical Equipment
Quotes / Leases

varian

CIWA PURCHASE

Custom System Proposal

Quotation Number - 2018-156686

Draft Only

Looking further

varian

Tennessee Oncology ("Customer")
Al Lawson
300-20TH AVE, STE # 301
NASHVILLE, Tennessee 37203 United States
Tel : 615-329-0570
Fax : 615-320-7091
Email : alawson@tnonc.com

VMS Inc, Oncology Systems
Michael Pittman
US District Manager
3290 Northside Pkwy NW Suite 400
Atlanta,GA 30327 US
Tel : 404-783-2562
Email : michael.pittman@varian.com

Quote Information

Quotation Number :	2018-156686
Quotation Valid Until :	,
Quotation Date :	July 02, 2018

Sales

Incoterms :	US1: FOB: Origin
Payment Terms :	30 days net
Down Payment :	30.00%
Shipment :	65.00%
Acceptance :	5.00%

For orders equal or less than $75K, 100% upon shipment, net 30.

Services

Contract Start Date :	July 05, 2019
Contract End Date :	July 04, 2023
Payment Terms :	Same as Sales
Payment Frequency :	Annual
Invoicing :	Start of Billing Cycle

Quotation Total

Quotation Total : US $5,236,221.00
Contingent on New Certificate of Need

Terms and Conditions

This Quotation and Customer's access to and use of the Products and Services as indicated in this Quotation are subject to and governed by: (a) the Varian Terms and Conditions of Sale (Form RAD 1652) that can be viewed and are directly accessible at : https://www.varian.com/1652V_Apr_2017 and (b) any Schedules, Exhibits and/or additional terms (including third party terms) contained, attached, referenced or otherwise indicated in this Quotation that apply to the specific products or services indicated in this Quotation. Form RAD 1652 will not apply: (a) to Customer's access and use of Software-as-a-Service or Subscription Products and Services as indicated in the Quotation, which are subject to and governed by the Software-as-a-Service Terms and Conditions (Form RAD 10487 US) that can be viewed and are directly accessible at: https://www.varian.com/SAAS_Oct_2017 ; or (b) to the extent a separate written agreement (e.g. master agreement) is in effect between the Customer and Varian that expressly and specifically provides for and governs the purchase and sale of the specific products, software, support, and/or services set forth in this Quotation. Hard copies of Form RAD 1652 and Form RAD 10487 US will be provided to Customer upon written request.

For and on behalf of Customer

Authorized Representative : Al Lawson
Title : SVP Oncology
Date : July 02, 2018

Varian Medical Systems, Inc.

Authorized Representative : Michael Pittman
Title : US District Manager
Date : July 02, 2018

Draft Only

JW rcvd 7-10-18

varian

Varian Medical Systems, Inc.
tel 508 733 4133
tony.susen@varian.com

July 10, 2018

Al Lawson
Tennessee Oncology
300 20th Avenue – Suite # 301
Nashville, TN 37203

LINAC
LEASE

Confidential

Dear Al,

Thank you for the opportunity to submit the following Finance Lease proposal for the TrueBeam and related items described in Michael Pittman's Quotation # 2018-156686.

Lessee:	Tennessee Oncology - Nashville, TN
Vendors:	Varian Medical Systems - Palo Alto, CA
Equipment:	TrueBeam et al
Equipment Cost:	$5,236,221
Term Options:	***Finance Lease:*** In this full pay-out lease, Equipment title passes to Lessee at the end of the Lease Term for $1.00. Monthly Finance Lease payment alternatives include; 1) 84 payments of $76,040 each or $6,387,360 2) 3 payments of $0 each followed by 81 payments of $79,485 each $6,438,285
Lease Commencement:	At time of Equipment acceptance or first clinical use.
Insurance:	Lessee shall provide coverage naming Lessor and assigns as first loss payee/additional insured for fire, theft, extended coverage and liability.
Rate:	The monthly payments in this proposal are in advance and based on a spread over current 2.906% 7-year interest rate swaps. Prior to Lease Commencement, Lessor reserves the right to adjust monthly payments based on cost of funds. Upon Lease Commencement, the monthly payments will remain fixed until the end of the Lease Term.
Progress Payments:	Lessor will fund all Lessee-approved invoices that become due before Lease Commencement. Lessee will be invoiced monthly for interest-only on amounts advanced based on the Prime Rate until Lease Commencement.

Financial Information: Supporting financial information should include Lessee's last 3 year-end financial statements and most recent interim financial statement.

This is a proposal only and not a commitment until Lessor approves Lessee's credit and all necessary documents are completed and accepted by Lessor. This proposal is valid for 30 days from the date of this letter. This is a net quote and assumes all maintenance, taxes and insurance will be for the account of the Lessee. If the terms and conditions as outlined above are acceptable to you, please indicate so by signing in the space provided below and returning this letter with the requested Financial Information. Doing so will authorize us to proceed with the transaction.

Please call me at 508-733-4133 if you'd like me to refine this proposal to more precisely reflect your financing requirements. I look forward to speaking with you again soon.

Respectfully submitted,

Anthony L. Susen
Director – Customer Finance

PROPOSAL AGREED AND ACCEPTED BY:

_____
(Exact Legal Name of Lessee)

_____
(Authorized Signature and Date)

_____
(Print Name and Date)

Cc: Dan Ciarametaro
Michael Pittman

varian

Custom Service Agreement for Tennessee Oncology

Quotation Number - 2018-156758-1

This quotation is only valid if signed in conjunction with Equipment Quote 2018-156686.

Looking further

Maintenance Agreement

varian

Tennessee Oncology ("Customer")
Al Lawson
300-20TH AVE, STE # 301
NASHVILLE, Tennessee 37203 United States
Tel : 615-329-0570
Fax : 615-320-7091
Email : alawson@tnonc.com

VMS Inc, Oncology Systems
Patrick Noonan
US Sales Account Mgr - Services

Atlanta,GA US
Email : patrick.noonan@varian.com

Quote Information

Quotation Number :	2018-156758-1
Quotation Valid Until :	October 31, 2018
Quotation Date :	July 03, 2018

Services

Payment Terms :	Net 30 days
Payment Frequency :	Annual
Invoicing :	Start of Billing Cycle

Quotation Total

Quotation Total :	US $1,609,617.00

Terms and Conditions

This Quotation and Customer's access to and use of the Products and Services as indicated in this Quotation are subject to and governed by: (a) the Varian Terms and Conditions of Sale (Form RAD 1652) that can be viewed and are directly accessible at : https://www.varian.com/1652V_Apr_2017 and (b) any Schedules, Exhibits and/or additional terms (including third party terms) contained, attached, referenced or otherwise indicated in this Quotation that apply to the specific products or services indicated in this Quotation. Form RAD 1652 will not apply: (a) to Customer's access and use of Software-as-a-Service or Subscription Products and Services as indicated in the Quotation, which are subject to and governed by the Software-as-a-Service Terms and Conditions (Form RAD 10487 US) that can be viewed and are directly accessible at: https://www.varian.com/SAAS_Oct_2017 ; or (b) to the extent a separate written agreement (e.g. master agreement) is in effect between the Customer and Varian that expressly and specifically provides for and governs the purchase and sale of the specific products, software, support, and/or services set forth in this Quotation. Hard copies of Form RAD 1652 and Form RAD 10487 US will be provided to Customer upon written request.

For and on behalf of Customer	Varian Medical Systems, Inc.
Authorized Representative :	Authorized Representative :
Title :	Title :
Date	Date

Covered Equipment and Services

TrueBeam - Essentials

- MLC 120
- MV Imager
- KV Imager
- Triggered Imaging
- Rapid Arc/VVMAT
- OSMS Clinical Pkg
- Optical Surface Monitoring Solution OSMS
- ARMM
- PerfectPitch Couch
- VCD-TBM

Services Attachment

Attachment 1	Description of Services Provided
Attachment 2	Detailed Service Specifications
Attachment 3	Terms and Conditions

varian

Description

Service Contract - Tennessee Oncology

Section 1: TrueBeam : Essentials :

PMI NON standard Hours

Varian will perform the full annual program for the Periodic Maintenance Inspections (PMI) in accordance with Varian specifications. PMI will be performed on weekdays, during Varian's Standard or Non-Standard Hours, at mutually agreed upon dates and times. The quantity and frequency of the inspections will depend on the configuration of the Covered Equipment.

Uptime Performance Guarantee 97%

Varian guarantees that the covered system described at the end of this section will achieve an uptime of 97% or better. Guidelines for calculating uptime are provided in Attachment 2.

Mandatory Upgrades coverage

Varian will perform all mandatory safety and reliability modifications for the Covered Equipment at a mutually agreed upon time.

Discounted Labor Rates

The Customer is entitled to a discount from the published standard labor rate for any service performed that is not covered under this Support Agreement. Details can be found in Attachment 2.

Comprehensive Parts Coverage

Varian will provide all parts necessary, except Consumable Items (as defined in Attachment 2), to keep the Covered Equipment functioning normally. To cover consumables, 'Consumables Items Supply' coverage must be included.

NFO & special freight handling

Varian will undertake every business effort to transport the parts to customer site as fast as reasonably possible.

Discounted Parts Pricing

The Customer is entitled to a 10% discount from list price for parts purchased that are not covered under this Support Agreement.

OSL Extended Hours 5-9pm (M-F)

Varian will provide on-site field service support for the covered equipment Monday - Friday during standard business hours (8am to 5pm local time) and extended hours (5pm to 9pm local time) for issues that cannot be resolved by telephone or through remote support via SmartConnect®. Varian will make commercially reasonable efforts to ensure response and availability during extended hours (5pm to 9pm local time)

On-site Emergency Labor

Varian will provide on-site emergency field service support for the covered equipment for issues that cannot be resolved by telephone or through remote support SmartConnect®. Emergency field service support includes non-standard business hours coverage, only to the extent the number of such visits remains within Varian's customary practice.To qualify as an emergency service event, Customer must declare the equipment "down," cease treatment and make the equipment available to Varian service personnel immediately.

Discounted Training

This entitles the Customer to a 30% discount from list price on all available Varian classroom trainings or training credits published in the Varian sales catalog, in any Varian training facility available worldwide.

Help Desk Support Technical (HDST)

Varian's help desk specialists will provide technical support for the Covered Equipment. Support is available over telephone, through the MyVarian portal, and by e-mail during Varian's Standard Hours.

Remote Access

Varian will provide remote diagnostics and support during Varian's Standard Hours for service of a defect or an error that cannot be resolved by telephone or e-mail.

Unlimited Help Desk Sup. Clinical (HDSC)

Varian's help desk specialists will provide clinical product support for the Covered Equipment. Support is provided over telephone, through the MyVarian portal, and by e-mail during Varian's Standard Hours.

Point Of Sales Discount

The Customer is entitled to a Point of Sale discount if the Support Agreement is purchased at the point of equipment sale. A minimum duration of 3 years is required to qualify for this discount.

System Protection Plan

The Customer is entitled to Firmware Upgrade Releases and necessary Maintenance Releases to items listed in the Covered Equipment section. If the computer hardware, Operating System, monitors and Varian provided network devices ("Computer") attached to the Covered Equipment do not meet the minimum specifications required for a Firmware Upgrade Release or Maintenance Release, the Computer will be upgraded or replaced so it meets the required specifications. Other required hardware not listed above is not covered. Varian may install Upgrades remotely or on-site. Upgrades will be performed during Varian's Standard Hours, unless otherwise agreed upon in writing.

Section 1 Total: US $1,609,617.00

LINAC SERVICE –

varian

Attachment 1

Service Price Table

Service Total	US $1,609,617.00
Quotation Total	US $1,609,617.00

Annually	Year 1	Year 2	Year 3	Year 4	Year 5
TrueBeam - Essentials	US $321,925.00	US $321,923.00	US $321,923.00	US $321,923.00	US $321,923.00
Total	US $321,925.00	US $321,923.00	US $321,923.00	US $321,923.00	US $321,923.00

GE Healthcare

SCHUCATOR PURCHASE

Date:	07-07-2018
Quote #:	PR8-C76727
Version #:	7
Q-Exp-Date:	09-27-2018

Issued By:
GE Healthcare
FEIN: 14-0689340

Customer Address:
Tennessee Oncology PLLC
2004 Hayes St Ste 800
Nashville TN 37203-2318

Attention:
Bill Alexander
300 20th Ave North Ste 301 Nashville
TN 37203

The terms of the Master Purchasing Agreement, Strategic Alliance Agreement or GPO Agreement referenced below as the Governing Agreement shall govern this Quotation. No additional or different terms shall apply unless agreed to in writing by authorized representatives of both parties.

Governing Agreement:	MedAssets
Customer Number:	1-24GUKN
Terms of Delivery:	FOB Destination
Billing Terms:	80% on Delivery/ 20% on Acceptance or First Patient Use
Payment Terms:	Upon Receipt
Total Quote Net Selling Price:	$509,742.00 — $653,902 with options
Sales And Use Tax Status:	No Exemption Certificate on File

** The following ship to states do not impose a sales/use tax (AK, DE, MT, NH, OR). No exemption certificate required.

INDICATE FORM OF PAYMENT:

If "GE HEF Loan" or "GE HEF Lease" is NOT selected at the time of signature, then you may NOT elect to seek financing with GE Healthcare Equipment Finance (GE HEF) to fund this arrangement after shipment.

____Cash/Third Party Loan/Check ____GE HEF Loan

____GE HEF Lease ____Third Party Lease(please identify financing company) _____

By signing below, each party certifies that it has not made any handwritten modifications. Manual changes or mark-ups on this Agreement (except signatures in the signature blocks and an indication in the form of payment section below) will be void.

Each party has caused this agreement to be executed by its duly authorized representative as of the date set forth below.

CUSTOMER

_____ _____
Authorized Customer Signature Date

_____ _____
Print Name Print Title

_____
Purchase Order Number (if applicable)

GE HEALTHCARE
Gary Young 07-07-2018
Signature Date

Vaso Healthcare - Authorized Manufacturer Rep

Email: GaryYoung@ge.com
Office: +1 615 202 6373
Mobile: 615-202-6373

SEE THIRD PAGE

GE Healthcare Confidential and Proprietary
General Electric Company, GE Healthcare Division

GE Healthcare

Date:	07-07-2018
Quote #:	PR8-C76727
Version #:	7
Q-Exp-Date:	09-27-2018

Total Quote Selling Price	**$509,742.00**
Trade-In and Other Credits	$0.00

Total Quote Net Selling Price	**$509,742.00**

To Accept this Quotation

Please sign and return this Quotation together with your Purchase Order To:
Gary Young
Office: +1 615 202 6373
Mobile: 615-202-6373
Email: GaryYoung@ge.com

Payment Instructions

Please **Remit** Payment for invoices associated with this quotation to:
GE Healthcare
P.O. Box 96483
Chicago, IL 60693

To Accept This Quotation

- Please sign the quote and any included attachments (where requested).
- If requested, please indicate, your form of payment.
- If you include the purchase order, please make sure it references the following information
  - The correct Quote number and version number above
  - The correct Remit To information as indicated in **"Payment Instructions"** above
  - The correct SHIP TO site name and address
  - The correct BILL TO site name and address
  - The correct Total Quote Net Selling Price as indicated above

"Upon submission of a purchase order in response to this quotation, GE Healthcare requests the following to evidence agreement to contract terms.
Signature page on quote filled out with signature and P.O. number.
**********OR**********
Verbiage on the purchase order must state one of the following: (i) Per the terms of Quotation #_____; (ii) Per the terms of GPO#_____; (iii) Per the terms of MPA #_____; or (iv) Per the terms of SAA #_____. Include the applicable quote/agreement number with the reference on the purchase order.
In addition, source of funds (choice of: Cash/Third Party Loan or GE HEF Lease or GE HEF Loan or Third Party Lease through _____), must be indicated, which may be done on the quote signature page (for signed quotes), on the purchase order (where quotes are not signed) or via a separate written source of funds statement (if provided by GE Healthcare)."

GE Healthcare Confidential and Proprietary
General Electric Company, GE Healthcare Division

GE Healthcare

Date:	07-07-2018
Quote #:	PR8-C76727
Version #:	7
Q-Exp-Date:	09-27-2018

Qty	Catalog No.	Description
		• This Panel has been certified by an independent California structural engineer in conformance with the shake testing requirements of ICC-AC 156. The California OSHPD number is OSP-0457-10. • The seismic performance characteristics are as follows: SDS(g) # 2.56; z/h # 1.0 ; Ip # 1.5 Physical Characteristics • Dimensions: Height x Width x Depth: 30 x 16 x 8 inches (762 x 407 x 203 mm) • Handle depth: 2.75 inches (70 mm) • Weight: 55 pounds (25 kg) Components supplied with each panel • The Main Disconnect and UPS Control Panel • An Installation, Operations & Service Manual • (2) sets of Emergency Power Off pushbuttons with 2NC on each EPO • Drawings and Electrical Schematics
1	B7500CT	CT Advantage Sim Training • (1) 2.5 Day On Site Visit for Training Advantage Sim and Advantage CT/MR Fusion
1	W0003CT	CT TiP Training Package, 3 consecutive Days Onsite training CT TiP Training Package, Non Discountable 3 consecutive days onsite training. Training is provided from 8AM to 5PM, Monday through Friday. Includes T&L expenses. This training program must be scheduled and completed within 12 months after the date of product delivery.

Quote Summary:

Total Quote Net Selling Price **$509,742.00**

(Quoted prices do not reflect state and local taxes if applicable. Total Net Selling Price Includes Trade In allowance, if applicable.)

$ 30,063
24,597
82,500
7,000
$144,160

Options

(These items are not included in the total quotation amount)

TOTAL BID $653,902

GE Healthcare Confidential and Proprietary
General Electric Company, GE Healthcare Division

GE Healthcare

Date:	07-07-2018
Quote #:	PR8-C76727
Version #:	7
Q-Exp-Date:	09-27-2018

Qty	Catalog No.	Description	Ext Sell Price	
1	B71292RT	Smart Deviceless 4D, a breakthrough innovation in 4D CT simulation for RT planning, improves productivity and delivers suberb efficiency, as it: • is an alternative and efficient solution for 4D imaging and virtual simulation - without an external device. • Eliminates the need for the sometimes complex & time-consuming exam specific setup using an external respiratory monitoring device • Uses internal anatomical metrics from image data to determine breathing signal in real-time • Combines amplitude & phase binning for optimal 4D CT image quality • Provides streamlined, protocol-driven 4D simulation workflow, enhancing productivity and enabling shorter 4D CT examination times Smart Deviceless 4D enables outstanding 4D CT image quality and optimized workflow, without the connection & maintenance of an external device: • Precise measurement offers real-time data and internal anatomical metrics for visualization of tumor and organ motion • Protocol-driven workflow...uses the same simple, efficient 4D workflow for all patients; enables clinicians to setup and scan with just a few clicks of the mouse • Fewer parts, no additional device...no connection or parts issues, no time-consuming setup and no added hassles; built-in functionality offers inherent high reliability	$46,461.00	X_____
1	B70412RT	Advantage(TM) 4D on the console captures the full range of motion of critical internal structures and lesions during respiration. This application on the operator's console, aids users in selecting the proper phase(s) of the respiratory cycle in order to plan for a more targeted standard or gated rediation treatment, eliminating the need to apply general- or	$30,063.00	X_____

GE Healthcare Confidential and Proprietary
General Electric Company, GE Healthcare Division

Qty	Catalog No.	Description	Ext Sell Price	
		guessing margins. It provides the ability to perform respiratory motion assessment on the console prior releasing the patient from the CT simulator. -Auto4D is the mode of Advantage(TM) 4D on the console, which offers a faster, even more efficient automated 4D process workflow including binning and intensity image creation. • Auto 4D reduces the 4D binning time by 45% • Auto 4D enables 4D images to be automatically binned, networked and available in AdvantageSim(TM) MD or Treatment Planning System within 1.5 minute or less.		
1	B79602CB	MAR helps reduce photon starvation, beam hardening and streak artifacts caused by high Z material in the body, such as hip implants. The clarity of MAR images is addressing the challenges posed by metal artifacts, helping clinicians accurately contour targets and critical organs. MAR offers: o Exceptional image quality: Mar is based on the latest in GE HEalthcare smart technology, which uses a novel three-step, sinogram-based iterative algorithm. o Stream-lined workflow: MAR requires only one scan, making the process of obtaining a corrected image fast and efficient. o Dose conscious: MAR requires only one acquisition. o Patient comfort: The efficient, single-scan process helps to reduce patient time inside the scanner. o Versatility: MAR is designed to enhance clarity across a range of images including scans of hip implants, dental fillings,	✓ $24,597.00	X_____

GE Healthcare Confidential and Proprietary
General Electric Company, GE Healthcare Division

GE Healthcare

Date:	07-07-2018
Quote #:	PR8-C76727
Version #:	7
Q-Exp-Date:	09-27-2018

Qty	Catalog No.	Description	Ext Sell Price	
		screws and other metal objects. Not CE marked		
1	E8819KZ	Varian RGSC - Respiratory Gating for Scanners, configured for couch mounting with Installation - US only	✓ $82,500.00	X_____
1	B7500CS	1.5 Days Oncology Applications Training	✓ $7,000.00	X_____

(Quoted prices do not reflect state and local taxes if applicable. Total Net Selling Price Includes Trade In allowance, if applicable.)

GE Healthcare Confidential and Proprietary
General Electric Company, GE Healthcare Division

GE Capital

July 11, 2018

Tennessee Oncology, PLLC
300 20th Avenue North
Nashville, TN 37211

SIMULATOR LEASE

Ms. Tammy Versluis,

GE Healthcare Equipment Finance, a component of GE HFS, LLC ("GEHFS"), is pleased to submit the following proposal:

Contract Description:	True lease of equipment, with a fair market value purchase option.
Proposed Lessor:	GE HFS, LLC, or one or more of its affiliates and/or assigns.
Proposed Lessee:	Tennessee Oncology, PLLC
Equipment Description:	Discovery RT
Equipment Cost:	$509,742.00
Term and Rental Payment Amount:	60 payments at $7,930.31, per month in Arrears, plus applicable taxes.
Lease Rate on Equipment Cost:	-2.68% Note: The lease rate and rental payment amounts have been calculated based on the Swap Rate (as defined below) and an assumption that, at the time of funding, the Swap Rate will be 2.90%. GEHFS reserves the right to adjust the lease rate and rental payment amounts if this is not the case, and/or if the lease commences after December 31, 2018, and/or for other changes in market conditions as determined by GEHFS in its sole discretion. As used herein, "Swap Rate" means the interest rate for swaps that most closely approximates the initial term of the lease as published by the Intercontinental Exchange (NYSE: ICE) in its Ice Benchmark Administration Report entitled "ICE Swap Rate Historical Rates" currently available online at https://www.theice.com/marketdata/reports/180 and determined by GEHFS by clicking on the USD Rates 1100 in the Series/Run drop down box for the Report Date selected by GEHFS, or as published by such other nationally recognized reporting source or publication as GEHFS may specify.
End of Lease Options:	At end of Lease upon Proposed Lessee's satisfaction in full of all obligations to GEHFS under the Lease, Proposed Lessee has the option to either (i) purchase all (but not less than all) of the Equipment for its then fair market value, plus applicable taxes, (ii) renew the Lease, subject to terms and conditions agreeable to the parties or (iii) return the Equipment to GEHFS in accordance with the Equipment return requirements set forth in the Lease.
Advance Rent:	Waived.
Documentation Fee:	A documentation fee of $0.00 will be charged to Proposed Lessee to cover document preparation, document transmittal, credit write-ups, lien searches and lien filing fees. The documentation fee is due upon Proposed Lessee's acceptance of this proposal and is non-refundable.
Interim Rent:	If the lease commencement date is not the 1st or 15th of any calendar month (a "Payment Date"), interim rent may be assessed for the period between the lease commencement date and the Payment Date.
Required Credit Information:	1. Two years fiscal year end audited/un-audited financial statements and comparative interim statements; or tax returns and business plan. 2. Such additional information as may be required.

Proposal Expiration: This proposal and all of its terms shall expire on August 10, 2018 if GEHFS has not received Proposed Lessee's signed acceptance hereof by such date. Subject to the preceding sentence, this proposal and all of its terms shall expire on November 10, 2018 if the lease has not commenced by such date.

The summary of proposed terms and conditions set forth in this proposal is not intended to be all-inclusive. Any terms and conditions that are not specifically addressed herein would be subject to future negotiations. Moreover, by signing the proposal, the parties acknowledge that, except for the provisions concerning confidentiality set forth herein: (i) this proposal is not a binding commitment on the part of any person to provide or arrange for financing on the terms and conditions set forth herein or otherwise; (ii) any such commitment on the part of GEHFS would be in a separate written instrument signed by GEHFS following satisfactory completion of GEHFS' due diligence, internal review and approval process (which approvals have not yet been sought or obtained); (iii) this proposal supersedes any and all discussions and understandings, written or oral between or among GEHFS and any other person as to the subject matter hereof; and (iv) GEHFS may, at any level of its approval process, decline any further consideration of the proposed financing and terminate its credit review process. Proposed Lessee hereby acknowledges and agrees that GEHFS reserves the right to syndicate (via a referral, an assignment or a participation) all or a portion of the proposed leasing/financing transaction to one or more banks, leasing or finance companies or financial institutions (a "Financing Party"). In the event GEHFS elects to so syndicate all or a portion of the proposed leasing/financing transaction (whether before or after any credit approval of the proposed leasing/financing transaction by GEHFS) and is unable to affect such syndication on terms satisfactory to Proposed Lessee and/or GEHFS, GEHFS may, in its discretion, decline to enter into, and/or decline any further consideration of, the proposed financing. Proposed Lessee hereby further acknowledges and agrees that, in connection with any such syndication, GEHFS may make available to one or more Financing Parties any and all information provided by or on behalf of Proposed Lessee to GEHFS (including, without limitation, any third party credit report(s) provided to or obtained by GEHFS).

Except as required by law, neither this proposal nor its contents will be disclosed publicly or privately except to those individuals who are your officers, employees or advisors who have a need to know as a result of being involved in the proposed leasing/financing transaction and then only on the condition that such matters may not be further disclosed. Nothing herein is to be construed as constituting tax, accounting or legal advice by GEHFS to any person.

To the extent permitted by applicable law, you hereby authorize GEHFS to file in any jurisdiction as GEHFS deems necessary any initial Uniform Commercial Code financing statements that identify the Equipment or any other assets subject to the proposed financing described herein. If for any reason the proposed leasing/financing transaction is not approved, upon your satisfaction in full of all obligations to GEHFS, GEHFS will cause the termination of such financing statements. You acknowledge and agree that the execution of this proposal and the filing by GEHFS of such financing statements in no way obligates GEHFS to provide the financing described herein. By signing below, you hereby consent to and authorize GEHFS to perform all background, credit, judgment, lien and other checks and searches as GEHFS deems appropriate in its sole credit judgment.

We look forward to your early review and response. If there are any questions, we would appreciate the opportunity to discuss this proposal in more detail at your earliest convenience. Please do not hesitate to contact me directly at 615-854-3687.

