LEG HEALTH VASCULAR CENTERS. INC.

Administrative Offices: 2525 Bell Rd - Montgomery, AL 36117

August 3, 2020

Hon. Emily T Marsal
Executive Director
State Health Planning and Development Agency
100 North Union Street
RSA Union Building, Suite 870
Montgomery, AL 36130-3025

Re: Non -- Reviewability Determination Request for Leg Health Vascular Centers Inc.

Dear Ms. Marsal:

On behalf of Leg Health Vascular Centers, Inc., I am writing pursuant to CON r. 410-1-7-.02 to submit a reviewability determination request in accordance with the Alabama State Health Planning and Development Agency's certificate of need program rules and regulation. Specifically, we respectfully request a determination of non-reviewability with respect to the addition of an office-based lab. Our physicians intend to perform low risk peripheral angiography and interventional procedures, left and right diagnostic heart catheterizations- coronary angiography ,elective Internal cardiac defibrillator (ICD) and planned pacemaker generator changes, low risk ICD and pacemaker implantation, implantable lop recorder insertion, direct current cardioversion, infusa port placement, transesophageal echocardiography, pulmonary artery pressure recording devices and low risk atrial, ventricular and nodal ablation procedures within our private practice. No novel procedures will be performed, and all of the procedures requested are standard, commonly performed in both inpatient and outpatient settings. The procedures are low risk, minimally invasive and general anesthesia is not required, nor will it be used in the office lab setting. Leg Health Vascular Centers has an established care plan including the Identification of involved personnel and equipment, to deal with any issues related to unexpected changes in a patient's status. This includes oxygen and masks for ventilation, medications for arrhythmias and reversal of sedation, defibrillation and pacing as well as a pathway to transfer to a higher level of care as needed. Our physicians have personally verified that every procedure requested above has been previously approved for other office-based labs in our state.

Our goal with this letter is to demonstrate that our request falls within the criteria of the Physician Office Exemption and outside of the thresholds established for CON review. See Ala. Code 22-21-260(6) offices of private physicians are not "health care facilities" and 22-21-2(8) "health services" do not include " the lawful practice of any profession or vocation conducted independently of a health care facility and in accordance with applicable licensing laws of this state"). The private practice office location for Leg Health Vascular Centers; Dr. Robert Yoe, Dr. John Mitchell and Dr. Jacob Townsend is 2375 Suite 100 Champions Bivd. Auburn, Al 36830. The service area for this request is Auburn

Alabama and surrounding counties. The physician owners and or employees of Leg Health Vascular Centers; Dr. Robert Yoe, Dr. John Mitchell, and Dr. Jacob Townsend, are each licensed in the state of Alabama and certified to perform the procedures listed above. The physicians will not perform any acute emergency cardiac interventions nor any coronary angioplasty in the private practice setting. In addition, the private practice facility will not be used for inpatient care.

The criteria as adopted by the Supreme Court for the Physician Office Exemption are as follows:

- 1. The proposed services are to be provided, and related equipment used, exclusively by the physicians identified as owners or employees of the physician's practice for the care of their patients.
- 2. The proposed services are to be provided, and related equipment used, at any office of such physicians.
- 3. All patients' billings related to such services are through, or expressly on behalf of, the physician's practice.
- 4. The equipment shall not be used for inpatient care, nor by, through or on behalf of a healthcare facility.

Leg Health Vascular Centers, Inc. will meet the four requirements set forth by the Alabama Supreme Court, respectfully as follows:

- Procedures will be performed only by physician owners or physicians employed by Leg Health Vascular Centers, Inc. and the related equipment shall be used exclusively by the physicians identified as owners or employees.
- 2. All procedures will be performed in the private physician office of Leg Health Vascular Centers, Inc., currently located at the address provided in the letter head of this document. All equipment necessary for the performance of the procedures will be used only in the office of Leg Health Vascular Centers, Inc.
- 3. The patient billing related to such services are through, or expressly on behalf of the private physician offices of Leg Health Vascular Centers, Inc.
- 4. At no time will the equipment identified for the performance of the office-based procedures provided in this letter be used for inpatient care, nor by, through or on behalf of a health care facility.

For the purpose of this request, we would like to provide the following Financial Disclosure:

Total Major Medical Equipment estimated cost for the office-based procedures = \$350,000,00

a) To include: Diagnostic X-Ray System, patient monitoring equipment, patient recovery equipment, defibrillator and IVUS for arterial and venous procedures. All other equipment is already owned by the private practice.

Estimated annual first year operating cost: Total = \$618,000

- a) Building Lease \$48,000.00/annual
- b) Equipment Lease \$120,000.00/annual
- c) Supplies \$200,000.00

- d) Employee Wages 250,000.00
- e) Land Cost None
- f) Renovation/Construction Cost- None

In light of the foregoing analysis, our request should meet the criteria adopted by the Alabama Supreme Court for application of the Private Office Exemption. As noted above, we can also affirm that this addition of services within our private physician practice will not exceed any of the certificate of need expenditure thresholds, nor will it constitute a "new institutional health service" under Alabama Code 22-21-263 and the Rules due to the following:

- a) No new health care facility or health maintenance organization will be constructed, developed or acquired;
- b) No major medical equipment will be acquired by or on behalf of a health care facility that exceeds the statutory purchase price or operating expense thresholds;
- c) No new health care facility beds or stations will be added;
- d) No new health service that is currently offered by Leg Health Vascular Centers, inc. will be provided with the implementation of the procedures described in the document; and
- e) No other event reviewable under the CON law or Rules will occur as a result of our implementation of the procedures described in this document.

With the support of this document we respectfully request that the Alabama State Health Planning and Development Agency grant a determination of non-reviewability to Leg Health Vascular Centers, Inc. for the proposed procedures as described above.

No other healthcare facilities have any financial interests in Leg Health Vascular Centers Inc.

An electronic payment of \$1,000.00 for the filing fee with respect to a request for a reviewability determination will be sent today via the SHPDA online payment portal.

Please do not hesitate to call or contact me; Jeff Welch (205) 563-5082 - jeffwelch@myhealthscan.com with any questions.

Leg Health Vascular Centers Inc. Management