Sincerely yours,

Don Diffendorf

Donald Diffendorf
Vice President, Financial Services Account Manager
GE Healthcare Equipment Finance,
a component of GE HFS, LLC

Acknowledged and Accepted:

_____
(Legal Name)

By:_____

Title:_____

Date:_____

Fed. ID #:_____

SIMNCARE

GE Healthcare

Service Contract Addendum
Quote ID: 9E9D0DD

TENNESSEE ONCOLOGY PLLC

Physical Location Account #: 357665

Optional: Person(s) to be notified when this document is processed:

Name(s): _____

Email(s): _____

Support and prices quoted below are valid provided the customer signs and returns this quote to GE Healthcare by 9/4/2018

Equipment Identifiers	Trans. Type	Equipment	Effective Date	Offering	Options	Features	Incremental Annual Amount	Comments
System ID: TBD1 Contract: 1-178587599379	ADD POS	GE CT DISCOVERY RT (C#15G)	Install through 12 Months after Install	Supplemental Services During Warranty		• FE Onsite Response Time: 6-Hours • iCenter • PM Coverage HOURS/DAYS: MON-FRI, 8AM-9PM • TiP-Ed Online(TV) Subscription • Point of Sale Supplement**	$0	» Entitlements under warranty. Fair Market Value: $2000. » Entitlements should correspond to post warranty coverage levels. » Signature required prior to equipment install date.
System ID: TBD1 Contract: 1-178587599379	MODIFY: Offering POS	GE CT DISCOVERY RT (C#15G)	12 Months after Install through End of Agreement	AssurePoint Standard	INCLUDED: • 4D RESPIRATORY GATING KIT • ILINQ RESPONSE TIME: 30 MIN. • SYSTEM AND TUBE COVERAGE: Up to 0003000 Patients EXCLUDED: • MOBILE UNIT • PERIPHERAL DEVICES • Printers • UNINTERRUPTED POWER SUPPLY • WORKSTATION	• FE Coverage Weekdays: MON-FRI, 8AM-5PM • FE Coverage Weekend: NO COVERAGE HRS • FE Onsite Response Time: 6-Hours • iCenter • InSite Response: 30 • InSite/Tech Phone Support • PM Coverage HOURS/DAYS: MON-FRI, 8AM-9PM • Repair Parts: Included, Next Day 10:30 AM LST-CT • Software and Quality Updates • TiP Answer Line • TiP-Ed Online(TV) Subscription • Uptime Commitment: 95%	Old Annual Amount: $0* Incremental Annual Amount: $108,764 New Annual Amount: $108,764*	$ 9,063.67/mo yr 2-5 (4 yrs)

NET ADJUSTMENT TO CONTRACT:	$108,764

The Agreement is hereby amended as follows. The Product above is added, deleted, or modified as indicated. Service for additions or modifications continues until Agreement expiration. In the event of conflict between this Addendum and the Agreement, this Addendum prevails. The Addendum start date is: (a) the above Effective Date if Customer signs and returns this Addendum within 15 calendar days of that date; or (b) the date of signature if Customer does not sign and return this Addendum within 15 calendar days of the above date.

Customer:

Approved By: _____ Title: _____

Signature: _____ Date: _____

GE Healthcare:

Approved By: _____ Title: _____

Signature: _____ Date: _____

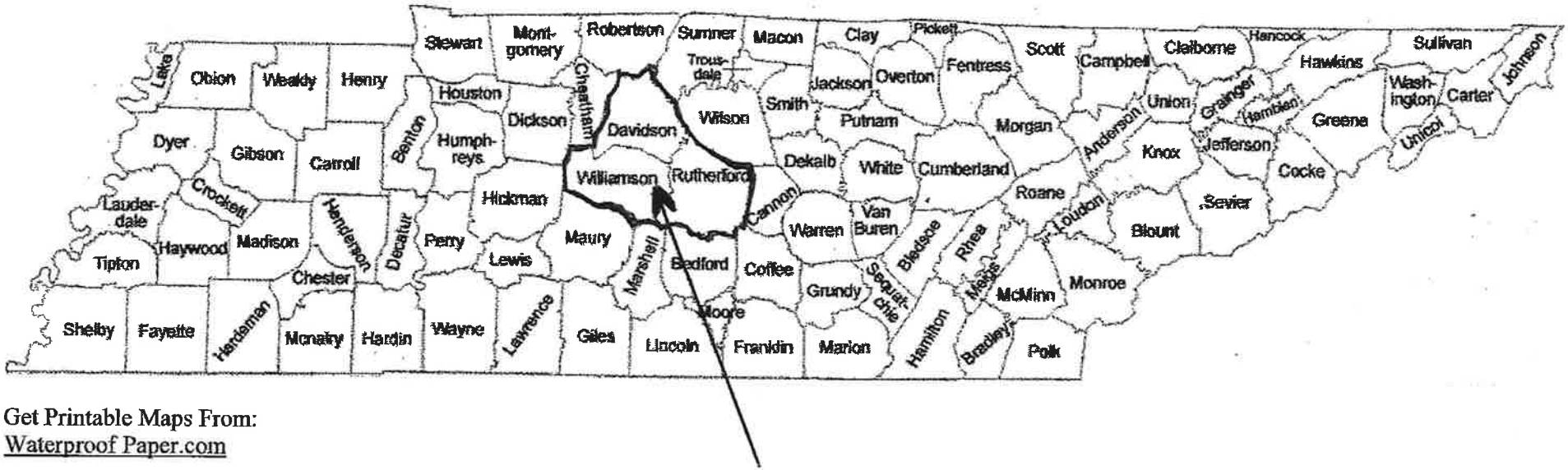
LINAC

A-13F

FDA Approval

B-Need-C

Service Area Map



Get Printable Maps From:
Waterproof Paper.com

TENNESSEE ONCOLOGY LINEAR ACCELERATOR SERVICE PRIMARY SERVICE AREA

B-Economic Feasibility-A 5)

Documentation of Construction Cost Estimate

MBI
michael brady inc.
www.michaelbradyinc.com

July 6, 2018

Melanie Hill, Executive Director
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

RE: Franklin Radiation Therapy Project

Dear Mrs. Hill:

We have reviewed the construction data provided for the proposed tenant interior finish work for the Radiation Therapy suite for the above-referenced project. Based upon our experience and knowledge of the current construction market, it is our opinion that an average construction cost of $259 PSF is a reasonable estimate for a 6,560 usable square foot interior build-out – making its total cost $1,700,00.

Below is a summary of building codes and regulations to be followed in a completion of this project. This listing may not be entirely inclusive, but the intent is for all applicable codes and regulations being enforced by State and Local agencies at the time of plans submitted to be addressed during the design process.

- Rules of Tennessee Department of Health Board Licensing Health Care Facilities including 2010 Guidelines for the Design and Construction of Hospitals and Outpatient Facilities
- State Adopted International Building, Mechanical, Plumbing, Gas Codes, and Energy Codes
- National Electrical Code
- National Fire Protection Code (NFPA)
- Americans with Disabilities Act (ADA) and ANSIA 117.1

Sincerely,

Erin Harlow

Erin Harlow, AIA
Principal

Chattanooga
University Tower
651 E. Fourth Street, Suite 500
Chattanooga, TN 37403

Ph:844-275-8080

Knoxville
299 N. Weisgarber Road
Knoxville, TN 37919

www.michaelbradyinc.com

Florida
100 Colonial Center Parkway, Suite 230
Lake Mary, FL 32746
Architecture: AA26000828
Interiors: IB26000665

Fax: 865-584-5213

B-Economic Feasibility--B 6)

Documentation of Funding/Financing Availability

July 10, 2018

Melanie Hill, Executive Director
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

RE: Tennessee Oncology Linear Accelerator, Franklin

Dear Mrs. Hill:

Tennessee Oncology, PLLC, is applying for a Certificate of Need to provide megavoltage radiation therapy service to the practice's patients, through initiating linear accelerator services in our practice office in Franklin (Williamson County). The cost for CON purposes is approximately $13,807,020. However, the actual capital expenditure required will be approximately $2,200,000.

As Chief Financial Office of this PLLC, I am writing to confirm that the PLLC has sufficient resources to fund the project. The application includes our unaudited financial statements. We do not prepare audited statements.

Also attached is a letter from Kraft & Company, CPAs, affirming that our cash, cash flow, and lines of credit are sufficient to fully fund this project.

Sincerely,

Ron Horowitz
Chief Financial Officer

KRAFT & COMPANY · CPAs

July 9, 2018

Melanie Hill, Executive Director
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

RE: Tennessee Oncology, PLLC

Dear Mrs. Hill,

We have been asked to comment on Tennessee Oncology's ability to fund its proposed Linear Accelerator project in Franklin, Tennessee, at a cost of approximately $2,200,000.

We have worked with the company for more than thirty years, and have known them to have positive cash flow in all years. The company completed the years ended December 31, 2016 and 2017 with working capital in excess of $15,000,000 and a cash balance in excess of $19,000,000. This has been the trend for several years and the company has not advised us of any changes in their model. Accordingly, we would anticipate an ability to comfortably fund this proposed cost.

Additionally, the company has available significant credit lines with a financial institution that would allow additional coverage should it be necessary. We are comfortable that the company can adequately sustain an investment of this size. Should you need additional information, please do not hesitate to contact us.

Very truly yours,

Kenneth R. Kraft, CPA
Member

KRAFT & COMPANY, PLLC
114 29TH AVENUE SOUTH • NASHVILLE, TENNESSEE 37212 • (615) 244-3991 • WWW.KRAFTCPA.COM

B-Economic Feasibility-F 1)

Applicant's Financial Statements

TENNESSEE ONCOLOGY, PLLC
BALANCE SHEET
TWELVE MONTHS ENDED 12/31/2017

		12/31/17
ASSETS		
	CASH	19,912,155
	CIGNA IMPREST	-
	ACCOUNTS RECEIVABLE	76,865
	EXTENDED DATING DRUGS	-
	INVENTORY	-
	TOTAL CURRENT ASSETS	19,989,020
	TOTAL FIXED ASSETS	27,345,583
	ACCUMULATED DEPRECIATOIN	(23,019,234)
	DEPOSITS AND OTHER FIXED ASSETS	5,720,427
TOTAL ASSETS		**30,035,796**
	TOTAL CURRENT LIABILITIES	21,314,573
	NOTES PAYABLE	890,821
		-
TOTAL LIABILITIES		22,205,394
	CAPITAL	7,824,850
	RETAINED EARNINGS	(146,424)
	PROFIT (LOSS) for the period	151,976
TOTAL SHAREHOLDERS' EQUITY		7,830,402
TOTAL LIAB AND SHAREHOLDERS' EQUITY		**30,035,796**
		-

Tennessee Oncology, PLLC
Income Statement
2017

Income:		
Facility Revenue		1,267,620,789
Other income		16,190,855
Gross Revenue		**1,283,811,644**
Less:		
Refunds/Bad Debt		(893,904)
Contractural Adjustments		(709,867,642)
Net Revenue	**$**	**573,050,098**
Staff / Physician Services		121,039,649
Medical Supplies		421,405,410
Administrative Expenses		15,187,488
Facility Expense		14,004,388
Insurance & Other		1,261,186
Total Expenses	**$**	**572,898,121**
Income / (Loss)		**151,977**

B-Orderly Development-D 2)

TDOH and Joint Commission Findings and Corrections

ACR®
AMERICAN COLLEGE OF
RADIOLOGY

Validation On-Site Survey Report

April 8, 2015

PRIVILEGED and CONFIDENTIAL • PEER REVIEW
Code of Virginia 8.01-581.17

Scott A. Montesi, M.D.
Imaging Alliance Nashville PET
52 White Bridge Road
Nashville, Tennessee 37205

SUBJECT: Facility ID# 11066, CTAP 2147, PETAP 454; Imaging Alliance Nashville PET

Dear Dr. Montesi:

On April 2, 2015, an American College of Radiology (ACR) surveyor conducted a Validation On-Site Survey at your facility. The ACR understands that an on-site survey may be disruptive to your facility so we attempt to review only that which is necessary. The ACR conducts validation site surveys of accredited facilities to monitor compliance with accreditation standards and as part of the Centers for Medicare and Medicaid Services (CMS) requirements under the Medicare Improvements for Patients and providers Act (MIPPA). In addition, the ACR uses this mechanism to provide assistance to your staff in areas where the facility may need help. In order to remain in good standing with the ACR Accreditation Programs and with CMS, facilities must demonstrate their compliance with the appropriate accreditation requirements as relates to appropriate documentation of accreditation requirements, including a quality control program.

Currently, your facility is not in compliance with the standards of the ACR Accreditation Programs. In order to maintain your accreditation in good standing with the ACR and CMS, documentation addressing each of the deficiencies must be submitted to ACR within 60 days of the date appearing on this report. You must also address in your response any deficiency that you are not able to correct within the 60-day period. You may be provided a 30-day extension should you need additional time to make your corrective action.

Below is a summary of the deficiencies identified by the surveyor. Please review the report carefully and share pertinent aspects with all imaging physicians, technologists and medical physicists/MR scientists who work at your facility so that they may also benefit from this visit.

American College of Radiology Accreditation Programs
List of Deficiencies

Area of Deficiency	Deficiency
Personnel documentation for Physicians	Documentation that Drs. Berger, Lassiter and Montesi currently meet the Maintenance of Certification (MOC) in Radiology or Nuclear or read a minimum of 200 studies/3 years in CT and PET or for physicians reading organ system specific exams (i.e., body, abdominal, musculoskeletal, head) across multiple modalities they must read a minimum of 60 organ system specific CT and PET exams in 36 months. However, they must read a total of 200 *cross-sectional imaging* (MRI, CT, PET/CT and ultrasound) studies over the prior 36 months.

Personnel documentation for Medical Physicists/MR Scientists	Documentation that B. Lambert has15 hours CEU/CME (half in category 1) in the prior 36 months and surveyed 2 PET cameras in the prior 24 months.
Policy and procedures review	Documentation of a Consumer Complaint policy and that a notice for patients listing consumer complaint contact information is posted.
Policy and procedures review	Documentation of a policy for primary source verification for all personnel.

Recommendations

Area for Recommendation	Recommendation
QA/QC evaluation	It is recommended that daily water CT number and standard deviation QC be performed in both the axial and helical scan mode and the QC manual suggests performing these scans on alternate days to speed up the process.
Policy and procedures review	Recommend developing a policy on maintaining a list of findings that constitute critical test results.
Policy and procedures review	Recommend having a policy on crash cart location and checking for expired drugs.
Policy and procedures review	Documentation of a PET laboratory radiation safety manual and that it is reviewed and updated by the supervising physician and RSO or medical physicist annually.

We do appreciate the time your staff devoted to spending with our surveyor. In order for the ACR to improve our service to accredited facilities, we would like to hear from you and your staff. Please take a few minutes to complete the enclosed evaluation form and return it at your earliest convenience. We recognize your ongoing commitment to providing quality services for the patients of your community and hope that this direct interaction between the ACR surveyor and your staff was helpful.

Finally, please be aware of the following requirements for facilities accredited with the ACR. As soon as possible, you must update your records on your accreditation home page if your facility:

1. Changes in **supervising physician** (i.e., lead interpreting physician), **facility name, owner** or **address**.

2. Changes (i.e., removes, adds or replaces) units so that we may advise you of the appropriate required testing to maintain accreditation.

3. Changes to your Medicare Enrollment number and/or National Provider Identifier (if applicable).

4. Is permanently closing.

Facility ID #: 11066
Survey Date: 4/2/15

Please call the ACR at (800) 770-0145 if you have any questions about your validation survey report.

Sincerely,

Charles Truwit, M.D.
Chair, Committee on Accreditation

TENNESSEE ONCOLOGY

Imaging Alliance-Nashville PET
52 White Bridge Rd
Nashville, TN 37205

May 7, 2015

Charles Truwit, MD
Chair, Committee on Accreditation
American College of Radiology

SUBJECT: Facility ID# 11066, CTAP# 2147, PETAP# 454;
Imaging Alliance-Nashville PET

Dear Dr. Truwit,

In response to your letter of April 8, 2015 outlining the deficiencies identified by the ACR surveyor the following corrective action has been taken:

1. Documentation that Drs. Berger, Lassiter, Montesi, and Ng have read a minimum of 200 studies/3 years in CT and PET is included with this response.
2. Documentation of B. Lamber's CEU/CME hours and PET scanners surveyed is included with this response.
3. The policy for handling consumer complaints is included with this response and the notice for patients has been posted in the waiting room.
4. The policy for personnel license verification is included. I apologize that I did not update the ACR manual when the policy was adopted in July.

If you need any further clarification or documentation please let me know. Thank you.

Sincerely,

Marsha Diaz

Marsha Diaz, RT(R)(N)(CT), CNMT, PET
Director of Imaging
Tennessee Oncology
Phone: (615)320-7387
Fax: (615)514-6897

PET/CT April 2012 through March 2015 Procedure Count

Patient Procedure Approving Radiologist	Procedure Location Name	PET	CT	Grand Total
Berger, MD, Kurt	IMAGING ALLIANCE NASHVILLE PET 08	7	56	63
	TENN ONCOLOGY SOUTHERN PET	3134	18789	21923
	TENNESSEE ONCOLOGY CHATTANOOGA		79	79
	TENNESSEE ONCOLOGY CLARKSVILLE CT		353	353
	TENNESSEE ONCOLOGY FRANKLIN CT		36	36
Berger, MD, Kurt Total		3141	19313	22454
Lassiter, MD, Gregory	IMAGING ALLIANCE NASHVILLE PET 08	110	576	686
	TENN ONCOLOGY SOUTHERN PET	153	946	1099
	TENNESSEE ONCOLOGY CHATTANOOGA		753	753
	TENNESSEE ONCOLOGY CLARKSVILLE CT		169	169
	TENNESSEE ONCOLOGY FRANKLIN CT		147	147
Lassiter, MD, Gregory Total		263	2591	2854
Montesi MD, Scott A	IMAGING ALLIANCE NASHVILLE PET 08	3278	17213	20491
	TENN ONCOLOGY SOUTHERN PET	27	739	766
	TENNESSEE ONCOLOGY CHATTANOOGA		456	456
	TENNESSEE ONCOLOGY CLARKSVILLE CT		769	769
	TENNESSEE ONCOLOGY FRANKLIN CT		142	142
Montesi MD, Scott A Total		3305	19319	22624
Ng, MD, Christopher	IMAGING ALLIANCE NASHVILLE PET 08	875	4312	5187
	TENN ONCOLOGY SOUTHERN PET	616	4220	4836
	TENNESSEE ONCOLOGY CHATTANOOGA		1048	1048
	TENNESSEE ONCOLOGY CLARKSVILLE CT		498	498
	TENNESSEE ONCOLOGY FRANKLIN CT		293	293
Ng, MD, Christopher Total		1491	10371	11862
Grand Total		8200	51594	59794

Brock Lambert ACR PET Inspections

DCH Regional Medical Center
Units: 1 (GE Discovery PET/CT)
Inspection Date: 5/06/14
Sandra Bowen, Director
809 University Blvd. East
Tuscaloosa, Alabama 35401

East Memphis PET Imaging
Units: 1 (Philips Gemini TF 2007)
Inspection Date: 03/19/14
Valaree Christodoulidis, Lead Technologist
6005Park Avenue, Suite 101B
Memphis, Tennessee 38119

West Tennessee Imaging Center
Units: 1 (GE Discovery LS)
Inspection Date: 09/23/14
Jenny Morgan, Lead Technologist
300 Coatsland Drive
Jackson, Tennessee 38301

MTMI

Medical Technology
Management Institute

THIS CERTIFIES THAT

Brock Lambert

HAS SUCCESSFULLY COMPLETED THE WORKSHOP ENTITLED:

CT UPDATE: THE PHYSICISTS ROLE IN MONITORING CT PROTOCOLS AND DOSE

October 31 - November 1, 2014

held in Seattle, WA

This activity provides 15 hours of continuing education in Computed Tomography.
Approval has been received from CAMPEP for up to 15.0 hours of Medical Physics Continuing Education Credits (MPCEC'S). Credits to be awarded by CAMPEP
18 hours of Category A+ credit for Radiologic Technologists have been approved by the ASRT.
ASRT# WID0104053 (11/02/14)

J. Ed Barnes, Ph.D.

Co Program Directors:
J.Ed Barnes, Ph.D., FACR, FAAPM
Doug Pheiffer, Ph.D., FACR., FAAPM

MTMI
W140 N8917 Lilly Road
Menomonee Falls, WI 53051
A continuing education division of
Herzing University

Patients have the right to file a complaint if they feel they have been treated unfairly or mistreated by any staff member or physician, if they have a billing dispute, or if they believe their privacy rights have been violated.

All complaints are handled by the Compliance Officer. To file a complaint please contact Ed Augustine via the following means:

Tennessee Oncology
ATTN: Privacy Officer
Edward T. Augustine
776 Weatherly Drive
Clarksville, TN 37043
E-mail: eaugustine@tnonc.com

Telephone #: 931-906-2004, FAX #: 931-906-2009

Policy	Imaging – Personnel Licensing Requirements
Date Adopted	7/1/2014
Date Updated	
Purpose	To provide a method by which current licensure, certification, and/or registration of imaging technologists is documented and to ensure all patients receive the highest quality radiologic care, provided by qualified radiologic personnel.
Policy #	1.8

POLICY:

- All imaging personnel must meet the minimum personnel qualifications, experience, and education requirements as outlined in the company job descriptions.

- Tennessee Oncology's Director of Imaging will verify via primary source verification current licensure or certification via the issuing organization of staff whose job description requires licensure or certification upon hire, and before the expiration date. Thereafter no less than every three 3 years

- It is the employee's responsibility to ensure that their current license and/or certification is maintained and that the Director of Imaging is informed immediately of any change in license and/or certification status. Failure to do so may result in a suspension without pay or dismissal. A copy of the current license and/or certification and primary source verification will be retained in each technologist's personnel file, both on site and in the HR department, unless prohibited by law.

- All imaging service personnel are supervised according to the organization's policies and procedures.

ACR®
AMERICAN COLLEGE OF
RADIOLOGY

Validation On-Site Survey Report

December 20, 2013

PRIVILEGED and CONFIDENTIAL • PEER REVIEW
Code of Virginia 8.01-581.17

Paul Menke, M.D.
Tennessee P.E.T. Scan Center
1840 Medical Center Parkway
Suite 100
Murfreesboro, Tennessee 37129

SUBJECT: Facility ID# 11098, CTAP 2172, PETAP 458; Tennessee P.E.T. Scan Center

Dear Dr. Menke:

On December 12, 2013, an American College of Radiology (ACR) surveyor conducted a Validation On-Site Survey at your facility. The ACR understands that an on-site survey may be disruptive to your facility. The ACR conducts validation site surveys for accredited facilities to monitor compliance with accreditation standards and to meet the requirement of the Medicare Improvements for Patients and providers Act (MIPPA). In addition, the ACR uses this mechanism to provide assistance to your staff in areas where the facility may need help. In order to remain in good standing with the ACR Accreditation Programs, all facilities must maintain good quality for both clinical and phantom images. Facilities must also maintain adequate documentation of a quality control program.

The ACR is pleased to inform you that your accredited facility is in compliance with the standards of the ACR Accreditation Programs and remains in good standing. Congratulations for maintaining the high level of quality expected of all ACR-accredited facilities. While no further action is required at this time, ACR expects that you will continue to maintain this level of quality throughout your accreditation.

Below is a summary of recommendations identified by the surveyor. Please review the report carefully and share pertinent aspects with all imaging physicians, technologists and medical physicists/MR scientists who work at your facility so that they may also benefit from this visit.

American College of Radiology Accreditation Programs
List of Recommendations

Area for Recommendation	Recommendation
Audit review – Site information and equipment verification	The ACR surveyor noted that the 2004 GE Discovery ST PET camera has been removed from service. Please access your facility's information on the ACR ACRedit website and withdraw this unit.
QA/QC evaluation	The new 2012 CT Quality Control has been released and all facilities that perform CT must be in compliance with all testing requirements by December 2013.
Policy and procedures review	Recommend developing a communication policy.

Facility ID #: 11098
Survey Date: 12/12/13

We do appreciate the time your staff devoted to spending with our surveyor. In order for the ACR to improve our service to accredited facilities, we would like to hear from you and your staff. Please take a few minutes to complete the enclosed evaluation form and return it at your earliest convenience. We recognize your ongoing commitment to providing quality services for the patients of your community and hope that this direct interaction between the ACR surveyor and your staff was helpful.

Finally, please be aware of the following requirements for facilities accredited with the ACR. As soon as possible, you must update your records on your accreditation home page if your facility:

1. Changes in **supervising physician** (i.e., lead interpreting physician), **facility name, owner** or **address**.

2. Changes (i.e., removes, adds or replaces) units so that we may advise you of the appropriate required testing to maintain accreditation.

3. Changes to your Medicare Enrollment number and/or National Provider Identifier (if applicable).

4. Is permanently closing.

Please call the ACR at (800) 770-0145 if you have any questions about your validation survey report.

Sincerely,

Charles Truwit, M.D.
Chair, Committee on Accreditation

Facility ID #: 11098
Survey Date: 12/12/13

Validation On-Site Survey Evaluation

Facility Name: Tennessee P.E.T. Scan Center
Facility Address: 1840 Medical Center Parkway
Suite 100
Murfreesboro, Tennessee 37129

Date of On-Site Survey: December 12, 2013

Please circle the number which best describes your assessment of the ACR survey:

1=Poor ***2=Fair*** ***3=Satisfactory*** ***4=Good*** ***5=Excellent***

1. **ACR Surveyor:**
   1. Knowledge of accreditation process 1 2 3 4 5
   3. Effectiveness as an evaluator 1 2 3 4 5
   3. Communication/discussion techniques 1 2 3 4 5

2. **Final Report:**
   1. Did the final report reflect the content of discussion 1 2 3 4 5
   2. Usefulness of the information 1 2 3 4 5
   3. Effectiveness of this survey 1 2 3 4 5

General Comments:

_____

_____

_____

_____

_____

_____

PLEASE NOTE: ANY COMMENTS MADE ARE CONFIDENTIAL AND WILL NOT HAVE ANY BEARING ON YOUR ACCREDITATION STATUS.

Please print name of individual completing this form, date, and telephone number (including area code).

_____	_____	_____
Name/Title	Date	Telephone Number

Please mail or fax your completed form to:

Marion Boston
Assistant Director, Accreditation Validation Surveys
American College of Radiology
1891 Preston White Drive
Reston, VA 20191-4397
Fax: 703-880-0561

STATE OF TENNESSEE
DEPARTMENT OF HEALTH
OFFICE OF HEALTH LICENSURE AND REGULATION
EAST TENNESSEE REGION
7175 STRAWBERRY PLAINS PIKE, SUITE 103
KNOXVILLE, TENNESSEE 37914-7008

October 19, 2015

Ms. Marsha Diaz
Tennessee PET Scan Center, LLC
1840 Medical Center Parkway, Suite 100
Murfreesboro, TN 37129

Re: Licensure Survey – Lic #52

Dear Ms. Diaz:

The East Tennessee Regional Office of Health Care Facilities conducted a licensure survey at your facility on August 25-26, 2015. A desk review of your plan of correction for the health deficiencies cited as a result of the survey was conducted.

Based on the review, we are accepting your plan of correction and your facility is in compliance with all participation requirements as of October 1, 2015.

If you have any questions, please contact the East Tennessee Regional Office at (865) 594-9396.

Sincerely,

Karen Kirby /ram

Karen B. Kirby, RN
Regional Administrator

KBK / ram

STATE OF TENNESSEE
DEPARTMENT OF HEALTH
OFFICE OF HEALTH LICENSURE AND REGULATION
EAST TENNESSEE REGION
7175 STRAWBERRY PLAINS PIKE, SUITE 103
KNOXVILLE, TENNESSEE 37914-7008

September 4, 2015

Ms. Marsha Diaz
Tennessee PET Scan Center, LLC
1840 Medical Center Pkwy, Suite 100
Murfreesboro, TN 37129

Dear Ms. Diaz:

Enclosed is the Statement of Deficiencies developed as the result of the licensure survey conducted at your facility on August 25-26, 2015. We are requesting that corrective action of cited deficiencies be achieved before October 10, 2015, the 45th day from the date of the survey. Please develop a Plan of Correction for the cited deficiencies and return by September 14, 2015. A revisit may be conducted to verify compliance. Failure to provide an acceptable plan of correction could result in a referral to the Board of Licensing Health Care Facilities for whatever action they deem appropriate.

Your POC must contain the following:

- How the deficiency will be corrected;
- How the facility will prevent the same deficiency from recurring.
- The date the deficiency will be corrected;
- How ongoing compliance will be monitored.

Please put your Plan of Correction on the **Statement of Deficiencies form** in the "**Provider's Plan of Correction**" column. In the "**Completion Date**" column, list the date corrective actions have been or will be completed. Please make sure the **administrator's signature and date** are on the bottom line of the form. If you have any questions, please contact the East Tennessee Regional Office.

Sincerely,

Karen Kirby /RN

Karen B. Kirby, RN
Regional Administrator

KBK/ram

Enclosure

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	TNPL55752		08/25/2015

NAME OF PROVIDER OR SUPPLIER: TENNESSEE PET SCAN CENTER, LLC

STREET ADDRESS, CITY, STATE, ZIP CODE: 1840 MEDICAL CENTER PARKWAY, MURFREESBORO, TN 37129

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
G 402	1200-8-35-.04(2) Administration. (2) The governing body or individual responsible shall appoint a chief executive officer or administrator who is responsible for managing the Outpatient Diagnostic Center. The chief executive officer or administrator shall designate an individual to act for him or her in his or her absence, in order to provide the Outpatient Diagnostic Center with administrative direction at all times. This Rule is not met as evidenced by: Based on interview the outpatient center failed to ensure the center designated an employee in the absence of the administrator to act for him or her in his or her absence and provide direction for the outpatient center at all times. The findings included: Interview with the facility Co-Administrator on 8/25/15 at 9:06 AM revealed the employee had been designated as the Co-Administrator when the Administrator was not present. Continued interview revealed the Administrator was unavailable for interview and the Co-Administrator did not have access to employee files and documentation of active performance improvement areas.	G 402	The Co-Administrator had been given the extra key when the site opened. After refreshing her memory she did remember. However, she has been unable to locate the key. We will get her another key and I will begin having "mock surveys" at least bi-annually so all staff know where the pertinent information is kept.	key 9/25/15 rest 10/1/15
G 411	1200-8-35-.04(11) Administration. (11) When licensure is applicable for a particular job, a copy of the current license must be included as a part of the personnel file. Each personnel file shall contain accurate information as to the education, training, experience and personnel background of the employee. Adequate medical screenings to exclude	G 411		

Division of Health Care Facilities
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

9/11

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	TNPL55752		08/25/2015

NAME OF PROVIDER OR SUPPLIER: TENNESSEE PET SCAN CENTER, LLC

STREET ADDRESS, CITY, STATE, ZIP CODE: 1840 MEDICAL CENTER PARKWAY, MURFREESBORO, TN 37129

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
G 411	Continued From page 1 communicable disease shall be required of each employee. This Rule is not met as evidenced by: Based on interview the outpatient center failed to ensure personnel files were available for review. The findings included: Interview with the facility lead technician on 8/25/15 at 9:19 AM, in the break room confirmed the Administrator was the only one that had a key to the personnel files and the files were not available for review.	G 411	All personnel files are on site available for review. As indicated earlier we are developing a better filing system so all staff know where it is kept. Per the lead tech the only information not able to be made available was the TB tests. I have attached a copy.	10/1/15
G 639	1200-8-35-.06(8) Basic Services. (8) Performance Improvement. The Outpatient Diagnostic Center shall have a planned, systematic, organization-wide approach to process design and redesign, performance measurement, assessment and improvement which is approved by the designated governing body or responsible individual. This plan shall address and/or include, but is not limited to: (a) Infection control, including post-operative surveillance; (b) Complications of procedures; (c) Documentation of periodic review of the data collected and follow-up actions; (d) A system which identifies appropriate plans of action to correct identified quality deficiencies;	G 639		

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	TNPL55752		08/25/2015

NAME OF PROVIDER OR SUPPLIER: TENNESSEE PET SCAN CENTER, LLC

STREET ADDRESS, CITY, STATE, ZIP CODE: 1840 MEDICAL CENTER PARKWAY, MURFREESBORO, TN 37129

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
G 639	Continued From page 2 (e) Documentation that the above policies are being followed and that appropriate action is taken whenever indicated. This Rule is not met as evidenced by: Based on interview the outpatient center failed to ensure the outpatient diagnostic center's performance improvement documentation was available for review. The findings included: Interview on 8/25/15 at 9:25 AM with the facility lead technician, in the break room confirmed the Administrator was out of the facility and all the performance documentation was unavailable for review.	G 639	This policy was available at the time of the site visit. However the lead tech did not know where to look and actually overlooked it. This will be remedied with the new system we are implementing. I have attached a copy of the policy for your review	10/1/15

PRINTED: 08/27/2015
FORM APPROVED

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN B. WING	(X3) DATE SURVEY COMPLETED
	TNPL55752		08/26/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TENNESSEE PET SCAN CENTER, LLC	1840 MEDICAL CENTER PARKWAY MURFREESBORO, TN 37129

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
G 002	1200-8-35 No Deficiencies During the life safety portion of the annual licensure survey conducted on 08/26/2015, no deficiencies were cited under 1200-08-35, Standards for Outpatient Diagnostic Centers.	G 002		

Division of Health Care Facilities
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Marsha Diaz
TITLE: Director of Imaging
(X6) DATE: 9/24/15

STATE FORM 6899 EL1F21 If continuation sheet 1 of 1

ACTION OF CONSENT
BY THE MEMBERS
OF TENNESSEE ONCOLOGY, PLLC

Pursuant to Section 48-223-101 of the Tennessee Limited Liability Act, the undersigned on behalf of the members of Tennessee Oncology, PLLC, a Tennessee professional limited liability company (the "Company") hereby consents to and take the following actions as evidenced by this document.

WHEREAS, the members deem it necessary to appoint an Administrator for the Positron Emission Tomography ("PET") Centers owned and operated by Tennessee Oncology, PLLC and identified as;

Imaging Alliance – Nashville PET located at 52 White Bridge Rd, Nashville, TN 37205

Tennessee PET Scan – located at 1840 medical Center Parkway, Suite 102, Murfreesboro, TN 37129; and

WHEREAS, the appointed PET Administrator whom shall be named below shall establish a Quality Assurance ("QA")/Quality Improvement ("QI") Committee which will measure compliance against necessary standards for assurance and maintain a proactive approach to improve processes and systems on behalf of the Company.

NOW, THEREFORE BE IT RESOLVED, that the Company elects Marsha Diaz as "PET Administrator". The PET Administrator shall maintain a committee of no less than three (3) qualified individuals which shall meet quarterly as set forth in the Quality Assurance/Quality Improvement Plan. The Administrator shall have a Co-Administrator designated in his/her absence to maintain the QA/QI Program on behalf of the Company.

The Administrator shall require three (3) qualified individuals to serve on the QA/QI Committee and shall be identified as the:

1) Co-Administrator
2) Lead Technician
3) Supervising Radiologist

IN WITNESS WHEREOF, the undersigned has executed this Action of Consent by the Members of Tennessee Oncology, PLLC as of this 29 day of August 2013.

Jeffrey Patton, MD / CEO
Tennessee Oncology, PLLC

Tennessee Oncology, PLLC has appointed Marsha Diaz as Administrator for the following locations:

Imaging Alliance – Nashville PET located at 52 White Bridge Road, Nashville, TN 37205; and

Tennessee PET Scan – located at 1840 Medical Center Parkway, Suite 102, Murfreesboro, TN

As provided in the Action of Consent, a Co-Administrator has been specified as one of the qualified individuals to serve on the QA/QI committee. This person has been designated by Marsha Diaz as Tina Vestrand. Tina shall serve as appointed backup for the Administrator in maintaining the QA/QI plan on behalf of the company if deemed necessary.

Marsha Diaz

Marsha Diaz, RT(R)(N)(CT),CNMT,PET
Director of Imaging
Tennessee Oncology

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	TNPL55726		09/09/2015

NAME OF PROVIDER OR SUPPLIER: IMAGING ALLIANCE - NASHVILLE PET LLC

STREET ADDRESS, CITY, STATE, ZIP CODE: 52 WHITE BRIDGE ROAD, NASHVILLE, TN 37203

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
G 401	1200-8-35-.04(1) Administration. (1) The Outpatient Diagnostic Center must have an effective governing body legally responsible for the conduct of the Outpatient Diagnostic Center. If an Outpatient Diagnostic Center does not have an organized governing body, the persons legally responsible for the conduct of the Outpatient Diagnostic Center must carry out the functions specified in this chapter. This ELEMENT is not met as evidenced by: Based on interview, the facility manager was unable to provide documentation there was a organized governing body and persons legally responsible for the conduct of the Outpatient Diagnostic Center. The findings included: During the annual survey on 9/9/15 the manager was unable to provide governing body minutes or other information showing who was legally responsible for the conduct of this facility.	G 401	A search after the surveyor left revealed a missing binder. The governing body documentation showing who is legally responsible for the conduct of this facility is now onsite. The Director of Imaging will perform semi-annual audits in January and July to ensure required documentation remains on site TO BEGIN JAN. 2016	10/14/15
G 402	1200-8-35-.04(2) Administration. (2) The governing body or individual responsible shall appoint a chief executive officer or administrator who is responsible for managing the Outpatient Diagnostic Center. The chief executive officer or administrator shall designate an individual to act for him or her in his or her absence, in order to provide the Outpatient Diagnostic Center with administrative direction at all times. This Rule is not met as evidenced by: Based on interview, the facility manager was	G 402	The governing body documentation appointing an administrator and the organizational chart are now on site.	10/14/15

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	TNPL55726		09/09/2015

NAME OF PROVIDER OR SUPPLIER: IMAGING ALLIANCE - NASHVILLE PET LLC

STREET ADDRESS, CITY, STATE, ZIP CODE: 52 WHITE BRIDGE ROAD, NASHVILLE, TN 37203

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
G 402	Continued From page 1 unable to provide documentation the governing body had appointed an individual to be a chief executive officer or administrator who is responsible for managing the Outpatient Diagnostic Center. The manager was unable to provide documentation of the individual designated to act for her in her absence, in order to provide the Outpatient Diagnostic Center with administrative direction at all times. The findings included: During the annual survey on 9/9/15 the manager was unable to provide governing body minutes or other information showing who had been appointed as chief executive officer or administrator responsible for managing this facility. There was no organizational chart available for review. During an interview with the manager on 9/9/15, she stated her office was at another site and due to problems at that site could not access her manuals with needed information. She was unable to locate the manuals that should had been available on-site at this facility.	G 402	The Director of Imaging will perform semi-annual audits in January and July to ensure required documentation remains on site	TO BEGIN JAN 2016
G 404	1200-8-35-.04(4) Administration. (4) The governing body or individual responsible, whether it be that of the center alone or that of a parent organization, shall establish effective mechanisms to ensure the accountability of the center ' s medical staff and other professional personnel. This Rule is not met as evidenced by: Based on interview, the facility manager was	G 404	There are mechanisms in place to ensure the accountability of the professional staff. Each staff member has a Performance Exellence Plan that is job specific. This plan addresses all aspects of their performance including attendance, ponctuality	10/14/15

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TNPL55726	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED 09/09/2015

NAME OF PROVIDER OR SUPPLIER: MAGING ALLIANCE - NASHVILLE PET LLC

STREET ADDRESS, CITY, STATE, ZIP CODE: 52 WHITE BRIDGE ROAD, NASHVILLE, TN 37203

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
G 404	Continued From page 2 unable to provide documentation the governing body had developed effective mechanisms to ensure the accountability of the center's medical staff and other professional personnel. The findings included: During the annual survey on 9/9/15 the manager was unable to provide policy or procedure manuals with information regarding personnel or medical staff accountability. During an interview with the manager on 9/9/15, she stated her office was at another site and due to problems at that site could not access her manuals with needed information. She was unable to locate the manuals that should had been available on-site at this facility.	G 404	education, patient interaction and staff interaction. The Director of Imaging meets with each staff member on a quarterly basis to discuss their performance and any areas of concern. In addition an annual rating is done in June. There is also a discipline process for specific adverse events. These are logged in an electronic Adverse Event software program. A mechanism for accountability of medical staff is being reviewed and revised.	11/15/15
G 413	1200-8-35-.04(13) Administration. (13) Policies and procedures shall be consistent with professionally recognized standards of practice. This Rule is not met as evidenced by: Based on interview, the facility manager was unable to provide documentation the facility had policies and procedures consistent with professionally recognized standards of practice. The findings included: During the annual survey on 9/9/15 the manager was unable to provide policy or procedure manuals consistent with professionally recognized standards of practice.	G 413	The surveyor was provided a binder containing policies and procedures as approved by the ACR for accreditation. Since the ACR is a professionally recognized organization I am unclear as to the nature of this deficiency. However, a policy and procedure manual is on site and will be	10/14/15

Division of Health Care Facilities

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	TNPL55726		09/09/2015

NAME OF PROVIDER OR SUPPLIER: IMAGING ALLIANCE - NASHVILLE PET LLC

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G 413	Continued From page 3 During an interview with the manager on 9/9/15, she stated her office was at another site and due to problems at that site could not access her manuals with needed information. She was unable to locate the manuals that should had been available on-site at this facility.	G 413	reviewed anually by the Director of Imaging and the Site Chief Radiologist	
G 416	1200-8-35-.04(16) Administration. (16) The governing body or responsible individual shall provide for the appointment, reappointment or dismissal of members of the medical, dental, and other health professions and provide for the granting of clinical privileges. This Rule is not met as evidenced by: Based on interview, the facility manager was unable to provide documentation the facility had appointed or reappointed medical health professionals by granting of clinical privileges. The findings included: During the annual survey on 9/9/15 the manager was unable to provide documentation the facility had reappointed Dr. S. Montesi, the physician at the facility during the survey, with clinical privileges. During an interview with the manager on 9/9/15, she stated her office was at another site and due to problems at that site could not access any requested documentation such as clinical privileges for this physician or any other physician's clinical privileges who might work at this facility.	G 416	10/14/15 Documentation appointing Dr Scott Montesi as the physician radiologist for the facility is now on site. TO BEGIN JAN 2016 The Director of Imaging will perform semi-annual audits in January and July to ensure required documentation remains on site If at any time Dr Montesi is replaced, the documentation will be updated with documentation appointing a new physician	

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G 418	Continued From page 4	G 418		
G 418	1200-8-35-.04(18) Administration. (18)All health care facilities licensed pursuant to T.C.A. 68-11-201 shall post the following in the main public entrance: (a) Contact information including statewide toll-free number of the division of adult protective services, and the number for the local district attorney ' s office; (b) A statement that a person of advanced age who may be the victim of abuse, neglect, or exploitation may seek assistance or file a complaint with the division concerning abuse, neglect and exploitation; and (c) A statement that any person, regardless of age, who may be the victim of domestic violence may call the nationwide domestic violence hotline, with that number printed in boldface type, for immediate assistance and posted on a sign no smaller than eight and one-half inches (8½") in width and eleven inches (11") in height. Postings of (a) and (b) shall be on a sign no smaller than eleven inches (11 ") in width and seventeen inches (17 ") in height. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to have the required posters at the main public entrance. The findings included: 1. During a annual survey, on 9/9/15 to the	G 418	Postings with contact information for adult protective services, elder abuse and domestic violence are on the electronic bulletin board in the waiting room. The size of the screen is 27"x15" The Director of Imaging will conduct semi-annual audits in January and July to ensure these postings remain accessible to the public	

Division of Health Care Facilities

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G 418	Continued From page 5 facility, the surveyor did not find the following posters at the main public entrance: (a) Contact information including statewide toll-free number of the division of adult protective services, and the number for the local district attorney's office; (b) A statement that a person of advanced age who may be the victim of abuse, neglect, or exploitation may seek assistance or file a complaint with the division concerning abuse, neglect and exploitation; and (c) A statement that any person, regardless of age, who may be the victim of domestic violence may call the nationwide domestic violence hotline, with that number printed in boldface type, for immediate assistance and posted on a sign no smaller than eight and one-half inches (8½") in width and eleven inches (11") in height. Postings of (a) and (b) shall be on a sign no smaller than eleven inches (11") in width and seventeen inches (17") in height. 2. In an interview with the facility manager on 9/9/15, she verified none of the above listed posters were present.	G 418		
G 420	1200-8-35-.04 (20) Administration (20)The facility shall develop a concise statement of its charity care policies and shall post such statement in a place accessible to the public. Authority: T.C.A. §§4-5-202, 4-5-204, 39-17-1803, 39-17-1805, 68-11-202, 68-11-204, 68-11-206, 68-11-209, 68-11-216, 68-11-268, and	G 420	We now have a charity care policy posted on the electronic bulletin board.	

Division of Health Care Facilities

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G 420	Continued From page 6 71-6-121. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to have the required poster with a concise statement of its charity care policies and such statement in a place accessible to the public. The findings included: 1. During a tour of the facility on 9/9/15 the surveyor failed to see the facility's statement regarding its policy on charity care. 2. During an interview on 9/9/15 the manager verified such a statement was not posted.	G 420	The Director of Imaging will conduct semi-annual audits in January and July to ensure the charity policy remains accessible to the public.	
G 605	1200-8-35-.06(1)(e) Basic Services. (1) Radiological services. If laboratory tests are performed in the nuclear medicine services, they shall meet applicable requirements for laboratory services as specified in T.C.A. 68-29-101 et seq. (e) Radiology personnel shall be qualified by education, training and experience for the type of service rendered. This Rule is not met as evidenced by: Based on personnel record review and interview, the facility failed to have documentation in 4 of 4 personnel files reviewed that showed radiology personnel were qualified by education, training and experience for the type of services rendered. The findings included:	G 605	All required employee documentation is now on site including but not limited to: application ARRT certification NMTCB certification where applicable TB skin tests CPR certification Annual evaluations	10/14/15

Division of Health Care Facilities

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G 605	Continued From page 7 1. Review of personnel files reveled the following: Employee #1 failed to have a current state license, information regarding date of hire, medical screening information, education or training information or orientation information. Employee #2 failed to have education or training information available for review. Employee #3 failed to have a current state license. Employee #4 failed to have a current state license, information regarding date of hire, medical screening information, CPR certification, education or training information or orientation information. 2. During an interview with the manager on 9/9/15, she stated her office was at another site and due to problems at that site could not access her files with needed information. The employee files located on-site were incomplete.	G 605	The Director of Imaging will perform semi-annual audits in January and July to ensure required documentation remains on site and technologists remain compliant with certification requirements.	TO BEGIN JAN 2016
G 633	1200-8-35-.06(7)(a) Basic Services. (7) Infection Control. (a) The Outpatient Diagnostic Center must provide a sanitary environment to avoid sources and transmission of infections and communicable diseases. There must be an active performance improvement program for the prevention, control, and investigation of infections and communicable diseases.	G 633	The surveyor was provided the Infection Control Policy so I am unclear as to the nature of this deficiency. However, the Infection Control Policy is on site	10/14/15

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G 633	Continued From page 8 This Rule is not met as evidenced by: Based on interview, the facility failed to provide documentation it had an active performance improvement program for the prevention, control, and investigation of infections and communicable diseases. The findings included: During the annual survey on 9/9/15 the manager was unable to provide documentation of an infection control program. During an interview with the manager on 9/9/15, she stated her office was at another site and due to problems at that site could not access her manuals with needed information. She was unable to locate the necessary information that should had been available on-site at this facility.	G 633	The Director of Imaging will perform semi-annual audits in January and July to ensure required documents remain on site	TO BEGIN JAN 2016
G 639	1200-8-35-.06(8) Basic Services. (8) Performance Improvement. The Outpatient Diagnostic Center shall have a planned, systematic, organization-wide approach to process design and redesign, performance measurement, assessment and improvement which is approved by the designated governing body or responsible individual. This plan shall address and/or include, but is not limited to: (a) Infection control, including post-operative surveillance; (b) Complications of procedures; (c) Documentation of periodic review of the data collected and follow-up actions;	G 639	The Performance Improvement Plan is now on site. Since operative procedures are not performed it does not include post-operative surveillance. However it does include Infection Control, complications of procedures and documentation of review process and action plans when needed. The Director will be made aware of any incidents immediately	10/14/15

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G 639	Continued From page 9 (d) A system which identifies appropriate plans of action to correct identified quality deficiencies; (e) Documentation that the above policies are being followed and that appropriate action is taken whenever indicated. This Rule is not met as evidenced by: Based on interview, the facility failed to provide documentation it had an active performance improvement program that included and addressed infections control, complications of procedures, documentation of periodic review of the data collected and a system which identified appropriate plans of action to correct identified quality deficiencies. The findings included: During the annual survey on 9/9/15 the manager was unable to provide documentation of their performance improvement program. During an interview with the manager on 9/9/15, she stated her office was at another site and due to problems at that site could not access any needed information. She was unable to locate all the necessary information that should had been available on-site at this facility	G 639	As part of the semi-annual audit done by the Director of Imaging in January and July the Director will meet with the Chief Site Radiologist to review those findings as well as review any incidents and/or exam complications. They will also review and update action plans when necessary during these meetings. These semi-annual meetings will be documented.	10/14/15 initially & then TO BEGIN JAN2016
G1101	1200-8-35-.11(1) Records And Reports. (1) The Joint Annual Report of Outpatient Diagnostic Centers shall be filed with the department. The forms are furnished and mailed to each Outpatient Diagnostic Center by the department each year and the forms must be completed and returned to the department as	G1101	The JAR report was filed appropriately for 2014. Because the Standards for Outpatient Diagnostic Centers does not require it be kept on	10/14/15

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G1101	Continued From page 10 required. This Rule is not met as evidenced by: Based on interview, the facility manager was unable to provide a copy of the most recent Joint Annual Report of Outpatient Diagnostic Centers. The findings included: During an interview with the manager on 9/9/15, she stated her office was at another site and due to problems at that site could not access her copy of the most recent Joint Annual Report.	G1101	site it along with the JAR report for our other ODC is kept in the central office. However, beginning immediately an additional copy will also be kept on site. The Director of Imaging will perform semi-annual audits in January and July to ensure required documentation including the most recent JAR are on site TO BEGIN JAN 20	

Proof of Publication

Miscellaneous Information

1. TennCare Enrollment
2. Emergency Protocols
3. Charity Care Guidelines

TennCare Enrollment Report for November 2016

MCO	REGION	Total
AMERIGROUP COMMUNITY CARE		455,357
BLUECARE	East Tennessee	216,765
BLUECARE	Middle Tennessee	177,359
BLUECARE	West Tennessee	156,086
UnitedHealthcare Community Plan	East Tennessee	168,593
UnitedHealthcare Community Plan	Middle Tennessee	178,198
UnitedHealthcare Community Plan	West Tennessee	142,689
TENNCARE SELECT HIGH	All	52,211
TENNCARE SELECT LOW	All	18,374
PACE		276
Awaiting MCO assignment		24
Grand Total		**1,565,932**

	Female				Female	Male					
COUNTY	0 - 18	19 - 20	21 - 64	65 -->	Total	0 - 18	19 - 20	21 - 64	65 -->	Male Total	Grand Total
ANDERSON	4,353	354	4,634	644	9,985	4,628	288	2,238	284	7,438	17,423
BEDFORD	3,998	272	3,308	257	7,835	4,146	255	1,350	125	5,876	13,711
BENTON	1,068	92	1,235	143	2,538	1,124	86	624	79	1,913	4,451
BLEDSOE	837	79	877	130	1,923	931	74	500	62	1,567	3,490
BLOUNT	6,325	526	6,488	700	14,039	6,431	431	2,872	329	10,063	24,102
BRADLEY	6,263	490	6,359	697	13,809	6,546	415	2,743	299	10,003	23,812
CAMPBELL	3,034	286	3,876	697	7,893	3,239	223	2,142	394	5,998	13,891
CANNON	817	75	896	131	1,919	833	67	429	55	1,384	3,303
CARROLL	1,890	182	2,272	316	4,660	2,110	164	1,179	125	3,578	8,238
CARTER	3,305	271	3,737	708	8,021	3,462	225	1,938	282	5,907	13,928
CHEATHAM	2,082	172	2,115	168	4,537	2,248	183	948	90	3,469	8,006
CHESTER	1,078	88	1,113	148	2,427	1,102	79	453	73	1,707	4,134
CLAIBORNE	2,165	203	2,637	558	5,563	2,270	172	1,575	269	4,286	9,849
CLAY	537	36	583	118	1,274	574	49	366	62	1,051	2,325
COCKE	2,845	260	3,287	470	6,862	3,014	218	1,778	244	5,254	12,116
COFFEE	3,825	309	3,886	417	8,437	3,948	225	1,716	174	6,063	14,500
CROCKETT	1,132	85	1,049	204	2,470	1,094	67	483	87	1,731	4,201
CUMBERLAND	3,456	283	3,528	512	7,779	3,625	222	1,719	240	5,806	13,585
DAVIDSON	44,543	2,892	38,761	3,463	89,659	45,810	2,567	15,848	1,922	66,147	155,806
DECATUR	701	64	799	194	1,758	801	50	430	60	1,341	3,099
DEKALB	1,383	120	1,418	195	3,116	1,531	99	764	111	2,505	5,621
DICKSON	3,087	243	3,121	326	6,777	3,229	228	1,343	138	4,938	11,715
DYER	2,859	247	3,175	427	6,708	3,010	207	1,350	158	4,725	11,433
FAYETTE	1,874	170	1,908	292	4,244	1,978	133	766	160	3,037	7,281
FENTRESS	1,397	130	1,633	377	3,537	1,513	115	1,079	203	2,910	6,447
FRANKLIN	2,108	201	2,272	277	4,858	2,273	160	1,089	116	3,638	8,496
GIBSON	3,498	270	3,803	603	8,174	3,682	277	1,710	256	5,925	14,099
GILES	1,768	155	1,866	254	4,043	1,756	120	836	124	2,836	6,879
GRAINGER	1,545	140	1,617	305	3,607	1,596	122	961	159	2,838	6,445
GREENE	3,840	338	4,539	734	9,451	4,145	290	2,226	388	7,049	16,500
GRUNDY	1,084	120	1,333	214	2,751	1,214	106	756	128	2,204	4,955
HAMBLEN	4,843	338	4,098	555	9,834	5,003	311	1,848	242	7,404	17,238

	Female				Female	Male					
COUNTY	0 - 18	19 - 20	21 - 64	65 -->	Total	0 - 18	19 - 20	21 - 64	65 -->	Male Total	Grand Total
HAMILTON	19,044	1,334	19,287	2,433	42,098	19,860	1,240	7,819	1,124	30,043	**72,141**
HANCOCK	522	65	642	158	1,387	579	40	366	73	1,058	**2,445**
HARDEMAN	1,859	174	2,088	326	4,447	1,849	130	970	160	3,109	**7,556**
HARDIN	1,795	157	2,106	385	4,443	1,922	152	1,041	206	3,321	**7,764**
HAWKINS	3,502	302	3,939	604	8,347	3,657	273	2,032	293	6,255	**14,602**
HAYWOOD	1,486	122	1,748	261	3,617	1,647	134	609	101	2,491	**6,108**
HENDERSON	1,900	164	2,101	278	4,443	2,023	140	957	104	3,224	**7,667**
HENRY	2,091	163	2,300	303	4,857	2,245	174	1,099	98	3,616	**8,473**
HICKMAN	1,592	151	1,760	191	3,694	1,772	155	893	109	2,929	**6,623**
HOUSTON	496	43	579	123	1,241	545	24	276	68	913	**2,154**
HUMPHREYS	1,157	90	1,267	149	2,663	1,232	61	601	63	1,957	**4,620**
JACKSON	687	57	804	131	1,679	782	56	455	94	1,387	**3,066**
JEFFERSON	3,400	300	3,413	512	7,625	3,617	250	1,719	202	5,788	**13,413**
JOHNSON	1,085	93	1,211	256	2,645	1,136	77	767	145	2,125	**4,770**
KNOX	21,331	1,612	22,312	2,549	47,804	22,363	1,424	9,833	1,185	34,805	**82,609**
LAKE	480	41	657	164	1,342	561	46	304	87	998	**2,340**
LAUDERDALE	2,115	198	2,295	298	4,906	2,220	176	986	125	3,507	**8,413**
LAWRENCE	2,885	208	2,996	405	6,494	3,078	189	1,469	153	4,889	**11,383**
LEWIS	804	74	810	129	1,817	804	65	395	58	1,322	**3,139**
LINCOLN	2,108	187	2,068	267	4,630	2,226	136	953	103	3,418	**8,048**
LOUDON	2,659	202	2,488	282	5,631	2,815	141	1,141	124	4,221	**9,852**
MACON	1,932	158	1,834	232	4,156	2,029	150	893	116	3,188	**7,344**
MADISON	6,993	542	7,294	848	15,677	7,068	433	2,674	384	10,559	**26,236**
MARION	1,914	158	2,177	234	4,483	1,910	155	939	127	3,131	**7,614**
MARSHALL	1,984	139	1,896	180	4,199	2,057	117	788	76	3,038	**7,237**
MAURY	5,352	407	5,240	526	11,525	5,718	319	2,087	198	8,322	**19,847**
MCMINN	3,314	264	3,553	494	7,625	3,642	212	1,658	228	5,740	**13,365**
MCNAIRY	1,855	186	2,197	353	4,591	2,031	153	1,213	189	3,586	**8,177**
MEIGS	850	85	924	80	1,939	883	74	461	42	1,460	**3,399**
MONROE	3,058	281	3,219	490	7,048	3,314	212	1,669	260	5,455	**12,503**
MONTGOMERY	10,529	725	10,426	715	22,395	10,906	532	3,603	276	15,317	**37,712**
MOORE	228	17	199	53	497	247	22	94	15	378	**875**
MORGAN	1,272	121	1,282	196	2,871	1,334	109	669	96	2,208	**5,079**
OBION	2,208	171	2,399	307	5,085	2,317	134	1,005	133	3,589	**8,674**
OVERTON	1,265	150	1,391	287	3,093	1,377	121	760	141	2,399	**5,492**
PERRY	578	48	545	87	1,258	577	49	305	37	968	**2,226**
PICKETT	272	30	313	71	686	293	22	169	49	533	**1,219**
POLK	1,112	96	1,201	166	2,575	1,130	96	625	84	1,935	**4,510**
PUTNAM	4,590	381	4,763	742	10,476	4,888	300	2,512	333	8,033	**18,509**
RHEA	2,557	193	2,514	366	5,630	2,626	175	1,216	145	4,162	**9,792**
ROANE	2,898	239	3,390	510	7,037	3,200	241	1,791	249	5,481	**12,518**
ROBERTSON	4,193	311	3,578	390	8,472	4,416	271	1,424	150	6,261	**14,733**
RUTHERFORD	15,621	1,086	13,674	1,021	31,402	16,463	835	4,944	470	22,712	**54,114**
SCOTT	1,987	173	2,208	379	4,747	2,093	168	1,193	189	3,643	**8,390**
SEQUATCHIE	1,040	104	1,124	143	2,411	1,077	91	589	56	1,813	**4,224**
SEVIER	6,180	446	5,632	492	12,750	6,598	345	2,406	188	9,537	**22,287**
SHELBY	79,904	6,142	74,164	6,955	167,165	81,869	5,595	24,468	3,145	115,077	**282,242**
SMITH	1,211	111	1,251	170	2,743	1,245	71	575	63	1,954	**4,697**
STEWART	811	70	871	117	1,869	848	63	436	58	1,405	**3,274**
SULLIVAN	8,653	689	9,978	1,325	20,645	9,133	632	5,015	597	15,377	**36,022**
SUMNER	8,665	696	8,212	805	18,378	9,108	605	3,226	299	13,238	**31,616**
TIPTON	3,870	315	3,764	390	8,339	4,103	281	1,493	141	6,018	**14,357**

	Female				Female	Male					
COUNTY	0 - 18	19 - 20	21 - 64	65 -->	Total	0 - 18	19 - 20	21 - 64	65 -->	Male Total	Grand Total
TROUSDALE	566	53	590	72	1,281	564	28	264	38	894	**2,175**
UNICOI	986	89	1,138	253	2,466	1,099	96	548	124	1,867	**4,333**
UNION	1,473	109	1,438	154	3,174	1,426	111	753	91	2,381	**5,555**
VAN BUREN	346	28	373	62	809	377	22	195	49	643	**1,452**
WARREN	3,120	234	3,107	457	6,918	3,230	197	1,503	204	5,134	**12,052**
WASHINGTON	6,398	492	7,192	981	15,063	6,602	454	3,436	429	10,921	**25,984**
WAYNE	875	67	936	163	2,041	910	69	474	74	1,527	**3,568**
WEAKLEY	1,935	185	2,129	299	4,548	1,974	155	1,017	120	3,266	**7,814**
WHITE	1,853	164	1,980	286	4,283	2,013	136	1,083	122	3,354	**7,637**
WILLIAMSON	3,723	279	3,145	365	7,512	3,934	271	1,333	154	5,692	**13,204**
WILSON	5,665	439	5,283	483	11,870	5,856	365	2,055	200	8,476	**20,346**
Other	4,093	386	4,247	185	8,911	4,351	295	1,613	93	6,352	**15,263**
Grand Total	**414,467**	**32,287**	**411,865**	**48,322**	**906,941**	**432,635**	**28,093**	**175,918**	**22,345**	**658,991**	**1,565,932**

Reports include some membership additions that are the result of retroactivity; however, additional retroactivity may still occur. The "Other" county category reflects recipients who are Tennessee residents for which their domicile is temporarily located outside of the state.

Support Letters

Miscellaneous Information

JUL 19 '18 PM 2:10

1. Purpose

Tennessee Oncology supports patients who have expressed financial hardship or an inability to pay. Programs are sought out to assist patients based on diagnosis, drug and/or income.

2. Referenced Documents

Document Log

3. Procedure

1. When a patient has expressed financial hardship or an inability to pay they are encouraged to complete a Hardship Determination form.

2. Tennessee Oncology shall require the patient to submit one or more of the following supporting documents: Bank statement(s), W2 statement, pay stubs, income tax returns, forms approving/denying Medicaid or other state-funded medical assistance, forms approving/denying unemployment compensation, written statements from employees or welfare agencies.

3. Patients may also be advised and encouraged to complete applications for available foundations applicable to their specific condition and treatment regimen.

4. Completed Hardship Determination forms and required supportive documentation is forwarded to the Collection Manager and the Director of Patient Accounting for review.

5. Approval is granted based on written documentation provided, action taken by the patient in addition to the current U.S. Poverty Guidelines listed in the Federal Register.

6. Patients are notified if indigent status is approved or denied. If approved the patient will not receive a patient statement and copayment and/or deductibles will be adjusted off as incurred.

7. Eligibility will be reevaluated annually.

State of Tennessee
Health Services and Development Agency
Andrew Jackson, 9th Floor, 502 Deaderick Street, Nashville, TN 37243
www.tn.gov/hsda Phone: 615-741-2364 Fax: 615-741-9884

August 1, 2018

John Wellborn
Development Support Group
4219 Hillsboro Road, Suite 210
Nashville, TN 37215

RE: **Certificate of Need Application – Tennessee Oncology Radiation Therapy- CN1807-032**

The initiation of physician practice-based linear accelerator services by Tennessee Oncology, PLLC at a medical office building under construction on a 5.5 acre site located at 4488 Carothers Parkway in Franklin (Williamson County), TN. Tennessee Oncology, PLLC is owned by 72 full-time physicians holding ownership shares of approximately 1.388% with no person or entity owning 5% or more. The estimated project cost is $13,886,410.00.

Dear Mr. Wellborn:

This is to acknowledge the receipt of supplemental information to your application for a Certificate of Need. Please be advised that your application is now considered to be complete by this office.

Your application is being forwarded to Trent Sansing at the Tennessee Department of Health, Division of Policy, Planning, and Assessment for Certificate of Need review. You may be contacted by Mr. Sansing or someone from his office for additional clarification while the application is under review by the Department. Mr. Sansing's contact information is Trent.Sansing@tn.gov or 615-253-4702.

In accordance with Tennessee Code Annotated, §68-11-1607, et seq., as amended by Public Chapter 780, the 60-day review cycle for this project began on August 1, 2018. The first 60 days of the cycle are assigned to the Department of Health, during which time a public hearing may be held on your application. You will be contacted by a representative from this Agency to establish the date, time and place of the hearing should one be requested. At the end of the 60-day period, a written report from the Department of Health or its representative will be forwarded to this office for Agency review. You will receive a copy of their findings. The Health Services and Development Agency will review your application on October 24, 2018.

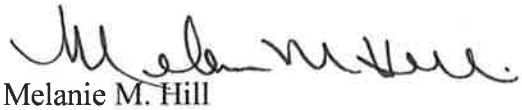
Any communication regarding projects under consideration by the Health Services and Development Agency shall be in accordance with T.C.A. § 68-11-1607(d):

- No communications are permitted with the members of the agency once the Letter of Intent initiating the application process is filed with the agency. Communications between agency members and agency staff shall not be prohibited. Any communication received by an agency member from a person unrelated to the applicant or party opposing the application shall be reported to the Executive Director and a written summary of such communication shall be made part of the certificate of need file.

- All communications between the contact person or legal counsel for the applicant and the Executive Director or agency staff after an application is deemed complete and placed in the review cycle are prohibited unless submitted in writing or confirmed in writing and made part of the certificate of need application file. Communications for the purposes of clarification of facts and issues that may arise after an application has been deemed complete and initiated by the Executive Director or agency staff are not prohibited.

Should you have questions or require additional information, please contact me.

Sincerely,



Melanie M. Hill
Executive Director

cc: Trent Sansing, TDH/Health Statistics, PPA

State of Tennessee
Health Services and Development Agency
Andrew Jackson, 9th Floor, 502 Deaderick Street, Nashville, TN 37243
www.tn.gov/hsda Phone: 615-741-2364 Fax: 615-741-9884

MEMORANDUM

TO: Trent Sansing, CON Director
Office of Policy, Planning and Assessment
Division of Health Statistics
Andrew Johnson Tower, 2nd Floor
710 James Robertson Parkway
Nashville, Tennessee 37243

FROM: Melanie M. Hill
Executive Director

DATE: August 1, 2018

RE: Certificate of Need Application
Tennessee Oncology Radiation Therapy- CN1807-032

Please find enclosed an application for a Certificate of Need for the above-referenced project.

This application has undergone initial review by this office and has been deemed complete. It is being forwarded to your agency for a sixty (60) day review period to begin on August 1, 2018 and end on October 1, 2018.

Should there be any questions regarding this application or the review cycle, please contact this office.

Enclosure

cc: John Wellborn

JUL 10 '18 PM 12:59

LETTER OF INTENT -- HEALTH SERVICES & DEVELOPMENT AGENCY

The Publication of Intent is to be published in the Tennessean, which is a newspaper of general circulation in Williamson County, Tennessee, on or before July 10, 2018, for one day.

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. Sections 68-11-1601 et seq., and the Rules of the Health Services and Development Agency, that Tennessee Oncology Radiation Therapy (a proposed service of a private professional practice), to be owned and managed by Tennessee Oncology, PLLC (a professional limited liability company), intends to file an application for a Certificate of Need to acquire major medical equipment (a linear accelerator) for Megavoltage Radiation Therapy and to initiate outpatient megavoltage radiation therapy for its patients, at a project cost estimated at approximately $12,200,000, including the value of leased space and equipment. The project will be located in the Tennessee Oncology practice office in a medical office building under construction at 4488 Carothers Parkway, Franklin, TN 37067 (suite number not yet assigned). The project site is on the east side of Carothers Parkway, and on the south side of the Scott Hamilton Proton Treatment Center being built at the intersection of Physicians Way and Carothers Parkway.

The project may require licensure by the Board for Licensing Health Care Facilities, as an ambulatory surgical treatment center limited to megavoltage radiation therapy. The project does not contain any other type of major medical equipment or initiate or discontinue any other health service; and it will not affect any facility's licensed bed complements.

The anticipated date of filing the application is on or before July 13, 2018. The contact person for the project is John Wellborn, who may be reached at Development Support Group, 4219 Hillsboro Road, Suite 210, Nashville, TN 37215; (615) 665-2022.

John L Wellborn	7-9-18	jwdsg@comcast.net
(Signature)	(Date)	(E-mail Address)

Supplemental #1
July 26, 2018
12:40 P.M.

July 26, 2018

Jeff Grimm, HSD Examiner
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

RE: CON Application #1807-032
Tennessee Oncology radiation Therapy– Initiation of Linear Accelerator Service

Dear Mr. Grimm:

This letter responds to your recent request for additional information on this application. The items below are numbered to correspond to your questions. They are provided in triplicate, with affidavit.

1. Published Letter of Intent

Please resubmit a copy of the LOI for this project with date and mast intact or a Publisher's Affidavit confirming the date the LOI was published.

I believe that a folded copy of the notice page, with date and mast intact, was delivered on July 13 with the original application, placed on top of the application copies in the box containing them. Attached at the end of this letter is another copy.

2. Section A, Executive Summary, Item 1

It is noted the project is the most recent part of Tennessee Oncology's plans to move closer to Williamson Medical Center, the Sarah Cannon Cancer Center and the Scott Hamilton Proton Therapy Center to foster the development of a regional center of excellence in oncology care. As part of this plan, the proposed megavoltage linear accelerator service will be housed in the same 3-story medical office building (MOB) currently under construction with the PET service approved in CN1703-012A. Please briefly discuss the following:

4219 Hillsboro Road, Suite 203
Nashville, TN 37215
jwdsg@comcast.net
Tel 615.665.2022
Fax 615.665.2042

a. Description:
Will the proposed service share space with the practice's PET service approved in CN1703-012A, such as reception, patient waiting and support areas? Please clarify.

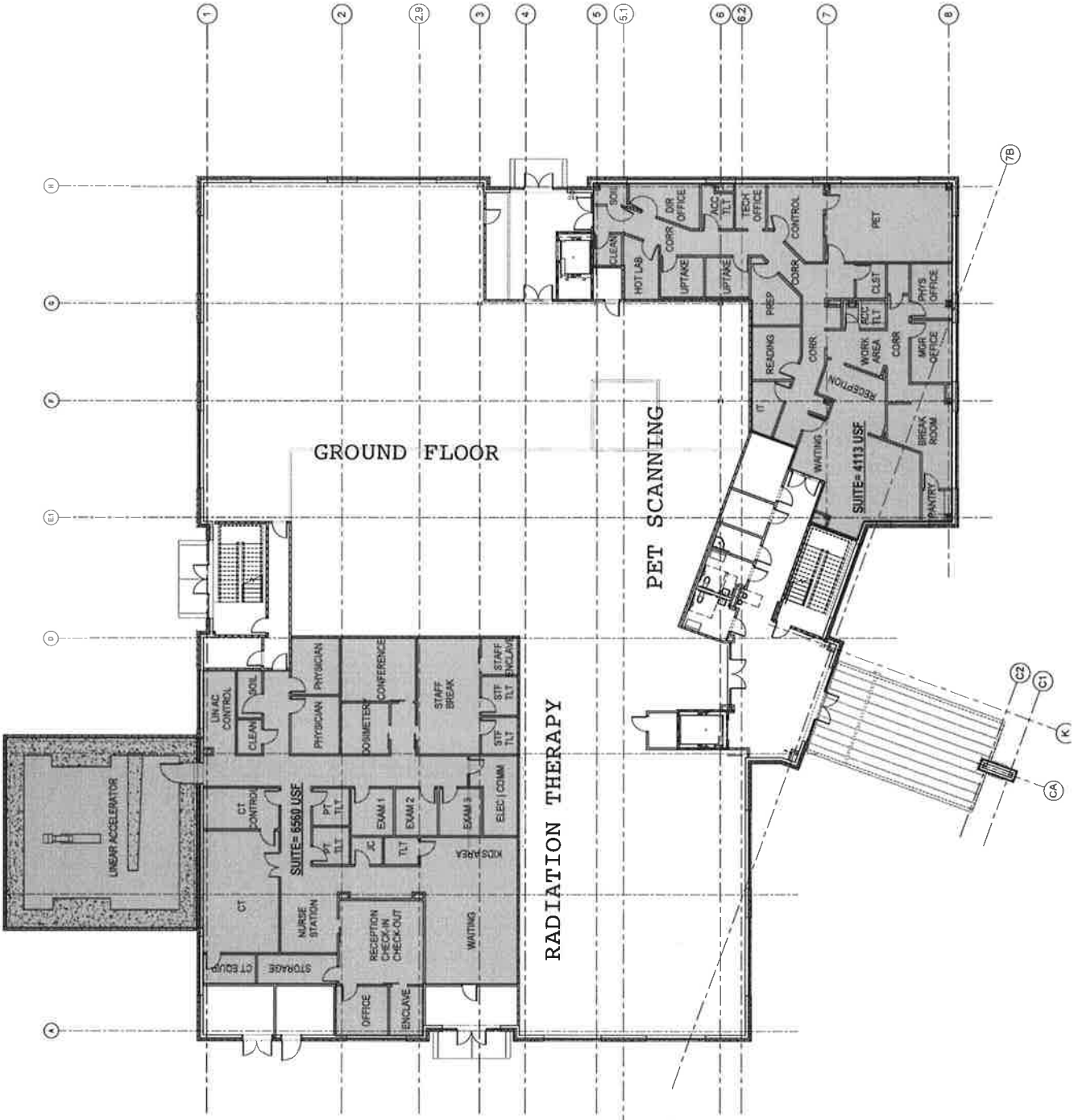
Please see the attached supplemental floor plan on the following page. The radiation therapy service will be on the ground floor near the PET service; but the radiation therapy service will be self-contained, with its own entrance, reception, waiting, and staff and clinical support areas in addition to spaces for the linac and treatment planning systems. Nor will it share space with the Tennessee Oncology Clinic office on the third floor of the MOB.

b. Per information provided about Tennessee Oncology, PLLC in attachment A-4A, it is noted the practice currently operates 18 fulltime and 5 satellite medical oncology office sites and 9 radiation oncology sites in the 3-county primary service area. The applicant states that the proposed radiation oncology service will be provided for some of the practice's patients who want and need a megavoltage linear accelerator treatment option (MLAC). Does the new location in Williamson County also provide opportunities to decompress and/or redistribute service volumes at the practice's 9 existing radiation oncology sites as well as sites operated by existing hospital service radiation therapy providers in the 3-county service area? Please briefly discuss.

To clarify, Tennessee Oncology PLLC does not own any of the existing linear accelerator sites. They are all owned and operated under the licenses of hospitals or ASTC's owned by hospitals. Tennessee Oncology only provides medical supervision and direction for all linear accelerator treatments at the sites indicated in the application. Tennessee Oncology has no role at either of the two sites operated by Vanderbilt Medical Center (VUMC in Nashville and Vanderbilt Ingram Cancer Center in Franklin).

As referenced on page 65 of the application, Tennesee Oncology does project an approximate 10% overall redistribution of the CY2017 service volumes from the hospital services supervised by Tennessee Oncology. The applicant does not project any impact on utilization of the Vanderbilt units, whose referral networks differ from the referral networks of Tennessee Oncology.

Supplemental #1
July 26, 2018
12:40 P.M.



SUPPLEMENTAL FLOOR PLAN
CN 1807-032

c. In the first supplemental response of the CON application for The Scott Hamilton Proton Therapy Center, CN2015-004A, (SHPC), the applicant stated that SHPC intended to work with the immediately adjacent Vanderbilt-Ingram Cancer Center Williamson County facility on arrangements for complete technical and clinical integration of linear accelerator services, focusing on providing combination treatment and down-time coverage of the SHPC facility.

(1) With the SHPC facility approximately 99% complete (per HSDA records), what impact, if any, would the applicant's proposed MLAC service have to the arrangement between SHPC and Vanderbilt-Ingram Cancer Center for the provision of linear accelerator services?

The applicant does not foresee that this project would have any adverse impact on the relationship between the Proton Therapy Center and the nearby VICC program. Tennessee Oncology's projections do not include any referrals from the Proton Therapy Center.

(2) If approved, what plans, if any, are anticipated for an arrangement between Tennessee Oncology and SHPC pertaining to combination treatment and/or down-time coverage for patients of the SHPC? Does the projected utilization in the application include estimates for same? Please clarify. In your response, please provide documentation from a representative of SHPC that helps confirm the patient referral volumes included in the application.

Again, the application's projections do not assume receiving referrals from the SHPC (Proton Center) or having any formal arrangement with SHPC. The applicant's PET service approved for this location last year did project significant referrals from SHPC, but the same is not anticipated for the linac.

d. Ownership Structure: What role(s) will the governing body of the practice have for oversight of the clinical and administrative operations of the proposed linear accelerator service?

The practice will have total control and oversight of every aspect of its radiation therapy service. This service will be practice-based; it is not expected to require any separate licensure or management.

e. Existing Similar Service Providers: As reflected in the comments and HSDA Equipment Registry records, there are currently 17 linear accelerator units operated at 9 provider sites in the 3-county service area. Please include comment about distance in miles and driving time from the existing provider locations to the proposed Tennessee Oncology radiation therapy site. ***(Note: a range would suffice here with reference to a table in other parts of the application illustrating same).***

Tennessee Oncology's current radiation therapy sites in Davidson County are clustered in the central part of the county, with the exception of the unit at TriStar Skyline Medical Center in north Davidson County and the TriStar Summit unit in eastern Davidson County. As shown in the drive time table on page 23 of the application, the project site is within 22 minutes drive time and 18.8 miles of "Nashville", which in Google Maps is approximately central Nashville. The project site is within 28 minutes and 26.4 miles of TriStar Summit Medical Center, and is 29 minutes and 26.3 miles from TriStar Skyline.

The table on page 23 also indicates that the project site is within 37 minutes and 28.8 miles of Murfreesboro, where the Saint Thomas Rutherford County linac service is located; and it is within 37 minutes and 20.6 miles of Smyrna, where the TriStar StoneCrest linear accelerator is located.

The only linear accelerator in Williamson County is not a Tennessee Oncology site.

3. Section A, Project Details, Item 6.B (1)

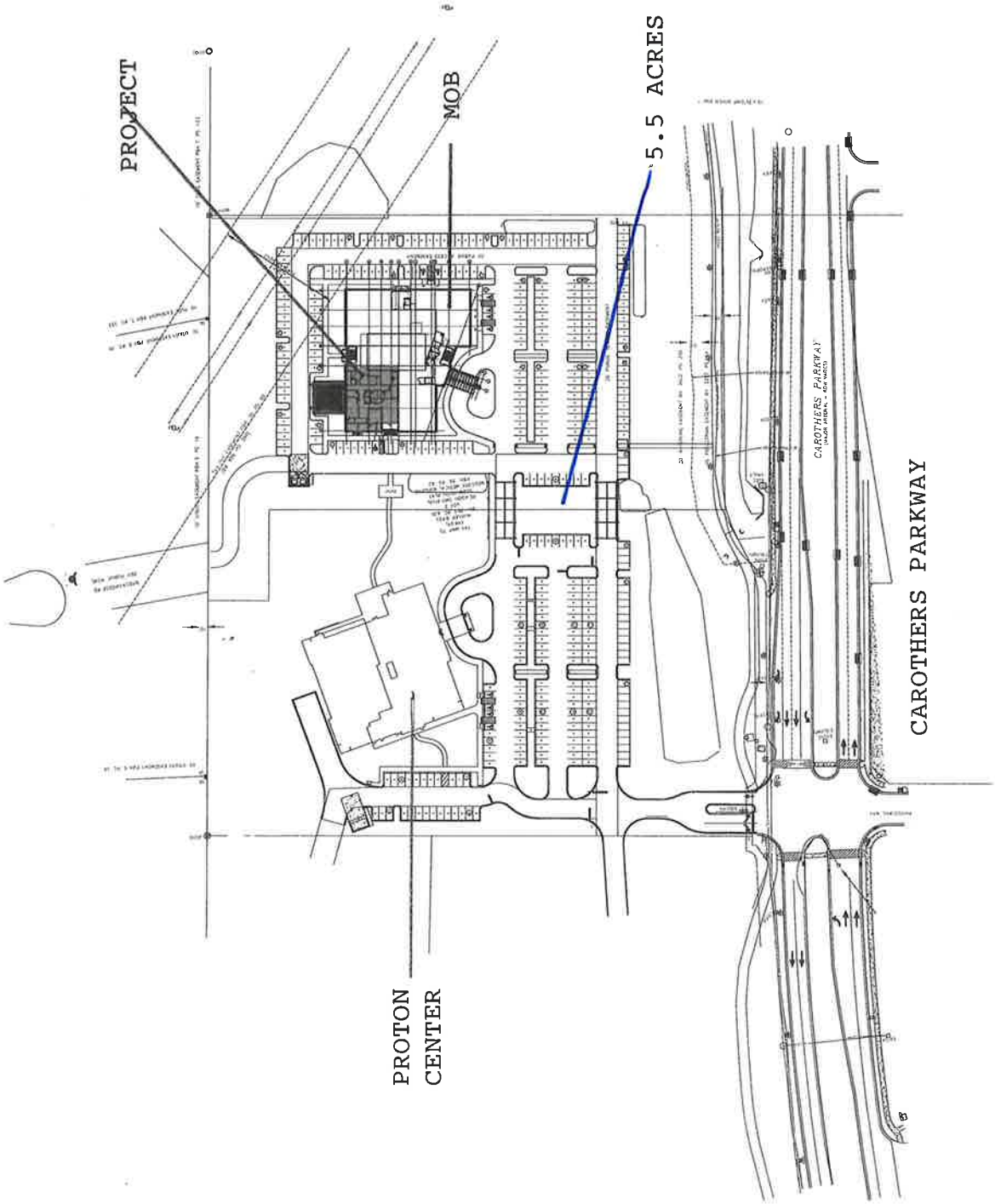
The plot plan is noted. It would be helpful to provide a revised plot plan that includes the size of the site in acres as requested in the CON application instructions.

This is provided on the following page.

Supplemental #1

July 26, 2018

12:40 P.M.



4. **Section A, Project Details, Item 6.B (2)**

   The floor plans in the attachments are noted. It would be helpful to provide a revised floor plan that includes the size of the proposed site in square feet (gross SF and/or rentable SF) and the building floor the service will be located on.

   Please see the following page. The project is on the ground floor.

5. **Section A, Project Details, Item 7**

   a. The response provided in the space for Item M (Other) indicates that the proposed service would be licensed as an ASTC limited to megavoltage radiation therapy. Review of the applicant's published LOI for the project revealed no mention of same. However, the clarification provided about licensure on page 67 of the application was helpful to review of the application – e.g., licensure is not required to operate the service (per discussion with Tennessee Department of Health Licensure staff), licensure is optional, and the applicant is undecided about requesting licensure. As such, it appears that the applicant may wish to revise Item 7 by submitting a replacement page 11R indicating that licensure as an ASTC is not required and/or optional. Please clarify. In your response, it would be helpful to include a letter from a representative of TDH Licensure that supports the information provided on page 67.

   Attached as the second following page is a revised page 11R clarifying that such licensure may not be required. Following that is a page with an email to the applicant's legal counsel from the Director of Licensure, Anne R. Reed,, confirming that linac licensure is not required.

6. **Section A, Project Details, Item 9**

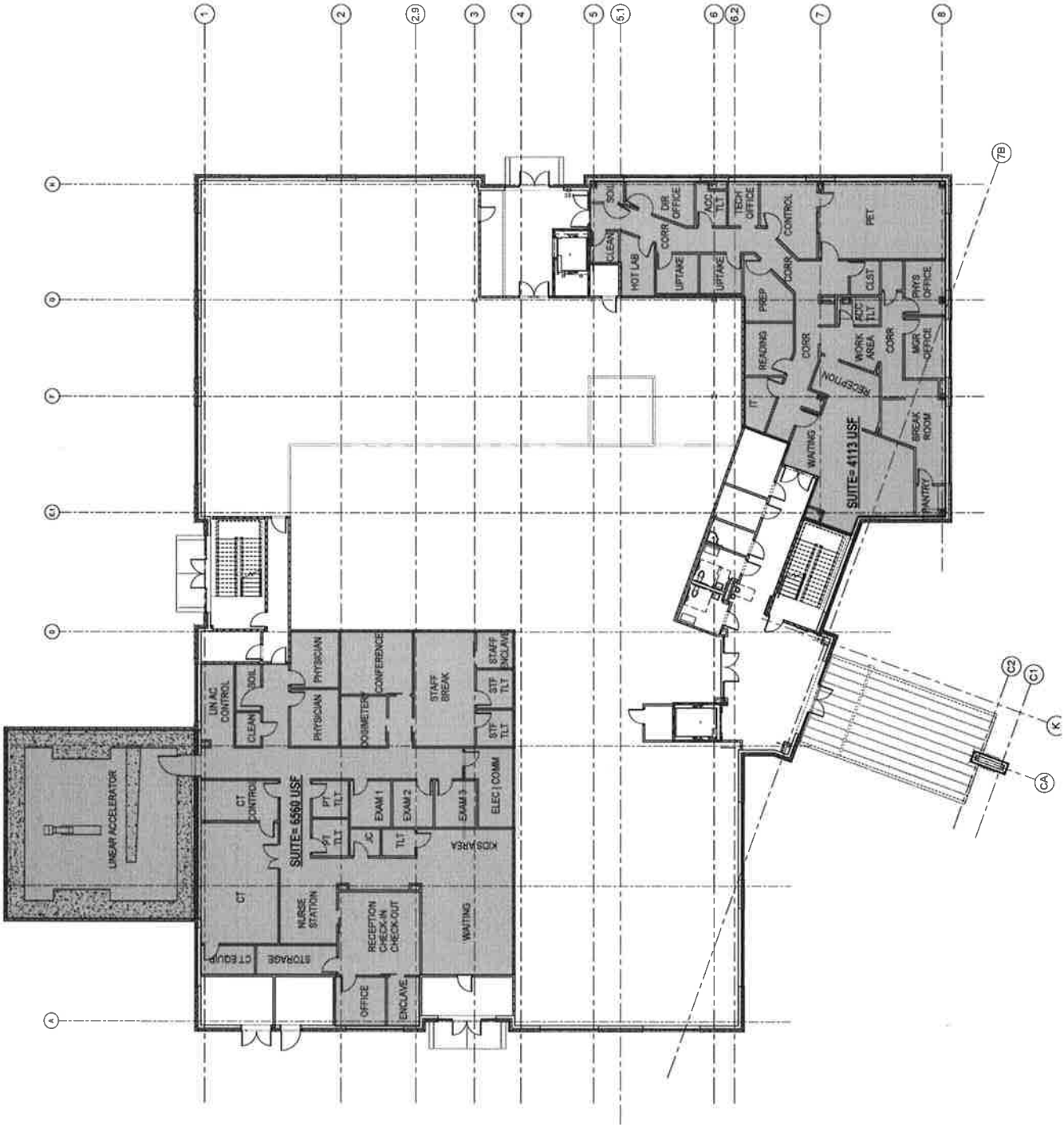
   The response is noted. Given the reply for Item 7 on this page (ASTC limited to megavoltage radiation therapy), please clarify why certification by Medicare and Medicaid as a new facility would not apply to the project.

   The revised page 11R on the second following page has a note added that licensure may not be required. However, upon checking this point, the applicant has learned that the linac will require new provider numbers. So page 11R indicates that they will be requested. The applicant participates in Medicare and Medicaid at every service location; and the applicant will do so at this Franklin location as well.

Supplemental #1

July 26, 2018

12:40 P.M.



7. Type of Institution (Check as appropriate—more than 1 may apply)

A. Hospital (Specify):		H. Nursing Home	
B. Ambulatory Surgical Treatment Center (ASTC) Multi-Specialty		I. Outpatient Diagnostic Center	
C. ASTC, Single Specialty		J. Rehabilitation Facility	
D. Home Health Agency		K. Residential Hospice	
E. Hospice		L. Non-Residential Substitution-Based Treatment Center for Opiate Addiction	
F. Mental Health Hospital		M. Other (Specify): *(contingent)*	X
G. Intellectual Disability Institutional Habilitation Facility ICFF/IID		*ASTC limited to megavoltage radiation therapy--only if required by TDH Licensure.*	

8. Purpose of Review (Check as appropriate—more than 1 may apply)

A. New Institution		F. Change in Bed Complement *Please note the type of change by underlining the appropriate response: Increase, Decrease, Designation, Distribution, Conversion, Relocation*	
B. Modifying an ASTC with limitation still required per CON		G. Satellite Emergency Department	
C. Addition of MRI Unit		H. Change of Location	
D. Pediatric MRI		I. Other (Specify):	
E. Initiation of Health Care Service as defined in TCA Sec 68-11-1607(4) (Specify) MRT (Linac)	X		

9. Medicaid/TennCare, Medicare Participation

MCO Contracts (Check all that apply:
__x__Amerigroup __x__United Healthcare Community Plan ___x__BlueCare __x___TennCare Select (These are the applicant's current contracts).
Medicare Provider Number: To be requested
Medicaid Provider Number: To be requested
Certification Type: Radiation Therapy Service; Linear Accelerator
If a new facility, will certification be sought for Medicare or for Medicaid/TennCare?
Medicare Yes_x_No___N/A__
Medicaid/TennCare Yes_x__No___N/A___

Gaffney, Lauren

From: Ann R. Reed <Ann.R.Reed@tn.gov>
Sent: Friday, June 08, 2018 3:33 PM
To: Gaffney, Lauren
Subject: phone message Wednesday

FilingDate: 6/26/2018 9:55:00 PM

Lauren
At this time, the free standing radiation centers are not required to be licensed as an ASTC. This however may be looked at further in the future.

Ann Rutherford Reed, RN, BSN, MBA/Director of Licensure
Division of Health Licensure and Regulation
Office of Health Care Facilities
665 Mainstream Drive, 2nd Floor
Nashville, TN. 37243
Main-(615)741-7221/Direct-(615)532-6595; Fax-(615)253-8798
ann.r.reed@tn.gov
tn.gov/health

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Our Mission – To protect, promote and improve the health and prosperity of people in Tennessee.

7. **Section A, Project Details, Item 12**

   The Square Footage and Cost per Square Foot Table is noted, indicating a total construction cost (renovated) of $1,700,000.00. Given the actual construction cost after a deduction for a build-out allowance and the $1,306,400 construction cost shown in Line A.5 of the Project Costs Chart, it appears that a revised chart submitted as replacement page 15R may be needed. Please clarify. In your response, please also clarify why the cost is shown in the renovated column in lieu of the new column of the chart.

   The Cost Per SF chart on page 15 seeks to show the actual cost of the project, which is a build-out of leased space, and to compare that to costs of other projects recorded by the Registry. The applicant put the actual cost of $1,700,000 in the chart for full disclosure. Part of that is paid through the lease and part is a front-end capital expenditure. But the actual construction cost will in fact be their total of $1,700,000.

   The build-out was put in the renovation column because it does not include the new building shell. The build-out will likely not even start until some weeks after the developer completes the shell building. If the staff would like this characterized as new construction, an alternate revised page 15R is attached after this page. Please note that this alternative version puts the project below the first quartile average for new hospital construction, the closest category for comparison due to the vault in the project.

8. **Section A, Project Details, Item 10. B**

   The response provided for the item (changes in bed complement) makes reference to Attachment A-10. Since the project does not apply to a facility bed change, please revise and submit in a replacement page 13R.

   Revised page 13R is attached following this page.

12. Square Footage and Cost Per Square Footage Chart--Tennessee Oncology Linear Accelerator (Franklin)

Unit/Department	Existing Location	Existing SF	Temporary Location	Proposed Final Location	Proposed Final Square Footage		
					Renovated	New	Total
Linear Accelerator Space	NA	NA	NA	NA		6,560	6,560
Unit/Dept GSF Subtotal							
Other GSF Subtotal						0	0
Total GSF		0				6,560	6,560
Total Cost*						$1,700,000.00	$1,700,000.00
**Cost Per Square Foot						$259.15	$259.15

Cost per Square Foot is Within Which Range?			
The comparison is to hospital new construction costs, first quartile of $280.00.	___ Below 1st Quartile	_x_ Below 1st Quartile	_x__ Below 1st Quartile
	___ Between 1st and 2nd Quartile	___ Between 1st and 2nd Quartile	___ Between 1st and 2nd Quartile
	___ Between 2nd and 3rd Quartile	___ Between 2nd and 3rd Quartile	___ Between 2nd and 3rd Quartile
	___ Above 3rd Quartile	___ Above 3rd Quartile	_X__ Above 3rd Quartile

** The Total Construction Cost should equal the Construction Cost reported on line A5 of the Project Cost Chart.*

*** Cost per Square Foot is the construction cost divided by the square feet. Please do not include contingency costs.*

ARCHITECT SHOULD ENTER COST PSF ONLY FOR NEW AND RENOVATED COLUMNS; THE TOTAL COST PSF COLUMN CALCULATES AUTOMATICALLY.

B. Describe the reasons for change in bed allocations and describe the impact the bed changes will have on the applicant facility's existing services.

Not applicable.

C. Please identify all the applicant's outstanding Certificate of Need projects that have a licensed bed change component. If applicable, complete the chart below.

CON Number	CON Expiration Date	Total Licensed Beds Approved

Not applicable. The applicant's only outstanding CON project is a PET unit in the same medical office building that is under construction to house this project and a large Tennessee Oncology clinic. No licensed beds are involved.

11. Home Health Care Organizations – Home Health Agency, Hospice Agency (excluding Residential Hospice), identify the following by checking all that apply:

Not applicable.

9. Section A. Project Details, Item 13

Item 13(A): The lease cost of $7,665,198.80 entered in the table differs from the $6,863,179 lease cost in Line B.4 of the Project Costs Chart and the amount entered in the second table on page 46 of the application. Please clarify. If in error, please revise and submit as replacement page 16R.

Page 16 erred in using the purchase price instead of the lease outlay in calculating the amount shown in that table. Here is the correct calculation. Revised page 16R is attached after this page.

Cost Factor	Years	Outlay(rounded)
Linac package, leased	7	$6,387,360
Linac service contract	6 (Yr 1 in warranty)	$1,931,538
Total linac cost		$8,318,898

Note: Linac only; does not include simulator.

Line B.4 of the Project Cost Chart is the lease outlay for all equipment, not just the linac. It includes the CT simulator as well, a different piece of equipment. It is from the calculation on application page 46, fourth column, third from last line of the lower table.

Similarly, line B.5 is the service agreement outlay for all equipment, not just linac. It is from the calculation on application page 46, fourth column, the next to last line in the lower table.

Item 13(B): Attachment Section A.13.B VMS Inc. Oncology Systems and Varian Medical Systems quotations for the purchase cost or lease cost, respectively, of the linear accelerator unit are noted. However, it appears that the expiration date for purchase of the unit is missing, while the quote for the lease of the unit will expire on or about August 11, 2018. Please clarify by providing expiration dates that will be effective at the time the CON application may be scheduled to be heard by the HSDA Board members.

Attached after the following page 16R are the purchase and lease quotes, with expiration dates in November of 2018. This is after the date on which this project should be heard by the HSDA Board.

13. MRI, PET, and/or LINEAR ACCELERATOR

Describe the acquisition of any Magnetic Resonance Imaging (MRI) scanner that is adding an MRI scanner in counties with population less than 250,000, or is initiating pediatric MRI in counties with population greater than 250,000, and/or describe the acquisition of any Positron Emission Tomography (PET) unit or Linear Accelerator unit if initiating the service by responding to the following:

A. Complete the Chart below for acquired equipment.

Linear Accelerator	
Mev:	Total Cost*: $8,318,898
Types: (indicate one)	By Purchase? __
x SRS	By Lease? x
x IMRT	
x IGRT	Expected Useful Life (yrs): 6 years
_ Other :	New? _x_
	Refurbished? __
	If not new, how old (Yrs)? __

MRI (Not Applicable)	
Tesla:	Total Cost*: $
Magnet: (indicate one)	By Purchase? __
_ Breast	By Lease? __
_ Extremity?	
_ Open?	Expected Useful Life (yrs): __
_ Short Bore?	New? __
_ Other -- _____	Refurbished? __
	If not new, how old (Yrs)? __

PET (Not Applicable)	
PET Only? __	Total Cost*: $
	By Purchase? __
PET/CT? __	By Lease? __
PET/MRI? __	Expected Useful Life (yrs): __
	New? __
	Refurbished? __
	If not new, how old (Yrs)? __

**As defined by Agency Rule 0720-9-.01(13). The cost shown is lease outlay (7 years) plus the 6-yr service agreement. Does not include the simulator, a different item.*

Supplemental #1
July 26, 2018
12:40 P.M.

varian

Varian Medical Systems, Inc.
tel 508 733 4133
tony.susen@varian.com

July 10, 2018

Al Lawson
Tennessee Oncology
300 20th Avenue – Suite # 301
Nashville, TN 37203

Confidential

Dear Al,

Thank you for the opportunity to submit the following Finance Lease proposal for the TrueBeam and related items described in Michael Pittman's Quotation # 2018-156686.

Lessee:	Tennessee Oncology - Nashville, TN
Vendors:	Varian Medical Systems - Palo Alto, CA
Equipment:	TrueBeam et al
Equipment Cost:	$5,236,221
Term Options:	***Finance Lease***: In this full pay-out lease, Equipment title passes to Lessee at the end of the Lease Term for $1.00. Monthly Finance Lease payment alternatives include; 1) 84 payments of $76,040 each or 2) 3 payments of $0 each followed by 81 payments of $79,485 each
Lease Commencement:	At time of Equipment acceptance or first clinical use.
Insurance:	Lessee shall provide coverage naming Lessor and assigns as first loss payee/additional insured for fire, theft, extended coverage and liability.
Rate:	The monthly payments in this proposal are in advance and based on a spread over current 2.906% 7-year interest rate swaps. Prior to Lease Commencement, Lessor reserves the right to adjust monthly payments based on cost of funds. Upon Lease Commencement, the monthly payments will remain fixed until the end of the Lease Term.
Progress Payments:	Lessor will fund all Lessee-approved invoices that become due before Lease Commencement. Lessee will be invoiced monthly for interest-only on amounts advanced based on the Prime Rate until Lease Commencement.

Financial Information: Supporting financial information should include Lessee's last 3 year-end financial statements and most recent interim financial statement.

This is a proposal only and not a commitment until Lessor approves Lessee's credit and all necessary documents are completed and accepted by Lessor. This proposal is valid through November 15, 2018. This is a net quote and assumes all maintenance, taxes and insurance will be for the account of the Lessee. If the terms and conditions as outlined above are acceptable to you, please indicate so by signing in the space provided below and returning this letter with the requested Financial Information. Doing so will authorize us to proceed with the transaction.

Please call me at 508-733-4133 if you'd like me to refine this proposal to more precisely reflect your financing requirements. I look forward to speaking with you again soon.

Respectfully submitted,

Anthony L. Susen
Director – Customer Finance

PROPOSAL AGREED AND ACCEPTED BY:

_____
(Exact Legal Name of Lessee)

_____
(Authorized Signature and Date)

_____
(Print Name and Date)

Cc: Dan Ciarametaro
Michael Pittman

Supplemental #1
July 26, 2018
12:40 P.M.

varian

Custom System Proposal

Quotation Number - 2018-156686

Draft Only

Looking further

varian

Tennessee Oncology ("Customer")

Al Lawson
300-20TH AVE, STE # 301
NASHVILLE, Tennessee 37203 United States
Tel : 615-329-0570
Fax : 615-320-7091
Email : alawson@tnonc.com

VMS Inc, Oncology Systems

Michael Pittman
US District Manager
3290 Northside Pkwy NW Suite 400
Atlanta,GA 30327 US
Tel : 404-783-2562
Email : michael.pittman@varian.com

Quote Information

Quotation Number :	2018-156686
Quotation Valid Until :	November 15, 2018
Quotation Date :	July 02, 2018

Sales

Incoterms :	US1: FOB: Origin
Payment Terms :	30 days net
Down Payment :	30.00%
Shipment :	65.00%
Acceptance :	5.00%

For orders equal or less than $75K, 100% upon shipment, net 30.

Services

Contract Start Date :	July 05, 2019
Contract End Date :	July 04, 2023
Payment Terms :	Same as Sales
Payment Frequency :	Annual
Invoicing :	Start of Billing Cycle

Quotation Total

Quotation Total : US $5,533,401.00

Contingent on New Certificate of Need

Terms and Conditions

This Quotation and Customer's access to and use of the Products and Services as indicated in this Quotation are subject to and governed by: (a) the Varian Terms and Conditions of Sale (Form RAD 1652) that can be viewed and are directly accessible at : https://www.varian.com/1652V_Apr_2017 and (b) any Schedules, Exhibits and/or additional terms (including third party terms) contained, attached, referenced or otherwise indicated in this Quotation that apply to the specific products or services indicated in this Quotation. Form RAD 1652 will not apply: (a) to Customer's access and use of Software-as-a-Service or Subscription Products and Services as indicated in the Quotation, which are subject to and governed by the Software-as-a-Service Terms and Conditions (Form RAD 10487 US) that can be viewed and are directly accessible at: https://www.varian.com/SAAS_Oct_2017 ; or (b) to the extent a separate written agreement (e.g. master agreement) is in effect between the Customer and Varian that expressly and specifically provides for and governs the purchase and sale of the specific products, software, support, and/or services set forth in this Quotation. Hard copies of Form RAD 1652 and Form RAD 10487 US will be provided to Customer upon written request.

For and on behalf of Customer

Authorized Representative : Al Lawson
Title : SVP Oncology
Date : July 02, 2018

Varian Medical Systems, Inc.

Authorized Representative : Michael Pittman
Title : US District Manager
Date : July 02, 2018

Draft Only

Quotation Summary

varian

Offered Products (Sales)

Scalable TrueBeam
ARIA Radiation Oncology
Interoperability
GammaMed iX Afterloader with 4 Sources
HDR QA Items
Prime Alert for HDR
Universal Segmented Applicator Set
Ti Fletcher Style T&O - flexible geometry
Ti Ring & Tandem applicator set
Surface Applicator Set
TPS Eclipse
Eclipse Hardware Refresh 1 set

Draft Only

Item	Description	Qty
Section 1	**Scalable TrueBeam**	
1.1	**TrueBeam with 120 Multileaf Collimator**	1

Treatment delivery system supporting X-Ray treatment delivery. Includes 120 leaf MLC with dual independent jaws, enhanced dynamic wedge, 6 MV X-ray treatment energy, 43 cm x 43 cm MV imager for radiographic, cine, and integrated imaging, Motion View CCTV camera system, treatment console with integrated audio and video systems, back pointer lasers, front pointer set and upper port film graticule to support basic quality assurance.
Features:
- Basic X-Ray treatment delivery technique package, including Static Photon, Photon Arc, and Dynamic Conformal Arc treatment delivery techniques
- Intensity Modulated RadioTherapy (IMRT) treatment technique, including large field IMRT
- Total Body Treatment technique package
- 2D MV Radiographic and Cine Image Acquisition, 2D/2D Radiographic Image Review and match, Cine image review
- Relative Portal Dosimetry Image and Integrated Image Acquisition
- Matching of 2D radiographs to 3D reference images
- Online addition of kV and MV imaging protocols to treatment fields, with automated generation of reference images
- Online Physician Approval of Images at Treatment Console (compatible with ARIA® only)
- Automated Machine Performance Check Testing, Online Machine Performance Check Review
- Offline Machine Performance Check Review

Prerequisites:
- ARIA® oncology information system for radiation oncology v11.0 MR4.1 or higher, or compatible third-party oncology information system
- Eclipse™ treatment planning system v11.0 MR3 or higher, or compatible third-party treatment planning system

Customer Responsibilities:
- Verify compatibility with third-party oncology information systems if applicable
- Verify compatibility with third-party treatment planning systems if applicable
- If using a scale other than IEC 60601 or IEC 61217 in the rest of the department, it may be necessary to change scales on all other machines. This may require additional purchases.

1.2	**TrueBeam Version 2.7**	1
1.3	**New Universal Baseframe 52" Fixed Floor**	1
1.4	**18/23 MV (BJR 11/17)**	1

40 cm x 40 cm maximum field size, dose rate range 0-600 MU/Min.

1.5	**15/16 MV (BJR 11/17)**	1

40 cm x 40 cm maximum field size, dose rate range 0-600 MU/Min.

1.6	**10/10 MV (BJR 11/17)**	1

40 cm x 40 cm maximum field size, dose rate range 0-600 MU/Min.

1.7	**6/6 MV (BJR 11/17)**	1

Draft Only

Item 13(D): Please revise by providing the hours of operation for the proposed radiation therapy site and resubmit as replacement page 18R.

Revised page 18R is attached following this page.

Item 13(E): The response is noted. At a minimum, it would be helpful to provide the most frequent CPT Codes by completing the table on page 57 of the application.

The table is provided after this page, as revised page 57R.

Item 13(F): the FDA approval letter for the unit was omitted from the attachments. Please provide this information.

The FDA letter will be provided under separate cover.

10. Section C. Need Item 1. (Project Specific Criteria – Radiation Therapy Service)

Item 1.a. (iv) – HSDA staff notes the applicant's responses in this and other parts of the Project Specific Criteria section of the application pertaining to the validity and appropriateness of the methodology used for calculating annual capacity goals. However, please indicate when, if ever, the applicant expects to reach the 6,000 minimum procedure standard.

The applicant anticipates reaching a total demand for 6,000 treatments at this location by CY2025, Year Six of operation. This will result from additional demand of approximately 450 treatments each year in Years Four, Five, and Six. However, this may not be realistic or optimal for one linear accelerator operating on a five-day, 40-hour workweek, which is the applicant's goal.

D. Schedule of Operations: Not applicable

Location	Days of Operation (Sun-Sat)	Hours of Operation
Fixed Site (Applicant)	Mon-Fri	8 AM - 4:30 PM

E. Identify the clinical applications to be provided, that apply to the project.

The proposed linear accelerator will be used in the treatment of tumors at any location in the body, as deemed medically appropriate.

F. If the equipment has been approved by the FDA within the past five years, provide documentation of the same.

See Attachment A.13.F.

Table Section B-Economic Feasibility-E.3)-b
Tennessee Oncology Radiation Therapy Service
Most Frequent Procedures and Charges

CPT	Descriptor	2018 Allowable (Facility)	Average Gross Charge		
			Current (NA)	Year 1	Year 2
77014	CT Guidance for RT Fields	$123.05		$137.82	$147.46
77280	Simulation-Simple	$284.90		$319.09	$341.42
77290	Simulation-Complex	$534.87		$599.05	$640.99
77293	Respiratory motion managment simulation	$483.89		$541.96	$579.89
77295	3D Sim/Isodose Plan	$514.38		$576.11	$616.43
77300	Basic Dose Calc	$69.51		$77.85	$83.30
77301	IMRT Plan	$2,023.98		$2,266.86	$2,425.54
77315	Isodose Plan-Complex	$77.46		$86.76	$92.83
77331	Special Dosimetry	$67.85		$75.99	$81.31
77334	TX Device-Complex	$314.35		$352.07	$376.72
77336	Physics QA- Weekly	$49.32		$55.24	$59.11
77338	Multi-leaf Collimator Device For Intensity Mod Radiation Therapy	$532.30		$596.18	$637.91
77370	Special Physics Consult	$109.61		$122.76	$131.36
77372	SBRT Linac based treatment delivery	$1,098.63		$1,230.47	$1,316.60
77413	Radiation TX 6-10 MEV Complex	$221.41		$247.98	$265.34
77414	Radiation TX 11-19 MEV Complex	$247.74		$277.47	$296.89
77417	Port Films- Therapeutic	$14.00		$15.68	$16.78
77418	IMRT Radiation Tx	$491.12		$550.05	$588.56
77421	Stereoscopic X-ray Guidance for TX	$19.31		$21.63	$23.14
77470	Special Treatment Procedure	$103.33		$115.73	$123.83

Source: Tennessee Oncology

Item 1.d. – Would the applicant's status as a physician practice organization apply as an additional factor for requesting an exception to the standard? If so, please clarify.

It is a factor that should be taken into account, although it is not specifically mentioned in this criterion of the State Health Plan. The applicant contends that the project is justified as an exception to the State Plan methodology because it complies with the HSDA's own statutory review criteria, which in a conflict should take precedence over criteria in the State Health Plan.

This project is needed to help reduce the excessive operating hours now being required at multiple locations in the area. It is financially feasible. It promotes orderly development in several ways. First, it distributes the next linac capacity to a region of the urban area (Williamson County) where there is a flourishing center of excellence in oncology care under development, with only one local option for radiation therapy. Second, it introduces a highly qualified and low-cost third provider to an urban area that currently has only two provider systems for this very expensive service.

Item 6.f. - Please provide documentation of the applicant's arrangement with its physician medical director that specifies said physician be an active member of the subject transfer hospital medical staff.

The project has no medical director as yet, and will not have one until the project is granted CON approval and is under construction. The applicant hereby repeats its commitment to require all radiation oncologists working at this facility to be active members of the transfer hospital medical staff.

Item 8.d. - It is noted the applicant is contracted with all TennCare MCO's operational in Middle Tennessee. However, please clarify if the new proposed megavoltage radiation therapy service is automatically added to the applicant's TennCare MCO contracts. If possible, please provide written commitment of intention to contract with at least one TennCare MCO and if providing adult services, to participate in the Medicare program.

The applicant will participate with both Medicare and TennCare in this service. The service will request it own new Medicare and TennCare provider numbers prior to its opening, to have those in place when open. MCO's will require new contracts for the new provider number and the applicant will seek contracts with all three MCO's to be in place prior to the service's opening.

11. Section C, Need, Item C (Service Area) and Item D.2 (Special Needs)

Item C - The response is noted. In addition to the tables provided on pages 30 and 42 of the application, please complete the table below showing projected resident radiation therapy utilization for Year One of the project:

Service Area Counties	Projected Utilization – County Residents	% of total procedures
Davidson		
Rutherford		
Williamson		
Out of State		
Total		

This table has been added to revised page 30R, attached following this page.

Item D.2 - Are there population based cancer incidence cancer rates or similar metrics for the 3-county service area that can be included in the response for the item such that comparison to state or national rates might be illustrated? Please clarify.

This is being completed this week and will be submitted under separate cover.

C. (Continued) Please complete the following tables, if applicable:

Service Area Counties	CY2017 Utilization of Linac by County Residents At All Tennessee Providers	% of Total Procedures
Davidson	24,397	62.5%
Rutherford	7,653	19.6%
Williamson	6,983	17.9%
Totals	39,033	100.0%

Source: HSDA Registry.

Service Area Counties	CY2020 Utilization of Linac by County Residents At All Tennessee Providers	% of Total Procedures
Davidson	26,390	62.9%
Rutherford	8,212	19.6%
Williamson	7,369	17.5%
Totals	41,971	100.0%

Note: To very conservatively project the Year One (CY2020) county resident utilization of linear accelerator treatments, the CY2017 utilization was increased by the same percentage that the age 50+ population will increase by CY2020. Population source: Tennessee Department of Health.

12. Section B, Need. Item E (Service Area Utilization)

HSDA appreciates the detail and comprehensive data provided on pages 34-40 of the application for the response. However, please note that the adjustments shown for the CY2017 utilization of the practice in the second table on page 35 also need to be reported in writing to Alecia Craighead, Information and Data Analyst, HSDA. Please clarify by providing a copy of the documentation requested from the provider for the adjusted utilization.

The applicant has notified the HSDA, through this application, that its own records significantly differ from Registry data at two reporting sites, and has provided the HSDA with the differing data. The applicant will be pleased to work with the Registry if further work together is indicated, but the applicant has no wish at this time to initiate such an inquiry. The Registry must rely on the data reported to it by providers. The HSDA Board, however, may consider other data.

13. Section B, Need, Item 6 (Applicant's Projected Utilization)

HSDA appreciates the detail provided for the response regarding projected utilization of the service. Please explain the reason the applicant will not meet the 6,000 radiation therapy procedure threshold even with being in close proximity to the new Middle Tennessee Proton Center and the Sarah Cannon Research Institute.

Please see the response to your question #10 above. The applicant will not meet the 6,000-procedure standard for Year Three that is in the State Health Plan. This location can, however, meet that demand standard in Year Six if the applicant decides to operate it for seriously extended hours beyond what the applicant regards as an optimal 40-hour workweek. Extended hours are difficult for patients as well as for medical and technical staff.

With respect to the Proton Center and the SCCR Institute, the applicant did not project referrals from those entities. The physicians of Tennessee Oncology have always worked closely with Sarah Cannon on pharmaceutical trials; but no linac referrals were envisioned as coming from that relationship directly. They may occur, but the application's projections do not rely on that referral source.

14. Section B, Economic Feasibility Item A.4 (Square Footage Chart)

As requested previously, please provide a response clarifying why the total construction cost in the chart would not be revised from $1,700,000 (renovated) to $1,306,400.00 (new).

This has been addressed in the response to your question 7 above.

15. Section B, Economic Feasibility Item B (Funding Sources)

The applicant provided *unaudited* financial statements to document available cash reserves to fund the proposed project. Please provide documentation from a financial institution of the availability of cash to finance the proposed project.

The applicant does not prepare audited financial statements. Its unaudited statements are all that can be provided. Also provided is a letter from the applicant's CPA indicating that it has sufficient cash resources to implement the project. This is the same documentation accepted by HSDA last year for Tennessee Oncology's approved application to establish a PET service in its Franklin practice. Please accept this as adequate for review. The applicant does not wish to request a bank loan, and therefore asking its bank for such a letter would not be appropriate.

16. Section B, Economic Feasibility, Item D. (Projected Data Chart)

a. The Projected Data Chart for the proposed radiation therapy site in Williamson County is noted. Given the applicant's existing service locations and volumes in the 3-county service area, please provide a Consolidated Radiation Therapy Service Projected Data Chart for the practice.

To clarify, Tennessee Oncology PLLC does not own any of the existing linear accelerator sites. They are all owned and operated under the licenses of hospitals or ASTC's owned by hospitals. Tennessee Oncology only provides medical supervision and direction for all linear accelerator treatments at the sites indicated in the application. Tennessee Oncology does not have and cannot provide any financial history or projections for radiation therapy services owned by those hospitals. Because this Franklin project is the first radiation therapy site that Tennessee Oncology will own, the submitted Projected Data Chart already responds to the question.

b. Please clarify the reason(s) why amounts for other operating revenue (Line B.4) are omitted in the chart.

There is no operating revenue in this service other than the global outpatient services revenues shown in line B.2.

c. What are the arrangements for professional fees related to imaging interpretation services by radiologists? Are these reflected in the Projected Data Chart for the proposed radiation therapy service?

As the application states in the first paragraph of its page 3, patients will be billed a global fee for both the technical and professional components of their treatments. The practice will reimburse its physicians from revenues of the service. The estimated compensation to physicians is included in line D.1.a, "physician salaries and wages".

17. Section B., Economic Feasibility, Item E.3(Comparison of Charges)

a. Completion of the blank table on page 57 would be appreciated showing a comparison of the project's projected charges to the current allowable Medicare fee schedule by CPT code. Please complete the table and submit as replacement page 57R.

Please see revised page 57R, attached after page Eight of this response letter.

b. In your response, please also compare the projected charges to the Quartile Ranges posted on the "Applicant's Toolbox" of the HSDA website.

As set forth in Table Section B-Economic Feasibility E.3)-a on page 56 of the application, the applicant's projected gross charge per treatment in CY2020 is $1,881. This is below the third quartile of CY2016 Linear Accelerator charges in the Registry's Statewide database.

However, charges in the Nashville area are much higher than in the Registry's Statewide database; and in this service area:

- The applicant's projected CY2020 charge is 22% below the service area average four years earlier (CY2016); and

- The applicant's projected CY2020 charge is lower than 7 of the 9 area service's reported CY2016 average charges.

18. Section B, Orderly Development, Item A and Item D. 1

Item A - The applicant notes the proposed project may have the support of nearby Williamson Medical Center. Please verify if there is a letter of support for the proposed project from Williamson Medical Center.

The applicant does not have such a support letter at this time.

Item D. 1 - The applicant notes the practice's ACR accreditation status. Review of the April 8, 2015 letter from ACR revealed that the practice was not in compliance with the standards of the ACR program based on an on-site survey conducted at an Imaging Alliance PET facility on April 2, 2015. A response dated May 7, 2015 from Marsha Diaz, Director of Imaging, Tennessee Oncology, outlined the action taken to correct the survey deficiencies. However, no documentation could be found in the application that confirmed whether or not ACR accepted the provider plan of correction and granted full accreditation status. Please explain. In your response, please provide documentation of confirming the practice's current ACR accreditation status.

Attached after this page are the current ACR accreditation certificates for the PET facilities operated by the applicant.

Supplemental #1
July 26, 2018
12:40 P.M.

ACR®
AMERICAN COLLEGE OF
RADIOLOGY

American College of Radiology

Computed Tomography Services of

Imaging Alliance Nashville PET

52 White Bridge Road
Nashville, Tennessee 37205

were surveyed by the
Committee on Computed Tomography Accreditation of the
Commission on Quality and Safety

The following unit was approved

General Electric Medical Systems DISCOVERY ST 2011

For

Adult Patients
Head/Neck, Chest, Abdomen

Accredited from:

October 16, 2016 through October 16, 2019

Scott A. Raker, MD

CHAIRMAN, COMMITTEE ON COMPUTED TOMOGRAPHY ACCREDITATION

Beth Allen

PRESIDENT, AMERICAN COLLEGE OF RADIOLOGY

CTAP# 02147-02

Supplemental #1
July 26, 2018
12:40 P.M.

American College of Radiology

PET Services of

Imaging Alliance Nashville PET

52 White Bridge Road
Nashville, Tennessee 37205

were surveyed by the
Committee on Nuclear Medicine Accreditation of the
Commission on Quality and Safety

The following unit was approved

General Electric Medical Systems DISCOVERY DST 2011

For

Oncology, Brain

Accredited from:

January 30, 2018 through January 30, 2021

M. Ghesani

CHAIR, COMMITTEE ON NUCLEAR MEDICINE ACCREDITATION

Alan Kaye MD, FACR

PRESIDENT, AMERICAN COLLEGE OF RADIOLOGY

PETAP# 00454-02

Supplemental #1
July 26, 2018
12:40 P.M.

ACR®
AMERICAN COLLEGE OF
RADIOLOGY

American College of Radiology

Computed Tomography Services of

Tennessee Oncology PET Services dba Southern PET Scan

2018 Murphy Avenue
Suite 200
Nashville, Tennessee 37203

were surveyed by the
Committee on Computed Tomography Accreditation of the
Commission on Quality and Safety

The following unit was approved

General Electric Medical Systems Discovery IQ 2015

For

Adult Patients
Head/Neck, Chest, Abdomen

Accredited from:

July 15, 2016 through July 27, 2019

Scott A. Raber, MD

CHAIRMAN, COMMITTEE ON COMPUTED TOMOGRAPHY ACCREDITATION

Beth Allen

PRESIDENT, AMERICAN COLLEGE OF RADIOLOGY

CTAP# 01557-03

Supplemental #1
July 26, 2018
12:40 P.M.

American College of Radiology

PET Services of

Tennessee Oncology PET Services dba Southern PET Scan

2018 Murphy Avenue
Suite 200
Nashville, Tennessee 37203

were surveyed by the
Committee on Nuclear Medicine Accreditation of the
Commission on Quality and Safety

The following unit was approved

General Electric Medical Systems DISCOVERY 2015

For

Oncology, Brain

Accredited from:

July 14, 2016 through July 19, 2019

M. Ghesani

CHAIR, COMMITTEE ON NUCLEAR MEDICINE ACCREDITATION

Beth Allen

PRESIDENT, AMERICAN COLLEGE OF RADIOLOGY

PETAP# 00339-03

Supplemental #1
July 26, 2018
12:40 P.M.

ACR®
AMERICAN COLLEGE OF
RADIOLOGY

American College of Radiology

Computed Tomography Services of

Tennessee P.E.T. Scan Center

1840 Medical Center Parkway
Suite 100
Murfreesboro, Tennessee 37129

were surveyed by the
Committee on Computed Tomography Accreditation of the
Commission on Quality and Safety

The following unit was approved

General Electric Medical Systems Discovery IQ 2015

For

Adult Patients
Head/Neck, Chest, Abdomen

Accredited from:

July 26, 2016 through December 21, 2019

Scott A. Raber, MD

CHAIRMAN, COMMITTEE ON COMPUTED TOMOGRAPHY ACCREDITATION

PRESIDENT, AMERICAN COLLEGE OF RADIOLOGY

CTAP# 02172-03

Supplemental #1
July 26, 2018
12:40 P.M.

American College of Radiology

PET Services of

Tennessee P.E.T. Scan Center

1840 Medical Center Parkway
Suite 100
Murfreesboro, Tennessee 37129

were surveyed by the
Committee on Nuclear Medicine Accreditation of the
Commission on Quality and Safety

The following unit was approved

General Electric Medical Systems DISCOVERY 2015

For

Oncology, Brain

Accredited from:

August 12, 2016 through August 12, 2019

M. Ghesani

CHAIR, COMMITTEE ON NUCLEAR MEDICINE ACCREDITATION

Beth Allen

PRESIDENT, AMERICAN COLLEGE OF RADIOLOGY

PETAP# 00458-03

19. Section B, Quality Measures

Please verify and acknowledge the applicant will be evaluated annually whether the proposal will provide health care that meets appropriate quality standards upon the following factors:

(a) Whether the applicant commits to maintaining staffing comparable to the staffing chart presented in its CON application;

The applicant so verifies.

(b) Whether the applicant will obtain and maintain all applicable state licenses in good standing;

The applicant so verifies.

(c) Whether the applicant will obtain and maintain TennCare and Medicare certification(s), if participation in such programs was indicated in the application;

The applicant so verifies.

(d) Whether an existing healthcare institution applying for a CON has 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 shall be considered;

The applicant again verifies that it has been in compliance without penalties or corrective actions.

(e) Whether an existing health care institution applying for a CON has been decertified within the prior three years. This provision shall not apply if a new, unrelated owner applies for a CON related to a previously decertified facility;

The applicant is not an existing facility.

(f) For Megavoltage Radiation Therapy projects, whether the applicant has demonstrated that it will meet the staffing and quality assurance requirements of the American Society of Therapeutic Radiation and Oncology (ASTRO), National Cancer Institute (NCI), or a similar accrediting authority:

The applicant so verifies.

(g) Whether the applicant will participate, within 2 years of implementation of the project, in self-assessment and external assessment against nationally available benchmark data to accurately assess its level of performance in relation to established standards and to implement ways to continuously improve. This may include accreditation by any organization approved by Centers for Medicare and Medicaid Services (CMS) and other nationally recognized programs. The Joint Commission or its successor, for example, would be acceptable if applicable. For Megavoltage Radiation Therapy projects, other acceptable accrediting organizations may include, but are not limited to, the following:

American Society of Therapeutic Radiation and Oncology (ASTRO), the American College of Radiology (ACR), the American College of Radiation Oncology (ACRO), the National Cancer Institute (NCI), or a similar accreditation authority.

The applicant so verifies.

Supplemental #1
July 26, 2018
12:40 P.M.

Thank you for your assistance. We hope this provides the information needed to accept the application into the next review cycle. If more is needed please email or telephone me so that we can respond in time to be deemed complete.

Respectfully,

John Wellborn

John Wellborn
Consultant

JUL 26 '18 PM 12:40

Supplemental #1
July 26, 2018
12:40 P.M.

AFFIDAVIT

STATE OF TENNESSEE

COUNTY OF DAVIDSON

NAME OF FACILITY: TENNESSEE ONCOLOGY RADIATION THERAPY, FRANKLIN

I, JOHN WELLBORN, after first being duly sworn, state under oath that I am the applicant named in this Certificate of Need application or the lawful agent thereof, that I have reviewed all of the supplemental information submitted herewith, and that it is true, accurate, and complete.

John Wellborn
Signature/Title

Sworn to and subscribed before me, a Notary Public, this the 26th day of July, 2018, witness my hand at office in the County of Davidson, State of Tennessee.

Jan M. D
NOTARY PUBLIC

My commission expires May 2, 2022.

JAN M. DANFORTH
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES 5-2-2022

HF-0043

Revised 7/02

Supplemental #2 (Original)

Tennessee Oncology Radiation Therapy

CN1807-032

JUL 2018 PM 10:42

Supplemental #2
July 30, 2018
10:42 A.M.

July 27, 2018

Jeff Grimm, HSD Examiner
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

RE: CON Application #1807-032
Tennessee Oncology radiation Therapy– Initiation of Linear Accelerator Service

Dear Mr. Grimm:

This letter responds to your second supplemental request received at noon today. The items below are numbered to correspond to your questions. They are provided in triplicate, with affidavit.

1. Section A, Executive Summary, Item 1(b)

Description:

Per information provided about Tennessee Oncology, PLLC in attachment A-4A, it is noted the practice currently operates 18 fulltime and 5 satellite medical oncology office sites and 9 radiation oncology sites in the 3-county primary service area. The applicant states that the proposed radiation oncology service will be provided for some of the practice's patients who want and need a megavoltage linear accelerator treatment option (MLAC). Does the new location in Williamson County also provide opportunities to decompress and/or redistribute service volumes at the practice's 9 existing radiation oncology sites as well as sites operated by existing hospital service radiation therapy providers in the 3-county service area? Please briefly discuss.

The response stating that the applicant does not own or operate any of the existing linear accelerator sites shown in the table contained in Attachment A-4.A of the application (Tennessee Oncology, PLLC-Middle Tennessee Radiation Oncology Location) is noted. In light of the involvement in medical supervision and direction by physicians of the practice, it would be helpful to revise the table adding a column that identifies the name of the hospital that owns and operates the existing linear accelerator service.

The requested amended table is attached following this page.

4219 Hillsboro Road, Suite 203
Nashville, TN 37215
jwdsg@comcast.net
Tel 615.665.2022
Fax 615.665.2042

TENNESSEE ONCOLOGY PLLC--MIDDLE TENNESSEE RADIATION ONCOLOGY LOCATIONS		
PRACTICE NAME	**PRACTICE ADDRESS**	**HOSPITAL OWNER OF RADIATION THERAPY SERVICE**
In Project Primary Service Area		
Tennesse Oncology PLLC-Saint Thomas Midtown (Baptist)	2011 Church Street, Plaza I Lower Level, Nashville	Saint Thomas Midtown Hospital
Tennessee Oncology PLLC-Centennial	2410 Patterson Street, Nashville	TriStar Centennial Medical Center
Tennessee Oncology PLLC-Saint Thomas West	4220 Harding Road, Nashville	Saint Thomas West Hospital
Tennessee Oncology PLLC-Skyline	3441 Dickerson Pike, Nashville	TriStar Skyline Medical Center
Tennessee Oncology PLLC-Summit	3901 Central Pike, Suite 153, Hermitage	TriStar Summit Medical Center
Tennessee Oncology PLLC-Saint Thomas Rutherford	1840 Medical Center Parkway, Ste 102, Murfreesboro	Saint Thomas Rutherford Hospital
Tennessee Oncology PLLC-Smyrna	300 StoneCrest Boulevard, Suite 155, Smyrna	TriStar StoneCrest Medical Center
Outside Project Primary Service Area		
Tennessee Oncology PLLC-Dickson	105 Natchez Park Drive, Dickson	TriStar Horizon Medical Center
Tennessee Oncology PLLC-Gallatin	225 Big Station Camp Boulevard, Ste 104, Gallatin	Sumner Regional Medical Center

Source: Applicant's records.

Supplemental #2
July 30, 2018
10:42 A.M.

2. **Section A, Project Details, Item 12**

   The Square Footage and Cost per Square Foot Table is noted, indicating a total construction cost (renovated) of $1,700,000.00. Given the actual construction cost after a deduction for a build-out allowance and the $1,306,400 construction cost shown in Line A.5 of the Project Costs Chart, it appears that a revised chart submitted as replacement page 15R may be needed. Please clarify. In your response, please also clarify why the cost is shown in the renovated column in lieu of the new column of the chart.

   The rationale provided in the response for retaining the full construction cost of $1,700,000.00 as shown in the revised SF and Cost per SF Chart on page 13R is noted. HSDA considers the construction to qualify as new construction in lieu of renovated construction used in the SF Chart of the original application.

   Revised page 15R, the Square Footage and Cost Per Square Foot table, was submitted with the response to question #7 in the first supplemental response. It did change the construction cost to the New Construction column and included a comparison to the Registry construction cost quartile data.

3. **Section A. Project Details, Item 13. F (FDA letter of approval)**

   Item 13(F): the FDA approval letter for the unit was omitted from the attachments. Please provide this information.

   The response indicates that the letter will be provided under separate cover. Please include a copy of the letter with your responses to this supplemental questionnaire (Supplemental 2).

   The FDA letter is attached following this page.

K123291

DEC 20 2012

Premarket Notification [510(k)] Summary
TrueBeam Radiotherapy Treatment System

The following information is provided following the format of 21 CFR 807.92.

Submitter's Name:

Varian Medical Systems, Inc.
3100 Hansen Way E-110
Palo Alto, CA 94304

Contact Name: Vy Tran
Phone: 650.424.5731
Fax: 650.842.5040
Date: October 2012

Proprietary Name: TrueBeam™

Classification Name: Medical charged-particle radiation therapy system
21 CFR 892.5050, Class II
Product Code: 90 IYE

Common/Usual Name: TrueBeam Radiotherapy Delivery System

Predicate Device: TrueBeam Radiotherapy System and Accessories: K111106

Device Description: The TrueBeam™ Radiotherapy Delivery System is a medical linear accelerator that integrates the previously cleared Trilogy Radiotherapy system and associated accessories into a single device.

The system consists of two major components, a photon, electron, and diagnostic kV X-ray radiation beam-producing component that is installed in a radiation-shielded vault and a control console area located outside the treatment room.

Intended Use Statement The TrueBeam ™ system is intended to provide stereotactic radiosurgery and precision radiotherapy for lesions, tumors, and conditions anywhere in the body where radiation treatment is indicated.

Indications for Use Statement The TrueBeam ™ system is intended to provide stereotactic radiosurgery and precision radiotherapy for lesions, tumors, and conditions anywhere in the body where radiation treatment is indicated.

Technological Characteristics: Significant changes to the predicate device are listed below.

Feature	Cleared device	Device with change
Energy used	4-25MV	2.5, 4-25MV
6 rotational Couch	No	Yes
2D/3D Matching	No	Yes
4D CBCT	No	Yes
Multi-scan CBCT Acquisition	No	Yes
Motion Management Interface (MMI)	No	Yes

Summary of performance testing: Results of verification and validation testing showed conformance to applicable requirements specifications and assured hazard safeguards functioned properly.

Supplemental #2
July 30, 2018
10:42 A.M.

DEPARTMENT OF HEALTH & HUMAN SERVICES
Public Health Service

Food and Drug Administration
10903 New Hampshire Avenue
Document Control Center – WO66-G609
Silver Spring, MD 20993-002

December 20, 2012

Ms. Vy Tran
Vice President, Regulatory Affairs and Quality Assurance
Varian Medical Systems, Inc.
3100 Hansen Way, m/s C-255
PALO ALTO, CA 94304-1038

Re: K123291
Trade/Device Name: TrueBeam Radiotherapy Treatment System
Regulation Number: 21 CFR 892.5050
Regulation Name: Medical charged-particle radiation therapy system
Regulatory Class: II
Product Code: IYE
Dated: October 19, 2012
Received: October 22, 2012

Dear Ms. Tran:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set

forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific advice for your device on our labeling regulation (21 CFR Parts 801 and 809), please contact the Office of *In Vitro* Diagnostics and Radiological Health at (301) 796-5450. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address http://www.fda.gov/cdrh/industry/support/index.html.

Sincerely Yours,

Janine M Morris -S

Janine M. Morris
Director
Division of Radiological Health
Office of In Vitro Diagnostics
and Radiological Health
Center for Devices and Radiological Health

Enclosure

TrueBeam Radiotherapy Treatment System

Indications for Use

510(k) Number (if known): K123291

Device Name: TrueBeam Radiotherapy Treatment System

Indications for Use:

TrueBeam is intended to provide stereotactic radiosurgery and precision radiotherapy for lesions, tumors, and conditions anywhere in the body where radiation treatment is indicated.

Prescription Use X (Part 21 CFR 801 Subpart D) AND/OR Over-The-Counter Use _____ (21 CFR 801 Subpart C)

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE OF NEEDED)

Concurrence of CDRH, Office of In Vitro Diagnostic Devices (OIVD)

(Division Sign Off)
Division of Radiological Health
Office of In Vitro Diagnostics and Radiological Health
510(k) K123291

4. Section C, Need, Item D.2 (Special Needs)

Item D.2 - Are there population based cancer incidence cancer rates or similar metrics for the 3-county service area that can be included in the response for the item such that comparison to state or national rates might be illustrated? Please clarify.

As is the case with the FDA letter, this response also indicates the information will be provided under separate cover. Please include the comparison of the cancer incidence rate metrics for the 3-county service area to state and/or national rates with your responses to this supplemental questionnaire (Supplemental 2).

The following is from "Cancer in Tennessee", published by the Office of Cancer Surveillance, Tennessee Department of Public Health (2017).

Cancer is the second leading cause of death and resulted in over 577,000 years of potential life lost in Tennesseans during the 5-year period covered by this report. From 2010-2014, Tennessee experienced the 18th highest cancer incidence rate and the 6th highest cancer mortality rate in the United States.

Much of Tennessee's observed cancer incidence and mortality disparities relative to other states is due to a greater cancer burden among Tennessee's male population, who experience respectively the 10th and 6th highest cancer incidence and mortality burden compared to males in all other US states, whereas Tennessee females experience respectively the 28th highest cancer incidence burden and the 8th highest cancer mortality burden in the US.

The cancer incidence rate in Tennessee fell by 6.4% from 2010 to 2014 and this decrease was statistically significant. From 2011 to 2014, the number of cancer deaths has increased each consecutive year; however, note the cancer mortality rates continued to drop from 2013 to 2014. *Therefore, the increased numbers of cancer deaths observed is likely due to population increase in Tennessee.*

The 2010-2014 cancer incidence and mortality rates per 100,000 population (age-adjusted to the CY2000 census) for the USA, Tennessee, the Mid-Cumberland Region, and the project's service area counties are shown below. Bolded numbers are worse than the national rates.

New Cancer Incidence and Mortality Rates/100,000 Population		
Region	**Incidence Rate**	**Mortality Rate**
United States	*443.6	*161.3
Tennessee	**463.9**	**187.2**
Mid-Cumberland Region	**461.9**	**178.2**
Primary Service Area of Project		
Davidson County	**460.5**	**187.8**
Rutherford County	**452.1**	**175.5**
Williamson County	439.8	133.2
Secondary Service Area of Project		
Bedford County	**457.6**	**182.3**
Giles County	**460.7**	**200.2**
Marshall County	**485.8**	**210.3**
Maury County	**464.1**	**183.7**

*Source: Pages 18-19, Appendices II, II, "Cancer in Tennessee", TDH December 2017, based on 2010-2014 TN Cancer Registry and *NCI State Cancer Profiles.*

The projections in this application do not assume any increases in the incidence of new cancer cases in the service area counties. The applicant's projections were made only on the basis of the applicant's current patients from service area counties, increased only in proportion to the projected county population changes for ages 50 years and older, which is conservative but nonetheless includes the ages which generate the great majority of new cancer cases.

Supplemental #2
July 30, 2018
10:42 A.M.

CANCER IN TENNESSEE

2010-2014

December 2017

Division of Policy, Planning, and Assessment
Office of Cancer Surveillance

This document presents cancer incidence and mortality information for the entire state of Tennessee focusing on the five-year period between 2010 and 2014, with comparisons to national rates. The report is made possible through data collected by the Tennessee Cancer Registry (TCR) as well as cancer registries nationwide. The TCR is dedicated to the collection and use of quality data for the purpose of decreasing the incidence and mortality of cancer in Tennessee.

APPENDIX II. CANCER INCIDENCE AND MORTALITY, ALL SITES COMBINED, BY GENDER, RACE AND RESIDENT REGION, TENNESSEE, 2010-2014

	Incidence				Mortality				M:I
	Count*	Rate**	Lower CI	Upper CI	Count*	Rate**	Lower CI	Upper CI	Ratio †
Total Population									
Tennessee	172,133	463.9	461.7	466.2	68,698	187.2	185.8	188.6	0.40
East Region	35,795	479.7	474.6	484.8	14,062	188.1	184.9	191.3	0.39
Mid-Cumberland Region	40,486	461.9	457.3	466.5	14,831	178.2	175.2	181.1	0.39
Northeast Region	15,815	464.1	456.6	471.6	6,592	188.4	183.8	193.1	0.41
Northwest Region	7,563	457.4	446.9	468.2	3,435	203.6	196.7	210.6	0.45
South Central Region	10,735	455.7	446.9	464.6	4,510	190.7	185.1	196.4	0.42
Southeast Region	19,370	465.5	458.8	472.2	7,610	181.4	177.3	185.6	0.39
Southwest Region	31,723	457.8	452.7	463.0	13,143	195.5	192.1	199.0	0.43
Upper-Cumberland Region	10,540	460.1	451.0	469.2	4,515	193.5	187.8	199.3	0.42
Female									
Tennessee	89,405	528.6	525.1	532.2	31,340	153.1	151.4	154.8	0.29
East Region	18,859	545.5	537.5	553.6	6,362	153.7	149.9	157.6	0.28
Mid-Cumberland Region	20,717	527.8	520.2	535.4	6,852	146.6	143.1	150.1	0.28
Northeast Region	8,116	508.5	497.1	520.0	3,031	157.8	152.1	163.7	0.31
Northwest Region	4,024	527.8	511.2	544.9	1,538	164.0	155.7	172.7	0.31
South Central Region	5,587	513.5	499.7	527.6	1,994	153.3	146.6	160.4	0.30
Southeast Region	10,127	530.4	519.8	541.2	3,437	147.7	142.7	152.8	0.28
Southwest Region	16,189	530.4	521.9	539.0	6,177	160.5	156.4	164.6	0.30
Upper-Cumberland Region	5,727	528.8	514.8	543.2	1,949	154.6	147.7	161.9	0.29
Male									
Tennessee	82,728	418.0	415.1	420.9	37,358	235.2	232.8	237.7	0.56
East Region	16,936	431.5	424.8	438.2	7,700	234.3	228.9	239.8	0.54
Mid-Cumberland Region	19,769	416.4	410.5	422.3	7,979	223.6	218.4	228.8	0.54
Northeast Region	7,699	432.9	422.9	443.1	3,561	230.6	222.8	238.5	0.53
Northwest Region	3,539	406.6	392.8	420.8	1,897	260.0	248.1	272.3	0.64
South Central Region	5,148	415.9	404.3	427.8	2,516	242.7	233.0	252.8	0.58
Southeast Region	9,243	418.9	410.2	427.8	4,173	229.9	222.8	237.3	0.55
Southwest Region	15,534	408.7	402.2	415.3	6,966	247.3	241.3	253.5	0.61
Upper-Cumberland Region	4,813	406.8	394.9	419.0	2,566	244.5	234.9	254.5	0.60
Black									
Tennessee	22,231	467.0	460.6	473.5	9,772	223.6	218.9	228.3	0.48
East Region	1,201	446.7	421.0	473.5	530	212.9	194.7	232.4	0.48
Mid-Cumberland Region	5,263	460.4	447.2	473.8	2,216	215.9	206.4	225.6	0.47
Northeast Region	210	342.5	296.2	393.9	101	167.2	135.1	204.4	0.49
Northwest Region	763	480.8	446.3	517.1	327	217.3	193.8	242.7	0.45
South Central Region	531	361.0	330.2	393.9	286	207.0	183.2	233.1	0.57
Southeast Region	1,893	466.2	444.8	488.5	740	193.8	179.6	208.7	0.42
Southwest Region	12,212	480.5	471.5	489.6	5,524	237.1	230.5	243.8	0.49
Upper-Cumberland Region	147	538.7	453.3	635.0	48	183.9	134.4	244.9	0.34
White									
Tennessee	147,656	464.3	461.9	466.7	58,425	183.3	181.8	184.8	0.39
East Region	34,255	481.7	476.5	487.0	13,441	187.8	184.6	191.1	0.39
Mid-Cumberland Region	34,446	464.5	459.5	469.5	12,409	174.1	171.0	177.2	0.37
Northeast Region	15,524	467.5	459.9	475.1	6,466	189.1	184.5	193.9	0.40
Northwest Region	6,720	452.6	441.6	463.9	3,097	202.8	195.6	210.3	0.45
South Central Region	10,134	462.2	453.0	471.5	4,204	190.2	184.4	196.2	0.41
Southeast Region	17,245	466.0	458.9	473.2	6,836	181.7	177.3	186.1	0.39
Southwest Region	18,969	443.6	437.1	450.1	7,521	175.0	171.0	179.0	0.39
Upper-Cumberland Region	10,301	458.6	449.5	467.9	4,451	194.3	188.5	200.2	0.42

^Statistic not displayed due to fewer than 5 cases.
*Excludes individuals with disorders of sex development and transsexuals; excludes 3 cases with invalid county at diagnosis information.
**Rates are per 100,000 and age-adjusted to the 2000 US Standard Population Census P25-1130 standard.
†Mortality Incidence ratio. See Technical Notes for details.
Note that the number of cases by region may not sum up to the state total due to records missing resident county information.

Data Source

APPENDIX III. CANCER INCIDENCE AND MORTALITY, ALL SITES COMBINED, BY RESIDENT COUNTY, TENNESSEE, 2010-2014

	Incidence				Mortality				M:I
	Count*	Rate**	Lower CI	Upper CI	Count*	Rate**	Lower CI	Upper CI	Ratio †
Tennessee	172,133	463.9	461.7	466.2	68,698	187.2	185.8	188.6	0.40
East Region	35,795	479.7	474.6	484.8	14,062	188.1	184.9	191.3	0.39
TN: Anderson County	2,464	484	464.5	504.2	1,006	188.5	176.8	200.9	0.39
TN: Blount County	3,948	486.4	471	502.3	1,406	172	163	181.5	0.35
TN: Campbell County	1,347	488.7	462.1	516.4	593	214.1	196.8	232.6	0.44
TN: Claiborne County	1,088	522.1	490.5	555.3	463	224.7	204.2	246.8	0.43
TN: Cocke County	1,120	466.3	438.4	495.8	534	218.5	199.8	238.6	0.47
TN: Grainger County	740	492.3	456.1	530.8	311	214.7	190.7	241.1	0.44
TN: Hamblen County	1,865	474.8	453	497.3	784	195.3	181.7	209.7	0.41
TN: Jefferson County	1,579	461.6	438.4	485.8	608	175.8	161.8	190.8	0.38
TN: Knox County	11,608	470.1	461.5	478.9	4,425	180.6	175.3	186.1	0.38
TN: Loudon County	1,884	488	464.6	512.3	696	174.3	161.1	188.4	0.36
TN: Monroe County	1,394	462.7	437.8	488.7	598	201.2	184.9	218.6	0.43
TN: Morgan County	645	479.3	442.1	518.9	226	174.3	151.8	199.4	0.36
TN: Roane County	1,874	477.5	455.3	500.7	791	196.3	182.6	211	0.41
TN: Scott County	694	535.3	495.4	577.7	306	241	214.3	270.3	0.45
TN: Sevier County	2,932	494.3	476.1	513.2	1,065	182.8	171.7	194.5	0.37
TN: Union County	613	534.5	491.5	580.3	250	223.9	196.2	254.6	0.42
Mid-Cumberland Region	40,486	461.9	457.3	466.5	14,831	178.2	175.2	181.1	0.39
TN: Cheatham County	1,117	530.9	498.8	564.5	438	225.5	203.9	248.8	0.42
TN: Davidson County	14,315	460.5	452.8	468.2	5,645	187.8	182.8	192.9	0.41
TN: Dickson County	1,408	486.1	460.6	512.6	565	199.3	183	216.8	0.41
TN: Houston County	282	509.6	449.6	575.9	125	217.4	180.3	260.7	0.43
TN: Humphreys County	677	539.8	498.7	583.6	276	220.1	194.3	248.7	0.41
TN: Montgomery County	3,101	442.4	426.5	458.8	1,234	194.3	183.3	205.8	0.44
TN: Robertson County	1,771	488.4	465.4	512.3	656	186.8	172.4	202.1	0.38
TN: Rutherford County	5,295	452.1	439.5	464.9	1,875	175.5	167.3	183.9	0.39
TN: Stewart County	447	498.2	451.7	548.7	196	221.2	190.6	255.7	0.44
TN: Sumner County	4,416	469.1	455	483.4	1,429	156.1	148	164.6	0.33
TN: Trousdale County	245	524.3	459.1	596.5	111	250.1	204.8	302.7	0.48
TN: Williamson County	4,259	439.8	426.1	453.8	1,175	133.2	125.4	141.3	0.30
TN: Wilson County	3,153	466.3	449.7	483.4	1,106	172.8	162.4	183.6	0.37
Northeast Region	15,815	464.1	456.6	471.6	6,592	188.4	183.8	193.1	0.41
TN: Carter County	1,619	421	400.1	442.8	736	182.9	169.7	197	0.43
TN: Greene County	2,199	468.4	448.4	489.2	919	191.5	179.1	204.7	0.41
TN: Hancock County	252	545	476.9	620.9	111	243.1	198.4	295.7	0.45
TN: Hawkins County	1,908	508.4	485.1	532.6	788	209.2	194.5	224.8	0.41
TN: Johnson County	563	446.2	408.9	486.5	252	202.1	177.4	229.5	0.45
TN: Sullivan County	5,231	472.1	458.9	485.5	2,137	185.1	177.2	193.3	0.39
TN: Unicoi County	623	462.8	425.8	502.5	270	187.1	165.1	211.8	0.40
TN: Washington County	3,420	450.3	435	466	1,379	178.9	169.5	188.8	0.40
Northwest Region	7,563	457.4	446.9	468.2	3,435	203.6	196.7	210.6	0.45
TN: Benton County	640	527.5	485.6	572.5	300	242.2	214.6	272.7	0.46
TN: Carroll County	948	489.8	458.1	523.2	413	209.3	189.2	231.1	0.43
TN: Crockett County	402	441.5	398.4	488.1	158	167.2	141.8	196.1	0.38
TN: Dyer County	981	429.4	402.5	457.8	416	180.7	163.5	199.3	0.42
TN: Gibson County	1,423	452.5	428.9	477.2	672	208	192.4	224.7	0.46
TN: Henry County	1,151	482.6	454	512.8	523	213.4	195.1	233.3	0.44
TN: Lake County	192	435.2	375	502.9	97	219.1	177.2	268.5	0.50
TN: Obion County	916	434.4	406	464.4	449	211.1	191.7	232.1	0.49
TN: Weakley County	910	437	408.3	467.3	407	191.3	172.8	211.4	0.44

APPENDIX III. ALL SITES COMBINED CANCER INCIDENCE AND MORTALITY, BY RESIDENT COUNTY, TENNESSEE, 2010-2014, CONTINUED

South Central Region	10,735	455.7	446.9	464.6	4,510	190.7	185.1	196.4	0.42
TN: Bedford County	1,157	457.6	431.1	485.3	448	182.3	165.5	200.3	0.40
TN: Coffee County	1,510	462.8	439.3	487.3	629	188.5	173.9	204.1	0.41
TN: Giles County	903	460.7	430.1	493	397	200.2	180.6	221.6	0.43
TN: Hickman County	695	477.5	441.9	515.2	294	201.6	178.7	226.6	0.42
TN: Lawrence County	1,170	442.8	417.2	469.5	516	192.1	175.7	209.8	0.43
TN: Lewis County	411	528.2	476.4	584.5	169	213.6	181.8	249.8	0.40
TN: Lincoln County	871	392.9	366.5	420.9	427	189.5	171.7	208.8	0.48
TN: Marshall County	880	485.8	453.4	520	376	210.3	189.1	233.4	0.43
TN: Maury County	2,222	464.1	444.5	484.3	871	183.7	171.5	196.6	0.40
TN: Moore County	180	402	343.6	468.5	62	130.9	100	169.9	0.33
TN: Perry County	260	477.9	418.8	543.7	112	196.5	160.9	238.6	0.41
TN: Wayne County	476	432.3	393.6	474.1	209	188	163.1	216	0.43
Southeast Region	19,370	465.5	458.8	472.2	7,610	181.4	177.3	185.6	0.39
TN: Bledsoe County	400	465.1	419.3	515	137	160.6	134.1	191.3	0.35
TN: Bradley County	2,687	452.9	435.7	470.7	1,085	184.3	173.4	195.8	0.41
TN: Franklin County	1,262	465.8	439.7	493.3	505	178.6	163.1	195.4	0.38
TN: Grundy County	421	467.7	422.4	516.8	207	223.1	192.9	257.1	0.48
TN: Hamilton County	9,565	457.7	448.3	467.1	3,582	169.4	163.8	175.2	0.37
TN: McMinn County	1,564	447.6	425.1	471.1	685	193.6	179.1	209.1	0.43
TN: Marion County	980	524.7	491.2	560	405	215.7	194.6	238.6	0.41
TN: Meigs County	393	487.9	438.3	541.9	169	218.2	184.8	256.3	0.45
TN: Polk County	591	516.8	474.6	562	255	218.2	191.6	247.8	0.42
TN: Rhea County	1,025	506.4	475	539.4	381	186.3	167.7	206.6	0.37
TN: Sequatchie County	482	512.9	466.4	563	199	216	186.2	249.6	0.42
Southwest Region	31,723	457.8	452.7	463	13,143	195.5	192.1	199	0.43
TN: Chester County	430	427.7	387.4	471.2	194	189.6	163.5	218.8	0.44
TN: Decatur County	391	444	399.1	493	190	207.2	177.9	240.7	0.47
TN: Fayette County	1,173	452.8	426.2	480.8	412	162.2	146.4	179.4	0.36
TN: Hardeman County	778	478.2	444.5	513.9	329	206.1	184.1	230.2	0.43
TN: Hardin County	811	439.5	408.5	472.4	352	183.1	164	204.1	0.42
TN: Haywood County	500	451.1	411.3	493.9	218	191.6	166.4	219.7	0.42
TN: Henderson County	807	473.9	441	508.7	349	202.8	181.7	225.8	0.43
TN: Lauderdale County	727	486.4	451	523.8	310	211.2	188	236.6	0.43
TN: McNairy County	814	460.9	428.7	495	392	217.2	195.8	240.4	0.47
TN: Madison County	2,425	432.3	414.9	450.2	1,004	179.5	168.4	191.2	0.42
TN: Shelby County	21,319	460.6	454.3	467	8,753	197.5	193.3	201.8	0.43
TN: Tipton County	1,548	482.7	458.4	508	640	208.8	192.5	226.1	0.43
Upper-Cumberland Region	10,540	460.1	451	469.2	4,515	193.5	187.8	199.3	0.42
TN: Cannon County	427	471.6	427	520	185	202.4	173.9	234.6	0.43
TN: Clay County	249	427.8	373.8	488.4	122	196.1	162.1	236.4	0.46
TN: Cumberland County	2,278	467	446.2	488.6	903	176.7	164.7	189.5	0.38
TN: DeKalb County	520	428.1	391.1	467.9	226	185.9	161.9	212.6	0.43
TN: Fentress County	621	513.9	472.4	558.4	254	212.7	186.5	241.9	0.41
TN: Jackson County	356	431.8	385.8	482.3	154	180.9	152.4	213.8	0.42
TN: Macon County	640	479.3	442.1	518.9	286	215	190.4	242.1	0.45
TN: Overton County	716	480.1	444.5	518.1	320	211.4	188.3	236.7	0.44
TN: Pickett County	183	459.4	390.2	539.1	71	160.3	124	206.6	0.35
TN: Putnam County	1,898	444.4	424.2	465.3	821	191.5	178.5	205.3	0.43
TN: Smith County	516	450.1	411.1	492	225	206.1	179.4	235.8	0.46
TN: Van Buren County	176	443.8	376.7	520.5	67	162.8	124.5	210.7	0.37
TN: Warren County	1,094	451.9	425	480.1	506	205.5	187.8	224.6	0.45
TN: White County	866	492.3	459.1	527.4	375	206.8	186	229.5	0.42

^Statistic not displayed due to fewer than 5 cases.

*Excludes individuals with disorders of sex development and transsexuals; excludes 3 cases with invalid county at diagnosis information.

**Rates are per 100,000 and age-adjusted to the 2000 US Standard Population Census P25-1130 standard.

†Mortality Incidence ratio. See Technical Notes for details.

Note that the number of cases by region may not sum up to the state total due to records missing resident county information.

5. Section B, Need. Item E (Service Area Utilization)

HSDA appreciates the detail and comprehensive data provided on pages 34-40 of the application for the response. However, please note that the adjustments shown for the CY2017 utilization of the practice in the second table on page 35 also need to be reported in writing to Alecia Craighead, Information and Data Analyst, HSDA. Please clarify by providing a copy of the documentation requested from the provider for the adjusted utilization.

The response states that area hospitals own and operate the existing linear accelerator services shown in the table on Attachment A-4.A of the original application. Using the revised table requested in Question 1 above, please add a column to the table that also shows the most recent 12-month utilization of each hospital on file with the HSDA Equipment Registry (2017).

That is attached following this page. Please note that the Dickson and Gallatin units are not within this project service area.

Additional Items From the Applicant

Attached following this page are purchase and lease quotations for the CT simulator with a revised expiration date of October 25, 2018.

TENNESSEE ONCOLOGY PLLC--MIDDLE TENNESSEE RADIATION ONCOLOGY LOCATIONS			
PRACTICE NAME	**PRACTICE ADDRESS**	**HOSPITAL OWNER OF RADIATION THERAPY SERVICE**	**2017 Treatments Reported to HSDA Registry**
In Project Primary Service Area			
Tennesse Oncology PLLC-Saint Thomas Midtown (Baptist)	2011 Church Street, Plaza I Lower Level, Nashville	Saint Thomas Midtown Hospital	5,130
Tennessee Oncology PLLC-Centennial	2410 Patterson Street, Nashville	TriStar Centennial Medical Center	9,772
Tennessee Oncology PLLC-Saint Thomas West	4220 Harding Road, Nashville	Saint Thomas West Hospital	3,515
Tennessee Oncology PLLC-Skyline	3441 Dickerson Pike, Nashville	TriStar Skyline Medical Center	5,498
Tennessee Oncology PLLC-Summit	3901 Central Pike, Suite 153, Hermitage	TriStar Summit Medical Center	4,046
Tennessee Oncology PLLC-Saint Thomas Rutherford	1840 Medical Center Parkway, Ste 102, Murfreesboro	Saint Thomas Rutherford Hospital	6,364
Tennessee Oncology PLLC-Smyrna	300 StoneCrest Boulevard, Suite 155, Smyrna	TriStar StoneCrest Medical Center	3,864
Outside Project Primary Service Area			
Tennessee Oncology PLLC-Dickson	105 Natchez Park Drive, Dickson	TriStar Horizon Medical Center	4,073
Tennessee Oncology PLLC-Gallatin	225 Big Station Camp Boulevard, Ste 104, Gallatin	Sumner Regional Medical Center	4,672

Source: HSDA Registry and applicant's records.

Supplemental #2
July 30, 2018
10:42 A.M.

Supplemental #2
July 30, 2018
10:42 A.M.

GE Capital

July 27, 2018

Tennessee Oncology, PLLC
300 20th Avenue North
Nashville, TN 37211

Ms. Tammy Versluis,

GE Healthcare Equipment Finance, a component of GE HFS, LLC ("GEHFS"), is pleased to submit the following proposal:

Contract Description:	True lease of equipment, with a fair market value purchase option.
Proposed Lessor:	GE HFS, LLC, or one or more of its affiliates and/or assigns.
Proposed Lessee:	Tennessee Oncology, PLLC
Equipment Description:	Discovery RT
Equipment Cost:	$509,742.00
Term and Rental Payment Amount:	60 payments at $7,930.31, per month in Arrears, plus applicable taxes.
Lease Rate on Equipment Cost:	-2.68% Note: The lease rate and rental payment amounts have been calculated based on the Swap Rate (as defined below) and an assumption that, at the time of funding, the Swap Rate will be 2.90%. GEHFS reserves the right to adjust the lease rate and rental payment amounts if this is not the case, and/or if the lease commences after December 31, 2018, and/or for other changes in market conditions as determined by GEHFS in its sole discretion. As used herein, "Swap Rate" means the interest rate for swaps that most closely approximates the initial term of the lease as published by the Intercontinental Exchange (NYSE: ICE) in its Ice Benchmark Administration Report entitled "ICE Swap Rate Historical Rates" currently available online at https://www.theice.com/marketdata/reports/180 and determined by GEHFS by clicking on the USD Rates 1100 in the Series/Run drop down box for the Report Date selected by GEHFS, or as published by such other nationally recognized reporting source or publication as GEHFS may specify.
End of Lease Options:	At end of Lease upon Proposed Lessee's satisfaction in full of all obligations to GEHFS under the Lease, Proposed Lessee has the option to either (i) purchase all (but not less than all) of the Equipment for its then fair market value, plus applicable taxes, (ii) renew the Lease, subject to terms and conditions agreeable to the parties or (iii) return the Equipment to GEHFS in accordance with the Equipment return requirements set forth in the Lease.
Advance Rent:	Waived.
Documentation Fee:	A documentation fee of $0.00 will be charged to Proposed Lessee to cover document preparation, document transmittal, credit write-ups, lien searches and lien filing fees. The documentation fee is due upon Proposed Lessee's acceptance of this proposal and is non-refundable.
Interim Rent:	If the lease commencement date is not the 1st or 15th of any calendar month (a "Payment Date"), interim rent may be assessed for the period between the lease commencement date and the Payment Date.
Required Credit Information:	1. Two years fiscal year end audited/un-audited financial statements and comparative interim statements; or tax returns and business plan. 2. Such additional information as may be required.

Supplemental #2

July 30, 2018

10:42 A.M.

Proposal Expiration: This proposal and all of its terms shall expire on October 25, 2018 if GEHFS has not received Proposed Lessee's signed acceptance hereof by such date. Subject to the preceding sentence, this proposal and all of its terms shall expire on November 10, 2018 if the lease has not commenced by such date.

The summary of proposed terms and conditions set forth in this proposal is not intended to be all-inclusive. Any terms and conditions that are not specifically addressed herein would be subject to future negotiations. Moreover, by signing the proposal, the parties acknowledge that, except for the provisions concerning confidentiality set forth herein: (i) this proposal is not a binding commitment on the part of any person to provide or arrange for financing on the terms and conditions set forth herein or otherwise; (ii) any such commitment on the part of GEHFS would be in a separate written instrument signed by GEHFS following satisfactory completion of GEHFS' due diligence, internal review and approval process (which approvals have not yet been sought or obtained); (iii) this proposal supersedes any and all discussions and understandings, written or oral between or among GEHFS and any other person as to the subject matter hereof; and (iv) GEHFS may, at any level of its approval process, decline any further consideration of the proposed financing and terminate its credit review process. Proposed Lessee hereby acknowledges and agrees that GEHFS reserves the right to syndicate (via a referral, an assignment or a participation) all or a portion of the proposed leasing/financing transaction to one or more banks, leasing or finance companies or financial institutions (a "Financing Party"). In the event GEHFS elects to so syndicate all or a portion of the proposed leasing/financing transaction (whether before or after any credit approval of the proposed leasing/financing transaction by GEHFS) and is unable to affect such syndication on terms satisfactory to Proposed Lessee and/or GEHFS, GEHFS may, in its discretion, decline to enter into, and/or decline any further consideration of, the proposed financing. Proposed Lessee hereby further acknowledges and agrees that, in connection with any such syndication, GEHFS may make available to one or more Financing Parties any and all information provided by or on behalf of Proposed Lessee to GEHFS (including, without limitation, any third party credit report(s) provided to or obtained by GEHFS).

Except as required by law, neither this proposal nor its contents will be disclosed publicly or privately except to those individuals who are your officers, employees or advisors who have a need to know as a result of being involved in the proposed leasing/financing transaction and then only on the condition that such matters may not be further disclosed. Nothing herein is to be construed as constituting tax, accounting or legal advice by GEHFS to any person.

To the extent permitted by applicable law, you hereby authorize GEHFS to file in any jurisdiction as GEHFS deems necessary any initial Uniform Commercial Code financing statements that identify the Equipment or any other assets subject to the proposed financing described herein. If for any reason the proposed leasing/financing transaction is not approved, upon your satisfaction in full of all obligations to GEHFS, GEHFS will cause the termination of such financing statements. You acknowledge and agree that the execution of this proposal and the filing by GEHFS of such financing statements in no way obligates GEHFS to provide the financing described herein. By signing below, you hereby consent to and authorize GEHFS to perform all background, credit, judgment, lien and other checks and searches as GEHFS deems appropriate in its sole credit judgment.

We look forward to your early review and response. If there are any questions, we would appreciate the opportunity to discuss this proposal in more detail at your earliest convenience. Please do not hesitate to contact me directly at 615-854-3687.

Sincerely yours,

Don Diffendorf

Donald Diffendorf
Vice President, Financial Services Account Manager
GE Healthcare Equipment Finance,
a component of GE HFS, LLC

Acknowledged and Accepted:

_____
(Legal Name)

By:_____

Title:_____

Date:_____

Fed. ID #:_____

GE Healthcare

Service Contract Addendum
Quote ID: 9E9D0DD

TENNESSEE ONCOLOGY PLLC

Physical Location Account #: 357665

Optional: Person(s) to be notified when this document is processed:

Name(s): _____

Email(s): _____

Support and prices quoted below are valid provided the customer signs and returns this quote to GE Healthcare by 10/25/2018

Equipment Identifiers	Trans. Type	Equipment	Effective Date	Offering	Options	Features	Incremental Annual Amount	Comments
System ID: TBD1 Contract: 1-178587599379	ADD POS	GE CT DISCOVERY RT (C#15G)	Install through 12 Months after Install	Supplemental Services During Warranty		• FE Onsite Response Time: 6-Hours • iCenter • PM Coverage HOURS/DAYS: MON-FRI, 8AM-9PM • TiP-Ed Online(TV) Subscription • Point of Sale Supplement**	$0	» Entitlements under warranty. Fair Market Value: $2000. » Entitlements should correspond to post warranty coverage levels. » Signature required prior to equipment install date.
System ID: TBD1 Contract: 1-178587599379	MODIFY: Offering POS	GE CT DISCOVERY RT (C#15G)	12 Months after Install through End of Agreement	AssurePoint Standard	INCLUDED: • 4D RESPIRATORY GATING KIT • ILINQ RESPONSE TIME: 30 MIN. • SYSTEM AND TUBE COVERAGE: Up to 0003000 Patients EXCLUDED: • MOBILE UNIT • PERIPHERAL DEVICES • Printers • UNINTERRUPTED POWER SUPPLY • WORKSTATION	• FE Coverage Weekdays: MON-FRI, 8AM-5PM • FE Coverage Weekend: NO COVERAGE HRS • FE Onsite Response Time: 6-Hours • iCenter • InSite Response: 30 • InSite/Tech Phone Support • PM Coverage HOURS/DAYS: MON-FRI, 8AM-9PM • Repair Parts: Included, Next Day 10:30 AM LST-CT • Software and Quality Updates • TiP Answer Line • TiP-Ed Online(TV) Subscription • Uptime Commitment: 95%	Old Annual Amount: $0* Incremental Annual Amount: $108,764 New Annual Amount: $108,764*	

NET ADJUSTMENT TO CONTRACT:	$108,764

The Agreement is hereby amended as follows. The Product above is added, deleted, or modified as indicated. Service for additions or modifications continues until Agreement expiration. In the event of conflict between this Addendum and the Agreement, this Addendum prevails. The Addendum start date is: (a) the above Effective Date if Customer signs and returns this Addendum within 15 calendar days of that date; or (b) the date of signature if Customer does not sign and return this Addendum within 15 calendar days of the above date.

Customer:		GE Healthcare:	
Approved By: _____	Title: _____	Approved By: _____	Title: _____
Signature: _____	Date: _____	Signature: _____	Date: _____

Supplemental #2
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Thank you for your assistance. We hope this provides the information needed to accept the application into the next review cycle. If more is needed please email or telephone me so that we can respond in time to be deemed complete.

Respectfully,

John Wellborn

John Wellborn
Consultant

JUL 30 '18 AM 10:42

Supplemental #2
July 30, 2018
10:42 A.M.

AFFIDAVIT

STATE OF TENNESSEE

COUNTY OF DAVIDSON

NAME OF FACILITY: TENNESSEE ONCOLOGY RADIATION THERAPY SERVICE -- FRANKLIN

I, JOHN WELLBORN, after first being duly sworn, state under oath that I am the applicant named in this Certificate of Need application or the lawful agent thereof, that I have reviewed all of the supplemental information submitted herewith, and that it is true, accurate, and complete.

Signature/Title

Sworn to and subscribed before me, a Notary Public, this the 28th day of July, 2018, witness my hand at office in the County of Davidson, State of Tennessee.

NOTARY PUBLIC

My commission expires September 7, 2021

KAILEY ROZELL
STATE OF TENNESSEE NOTARY PUBLIC
Exp. Sept. 07, 2021
DAVIDSON COUNTY

HF-0043

Revised 7/02

Additional Information (Original)

Tennessee Oncology Radiation Therapy

CN1807-032

JUL 27 '18 AM 11:54

DSG Development Support Group

Additional Information
July 27, 2018
11:54 A.M.

July 27, 2018

Jeff Grimm, HSD Examiner
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

RE: CON Application #1807-032
Tennessee Oncology radiation Therapy– Initiation of Linear Accelerator Service

Dear Mr. Grimm:

This letter is a continuation of responses to your first request for supplemental information on this application. It responds to your questions that were not addressed in our letter of July 26 to you. There were two such questions.

The items below are numbered to correspond to your questions. They are provided in triplicate, with affidavit.

9. Section A. Project Details, Item 13

Item 13(F): the FDA approval letter for the unit was omitted from the attachments. Please provide this information.

The FDA letter is attached following this page.

11. Section C, Need, Item C (Service Area) and Item D.2 (Special Needs)

Item D.2 - Are there population based cancer incidence cancer rates or similar metrics for the 3-county service area that can be included in the response for the item such that comparison to state or national rates might be illustrated? Please clarify.

4219 Hillsboro Road, Suite 203
Nashville, TN 37215
jwdsg@comcast.net
Tel 615.665.2022
Fax 615.665.2042

K123291

Additional Information

DEC 20 2012

July 27, 2018
11:54 A.M.

Premarket Notification [510(k)] Summary
TrueBeam Radiotherapy Treatment System

The following information is provided following the format of 21 CFR 807.92.

Submitter's Name:

Varian Medical Systems, Inc.
3100 Hansen Way E-110
Palo Alto, CA 94304

Contact Name: Vy Tran
Phone: 650.424.5731
Fax: 650.842.5040
Date: October 2012

Proprietary Name: TrueBeam™

Classification Name: Medical charged-particle radiation therapy system
21 CFR 892.5050, Class II
Product Code: 90 IYE

Common/Usual Name: TrueBeam Radiotherapy Delivery System

Predicate Device: TrueBeam Radiotherapy System and Accessories: K111106

Device Description: The TrueBeam™ Radiotherapy Delivery System is a medical linear accelerator that integrates the previously cleared Trilogy Radiotherapy system and associated accessories into a single device.

The system consists of two major components, a photon, electron, and diagnostic kV X-ray radiation beam-producing component that is installed in a radiation-shielded vault and a control console area located outside the treatment room.

Intended Use Statement The TrueBeam ™ system is intended to provide stereotactic radiosurgery and precision radiotherapy for lesions, tumors, and conditions anywhere in the body where radiation treatment is indicated.

Indications for Use Statement The TrueBeam ™ system is intended to provide stereotactic radiosurgery and precision radiotherapy for lesions, tumors, and conditions anywhere in the body where radiation treatment is indicated.

Technological Characteristics: Significant changes to the predicate device are listed below.

Feature	Cleared device	Device with change
Energy used	4-25MV	2.5, 4-25MV
6 rotational Couch	No	Yes
2D/3D Matching	No	Yes
4D CBCT	No	Yes
Multi-scan CBCT Acquisition	No	Yes
Motion Management Interface (MMI)	No	Yes

Summary of performance testing: Results of verification and validation testing showed conformance to applicable requirements specifications and assured hazard safeguards functioned properly.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
10903 New Hampshire Avenue
Document Control Center – WO66-G609
Silver Spring, MD 20993-002

Additional Information
July 27, 2018
11:54 AM.

December 20, 2012

Ms. Vy Tran
Vice President, Regulatory Affairs and Quality Assurance
Varian Medical Systems, Inc.
3100 Hansen Way, m/s C-255
PALO ALTO, CA 94304-1038

Re: K123291
Trade/Device Name: TrueBeam Radiotherapy Treatment System
Regulation Number: 21 CFR 892.5050
Regulation Name: Medical charged-particle radiation therapy system
Regulatory Class: II
Product Code: IYE
Dated: October 19, 2012
Received: October 22, 2012

Dear Ms. Tran:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set

Additional Information
July 27, 2018
11:54 A.M.

forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific advice for your device on our labeling regulation (21 CFR Parts 801 and 809), please contact the Office of *In Vitro* Diagnostics and Radiological Health at (301) 796-5450. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address http://www.fda.gov/cdrh/industry/support/index.html.

Sincerely Yours,

Janine M Morris -S

Janine M. Morris
Director
Division of Radiological Health
Office of In Vitro Diagnostics
and Radiological Health
Center for Devices and Radiological Health

Enclosure

Additional Information
July 27, 2018
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TrueBeam Radiotherapy Treatment System

Indications for Use

510(k) Number (if known): K123291

Device Name: TrueBeam Radiotherapy Treatment System

Indications for Use:

TrueBeam is intended to provide stereotactic radiosurgery and precision radiotherapy for lesions, tumors, and conditions anywhere in the body where radiation treatment is indicated.

Prescription Use X (Part 21 CFR 801 Subpart D) AND/OR Over-The-Counter Use _____ (21 CFR 801 Subpart C)

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE OF NEEDED)

Concurrence of CDRH, Office of In Vitro Diagnostic Devices (OIVD)

(Division Sign-Off)
Division of Radiological Health
Office of In Vitro Diagnostics and Radiological Health
510(k) K123291

Date: October 2012

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The following is from "Cancer in Tennessee", published by the Office of Cancer Surveillance, Tennessee Department of Public Health (2017).

Cancer is the second leading cause of death and resulted in over 577,000 years of potential life lost in Tennesseans during the 5-year period covered by this report. From 2010-2014, Tennessee experienced the 18th highest cancer incidence rate and the 6th highest cancer mortality rate in the United States.

Much of Tennessee's observed cancer incidence and mortality disparities relative to other states is due to a greater cancer burden among Tennessee's male population, who experience respectively the 10th and 6th highest cancer incidence and mortality burden compared to males in all other US states, whereas Tennessee females experience respectively the 28th highest cancer incidence burden and the 8th highest cancer mortality burden in the US.

The cancer incidence rate in Tennessee fell by 6.4% from 2010 to 2014 and this decrease was statistically significant. From 2011 to 2014, the number of cancer deaths has increased each consecutive year; however, note the cancer mortality rates continued to drop from 2013 to 2014. *Therefore, the increased numbers of cancer deaths observed is likely due to population increase in Tennessee.*

The 2010-2014 cancer incidence and mortality rates per 100,000 population (age-adjusted to the CY2000 census) for the USA, Tennessee, the Mid-Cumberland Region, and the project's service area counties are shown below. Bolded numbers are worse than the national rates.

New Cancer Incidence and Mortality Rates/100,000 Population		
Region	**Incidence Rate**	**Mortality Rate**
United States	*443.6	*161.3
Tennessee	**463.9**	**187.2**
Mid-Cumberland Region	**461.9**	**178.2**
Primary Service Area of Project		
Davidson County	**460.5**	**187.8**
Rutherford County	**452.1**	**175.5**
Williamson County	439.8	133.2
Secondary Service Area of Project		
Bedford County	**457.6**	**182.3**
Giles County	**460.7**	**200.2**
Marshall County	**485.8**	**210.3**
Maury County	**464.1**	**183.7**

*Source: Pages 18-19, Appendices II, II, "Cancer in Tennessee", TDH December 2017, based on 2010-2014 TN Cancer Registry and *NCI State Cancer Profiles.*

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The projections in this application do not assume any increases in the incidence of new cancer cases in the service area counties. The applicant's projections were made only on the basis of the applicant's current patients from service area counties, increased only in proportion to the projected county population changes for ages 50 years and older, which is conservative but nonetheless includes the ages which generate the great majority of new cancer cases.

Thank you for your assistance. We hope this provides the information needed to accept the application into the next review cycle. If more is needed please email or telephone me so that we can respond in time to be deemed complete.

Respectfully,

John Wellborn

John Wellborn
Consultant

Additional Information
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CANCER IN TENNESSEE

2010-2014

December 2017

Division of Policy, Planning, and Assessment
Office of Cancer Surveillance

This document presents cancer incidence and mortality information for the entire state of Tennessee focusing on the five-year period between 2010 and 2014, with comparisons to national rates. The report is made possible through data collected by the Tennessee Cancer Registry (TCR) as well as cancer registries nationwide. The TCR is dedicated to the collection and use of quality data for the purpose of decreasing the incidence and mortality of cancer in Tennessee.

Additional Information

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APPENDIX II. CANCER INCIDENCE AND MORTALITY, ALL SITES COMBINED, BY GENDER, RACE AND RESIDENT REGION, TENNESSEE, 2010-2014

	Incidence				Mortality				M:I
	Count*	Rate**	Lower CI	Upper CI	Count*	Rate**	Lower CI	Upper CI	Ratio †
Total Population									
Tennessee	172,133	463.9	461.7	466.2	68,698	187.2	185.8	188.6	0.40
East Region	35,795	479.7	474.6	484.8	14,062	188.1	184.9	191.3	0.39
Mid-Cumberland Region	40,486	461.9	457.3	466.5	14,831	178.2	175.2	181.1	0.39
Northeast Region	15,815	464.1	456.6	471.6	6,592	188.4	183.8	193.1	0.41
Northwest Region	7,563	457.4	446.9	468.2	3,435	203.6	196.7	210.6	0.45
South Central Region	10,735	455.7	446.9	464.6	4,510	190.7	185.1	196.4	0.42
Southeast Region	19,370	465.5	458.8	472.2	7,610	181.4	177.3	185.6	0.39
Southwest Region	31,723	457.8	452.7	463.0	13,143	195.5	192.1	199.0	0.43
Upper-Cumberland Region	10,540	460.1	451.0	469.2	4,515	193.5	187.8	199.3	0.42
Female									
Tennessee	89,405	528.6	525.1	532.2	31,340	153.1	151.4	154.8	0.29
East Region	18,859	545.5	537.5	553.6	6,362	153.7	149.9	157.6	0.28
Mid-Cumberland Region	20,717	527.8	520.2	535.4	6,852	146.6	143.1	150.1	0.28
Northeast Region	8,116	508.5	497.1	520.0	3,031	157.8	152.1	163.7	0.31
Northwest Region	4,024	527.8	511.2	544.9	1,538	164.0	155.7	172.7	0.31
South Central Region	5,587	513.5	499.7	527.6	1,994	153.3	146.6	160.4	0.30
Southeast Region	10,127	530.4	519.8	541.2	3,437	147.7	142.7	152.8	0.28
Southwest Region	16,189	530.4	521.9	539.0	6,177	160.5	156.4	164.6	0.30
Upper-Cumberland Region	5,727	528.8	514.8	543.2	1,949	154.6	147.7	161.9	0.29
Male									
Tennessee	82,728	418.0	415.1	420.9	37,358	235.2	232.8	237.7	0.56
East Region	16,936	431.5	424.8	438.2	7,700	234.3	228.9	239.8	0.54
Mid-Cumberland Region	19,769	416.4	410.5	422.3	7,979	223.6	218.4	228.8	0.54
Northeast Region	7,699	432.9	422.9	443.1	3,561	230.6	222.8	238.5	0.53
Northwest Region	3,539	406.6	392.8	420.8	1,897	260.0	248.1	272.3	0.64
South Central Region	5,148	415.9	404.3	427.8	2,516	242.7	233.0	252.8	0.58
Southeast Region	9,243	418.9	410.2	427.8	4,173	229.9	222.8	237.3	0.55
Southwest Region	15,534	408.7	402.2	415.3	6,966	247.3	241.3	253.5	0.61
Upper-Cumberland Region	4,813	406.8	394.9	419.0	2,566	244.5	234.9	254.5	0.60
Black									
Tennessee	22,231	467.0	460.6	473.5	9,772	223.6	218.9	228.3	0.48
East Region	1,201	446.7	421.0	473.5	530	212.9	194.7	232.4	0.48
Mid-Cumberland Region	5,263	460.4	447.2	473.8	2,216	215.9	206.4	225.6	0.47
Northeast Region	210	342.5	296.2	393.9	101	167.2	135.1	204.4	0.49
Northwest Region	763	480.8	446.3	517.1	327	217.3	193.8	242.7	0.45
South Central Region	531	361.0	330.2	393.9	286	207.0	183.2	233.1	0.57
Southeast Region	1,893	466.2	444.8	488.5	740	193.8	179.6	208.7	0.42
Southwest Region	12,212	480.5	471.5	489.6	5,524	237.1	230.5	243.8	0.49
Upper-Cumberland Region	147	538.7	453.3	635.0	48	183.9	134.4	244.9	0.34
White									
Tennessee	147,656	464.3	461.9	466.7	58,425	183.3	181.8	184.8	0.39
East Region	34,255	481.7	476.5	487.0	13,441	187.8	184.6	191.1	0.39
Mid-Cumberland Region	34,446	464.5	459.5	469.5	12,409	174.1	171.0	177.2	0.37
Northeast Region	15,524	467.5	459.9	475.1	6,466	189.1	184.5	193.9	0.40
Northwest Region	6,720	452.6	441.6	463.9	3,097	202.8	195.6	210.3	0.45
South Central Region	10,134	462.2	453.0	471.5	4,204	190.2	184.4	196.2	0.41
Southeast Region	17,245	466.0	458.9	473.2	6,836	181.7	177.3	186.1	0.39
Southwest Region	18,969	443.6	437.1	450.1	7,521	175.0	171.0	179.0	0.39
Upper-Cumberland Region	10,301	458.6	449.5	467.9	4,451	194.3	188.5	200.2	0.42

^Statistic not displayed due to fewer than 5 cases.

*Excludes individuals with disorders of sex development and transsexuals; excludes 3 cases with invalid county at diagnosis information.

**Rates are per 100,000 and age-adjusted to the 2000 US Standard Population Census P25-1130 standard.

†Mortality Incidence ratio. See Technical Notes for details.

Note that the number of cases by region may not sum up to the state total due to records missing resident county information.

Data Source

Additional Information
July 27, 2018
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APPENDIX III. CANCER INCIDENCE AND MORTALITY, ALL SITES COMBINED, BY RESIDENT COUNTY, TENNESSEE, 2010-2014

	Incidence				Mortality				M:I
	Count*	Rate**	Lower CI	Upper CI	Count*	Rate**	Lower CI	Upper CI	Ratio †
Tennessee	172,133	463.9	461.7	466.2	68,698	187.2	185.8	188.6	0.40
East Region	35,795	479.7	474.6	484.8	14,062	188.1	184.9	191.3	0.39
TN: Anderson County	2,464	484	464.5	504.2	1,006	188.5	176.8	200.9	0.39
TN: Blount County	3,948	486.4	471	502.3	1,406	172	163	181.5	0.35
TN: Campbell County	1,347	488.7	462.1	516.4	593	214.1	196.8	232.6	0.44
TN: Claiborne County	1,088	522.1	490.5	555.3	463	224.7	204.2	246.8	0.43
TN: Cocke County	1,120	466.3	438.4	495.8	534	218.5	199.8	238.6	0.47
TN: Grainger County	740	492.3	456.1	530.8	311	214.7	190.7	241.1	0.44
TN: Hamblen County	1,865	474.8	453	497.3	784	195.3	181.7	209.7	0.41
TN: Jefferson County	1,579	461.6	438.4	485.8	608	175.8	161.8	190.8	0.38
TN: Knox County	11,608	470.1	461.5	478.9	4,425	180.6	175.3	186.1	0.38
TN: Loudon County	1,884	488	464.6	512.3	696	174.3	161.1	188.4	0.36
TN: Monroe County	1,394	462.7	437.8	488.7	598	201.2	184.9	218.6	0.43
TN: Morgan County	645	479.3	442.1	518.9	226	174.3	151.8	199.4	0.36
TN: Roane County	1,874	477.5	455.3	500.7	791	196.3	182.6	211	0.41
TN: Scott County	694	535.3	495.4	577.7	306	241	214.3	270.3	0.45
TN: Sevier County	2,932	494.3	476.1	513.2	1,065	182.8	171.7	194.5	0.37
TN: Union County	613	534.5	491.5	580.3	250	223.9	196.2	254.6	0.42
Mid-Cumberland Region	40,486	461.9	457.3	466.5	14,831	178.2	175.2	181.1	0.39
TN: Cheatham County	1,117	530.9	498.8	564.5	438	225.5	203.9	248.8	0.42
TN: Davidson County	14,315	460.5	452.8	468.2	5,645	187.8	182.8	192.9	0.41
TN: Dickson County	1,408	486.1	460.6	512.6	565	199.3	183	216.8	0.41
TN: Houston County	282	509.6	449.6	575.9	125	217.4	180.3	260.7	0.43
TN: Humphreys County	677	539.8	498.7	583.6	276	220.1	194.3	248.7	0.41
TN: Montgomery County	3,101	442.4	426.5	458.8	1,234	194.3	183.3	205.8	0.44
TN: Robertson County	1,771	488.4	465.4	512.3	656	186.8	172.4	202.1	0.38
TN: Rutherford County	5,295	452.1	439.5	464.9	1,875	175.5	167.3	183.9	0.39
TN: Stewart County	447	498.2	451.7	548.7	196	221.2	190.6	255.7	0.44
TN: Sumner County	4,416	469.1	455	483.4	1,429	156.1	148	164.6	0.33
TN: Trousdale County	245	524.3	459.1	596.5	111	250.1	204.8	302.7	0.48
TN: Williamson County	4,259	439.8	426.1	453.8	1,175	133.2	125.4	141.3	0.30
TN: Wilson County	3,153	466.3	449.7	483.4	1,106	172.8	162.4	183.6	0.37
Northeast Region	15,815	464.1	456.6	471.6	6,592	188.4	183.8	193.1	0.41
TN: Carter County	1,619	421	400.1	442.8	736	182.9	169.7	197	0.43
TN: Greene County	2,199	468.4	448.4	489.2	919	191.5	179.1	204.7	0.41
TN: Hancock County	252	545	476.9	620.9	111	243.1	198.4	295.7	0.45
TN: Hawkins County	1,908	508.4	485.1	532.6	788	209.2	194.5	224.8	0.41
TN: Johnson County	563	446.2	408.9	486.5	252	202.1	177.4	229.5	0.45
TN: Sullivan County	5,231	472.1	458.9	485.5	2,137	185.1	177.2	193.3	0.39
TN: Unicoi County	623	462.8	425.8	502.5	270	187.1	165.1	211.8	0.40
TN: Washington County	3,420	450.3	435	466	1,379	178.9	169.5	188.8	0.40
Northwest Region	7,563	457.4	446.9	468.2	3,435	203.6	196.7	210.6	0.45
TN: Benton County	640	527.5	485.6	572.5	300	242.2	214.6	272.7	0.46
TN: Carroll County	948	489.8	458.1	523.2	413	209.3	189.2	231.1	0.43
TN: Crockett County	402	441.5	398.4	488.1	158	167.2	141.8	196.1	0.38
TN: Dyer County	981	429.4	402.5	457.8	416	180.7	163.5	199.3	0.42
TN: Gibson County	1,423	452.5	428.9	477.2	672	208	192.4	224.7	0.46
TN: Henry County	1,151	482.6	454	512.8	523	213.4	195.1	233.3	0.44
TN: Lake County	192	435.2	375	502.9	97	219.1	177.2	268.5	0.50
TN: Obion County	916	434.4	406	464.4	449	211.1	191.7	232.1	0.49
TN: Weakley County	910	437	408.3	467.3	407	191.3	172.8	211.4	0.44

Additional Information
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APPENDIX III. ALL SITES COMBINED CANCER INCIDENCE AND MORTALITY, BY RESIDENT COUNTY, TENNESSEE, 2010-2014, CONTINUED

South Central Region	10,735	455.7	446.9	464.6	4,510	190.7	185.1	[illegible]	[illegible]
TN: Bedford County	1,157	457.6	431.1	485.3	448	182.3	165.5	200.3	0.40
TN: Coffee County	1,510	462.8	439.3	487.3	629	188.5	173.9	204.1	0.41
TN: Giles County	903	460.7	430.1	493	397	200.2	180.6	221.6	0.43
TN: Hickman County	695	477.5	441.9	515.2	294	201.6	178.7	226.6	0.42
TN: Lawrence County	1,170	442.8	417.2	469.5	516	192.1	175.7	209.8	0.43
TN: Lewis County	411	528.2	476.4	584.5	169	213.6	181.8	249.8	0.40
TN: Lincoln County	871	392.9	366.5	420.9	427	189.5	171.7	208.8	0.48
TN: Marshall County	880	485.8	453.4	520	376	210.3	189.1	233.4	0.43
TN: Maury County	2,222	464.1	444.5	484.3	871	183.7	171.5	196.6	0.40
TN: Moore County	180	402	343.6	468.5	62	130.9	100	169.9	0.33
TN: Perry County	260	477.9	418.8	543.7	112	196.5	160.9	238.6	0.41
TN: Wayne County	476	432.3	393.6	474.1	209	188	163.1	216	0.43
Southeast Region	19,370	465.5	458.8	472.2	7,610	181.4	177.3	185.6	0.39
TN: Bledsoe County	400	465.1	419.3	515	137	160.6	134.1	191.3	0.35
TN: Bradley County	2,687	452.9	435.7	470.7	1,085	184.3	173.4	195.8	0.41
TN: Franklin County	1,262	465.8	439.7	493.3	505	178.6	163.1	195.4	0.38
TN: Grundy County	421	467.7	422.4	516.8	207	223.1	192.9	257.1	0.48
TN: Hamilton County	9,565	457.7	448.3	467.1	3,582	169.4	163.8	175.2	0.37
TN: McMinn County	1,564	447.6	425.1	471.1	685	193.6	179.1	209.1	0.43
TN: Marion County	980	524.7	491.2	560	405	215.7	194.6	238.6	0.41
TN: Meigs County	393	487.9	438.3	541.9	169	218.2	184.8	256.3	0.45
TN: Polk County	591	516.8	474.6	562	255	218.2	191.6	247.8	0.42
TN: Rhea County	1,025	506.4	475	539.4	381	186.3	167.7	206.6	0.37
TN: Sequatchie County	482	512.9	466.4	563	199	216	186.2	249.6	0.42
Southwest Region	31,723	457.8	452.7	463	13,143	195.5	192.1	199	0.43
TN: Chester County	430	427.7	387.4	471.2	194	189.6	163.5	218.8	0.44
TN: Decatur County	391	444	399.1	493	190	207.2	177.9	240.7	0.47
TN: Fayette County	1,173	452.8	426.2	480.8	412	162.2	146.4	179.4	0.36
TN: Hardeman County	778	478.2	444.5	513.9	329	206.1	184.1	230.2	0.43
TN: Hardin County	811	439.5	408.5	472.4	352	183.1	164	204.1	0.42
TN: Haywood County	500	451.1	411.3	493.9	218	191.6	166.4	219.7	0.42
TN: Henderson County	807	473.9	441	508.7	349	202.8	181.7	225.8	0.43
TN: Lauderdale County	727	486.4	451	523.8	310	211.2	188	236.6	0.43
TN: McNairy County	814	460.9	428.7	495	392	217.2	195.8	240.4	0.47
TN: Madison County	2,425	432.3	414.9	450.2	1,004	179.5	168.4	191.2	0.42
TN: Shelby County	21,319	460.6	454.3	467	8,753	197.5	193.3	201.8	0.43
TN: Tipton County	1,548	482.7	458.4	508	640	208.8	192.5	226.1	0.43
Upper-Cumberland Region	10,540	460.1	451	469.2	4,515	193.5	187.8	199.3	0.42
TN: Cannon County	427	471.6	427	520	185	202.4	173.9	234.6	0.43
TN: Clay County	249	427.8	373.8	488.4	122	196.1	162.1	236.4	0.46
TN: Cumberland County	2,278	467	446.2	488.6	903	176.7	164.7	189.5	0.38
TN: DeKalb County	520	428.1	391.1	467.9	226	185.9	161.9	212.6	0.43
TN: Fentress County	621	513.9	472.4	558.4	254	212.7	186.5	241.9	0.41
TN: Jackson County	356	431.8	385.8	482.3	154	180.9	152.4	213.8	0.42
TN: Macon County	640	479.3	442.1	518.9	286	215	190.4	242.1	0.45
TN: Overton County	716	480.1	444.5	518.1	320	211.4	188.3	236.7	0.44
TN: Pickett County	183	459.4	390.2	539.1	71	160.3	124	206.6	0.35
TN: Putnam County	1,898	444.4	424.2	465.3	821	191.5	178.5	205.3	0.43
TN: Smith County	516	450.1	411.1	492	225	206.1	179.4	235.8	0.46
TN: Van Buren County	176	443.8	376.7	520.5	67	162.8	124.5	210.7	0.37
TN: Warren County	1,094	451.9	425	480.1	506	205.5	187.8	224.6	0.45
TN: White County	866	492.3	459.1	527.4	375	206.8	186	229.5	0.42

^Statistic not displayed due to fewer than 5 cases.

*Excludes individuals with disorders of sex development and transsexuals; excludes 3 cases with invalid county at diagnosis information.

**Rates are per 100,000 and age-adjusted to the 2000 US Standard Population Census P25-1130 standard.

†Mortality Incidence ratio. See Technical Notes for details.

Note that the number of cases by region may not sum up to the state total due to records missing resident county information.

JUL 27 '18 AM 11:54

Additional Information
July 27, 2018
11:54 A.M.

AFFIDAVIT

STATE OF TENNESSEE

COUNTY OF DAVIDSON

NAME OF FACILITY: TENNESSEE ONCOLOGY RADIATION THERAPY, FRANKLIN

I, JOHN WELLBORN, after first being duly sworn, state under oath that I am the applicant named in this Certificate of Need application or the lawful agent thereof, that I have reviewed all of the supplemental information submitted herewith, and that it is true, accurate, and complete.

John Wellborn
Signature/Title

Sworn to and subscribed before me, a Notary Public, this the 27th day of July, 2018, witness my hand at office in the County of Davidson, State of Tennessee.

Kailey Rozell
NOTARY PUBLIC

My commission expires September 7 2021.

KAILEY ROZELL
STATE OF TENNESSEE NOTARY PUBLIC
Exp. Sept. 07, 2021
DAVIDSON COUNTY

HF-0043

Revised 7/02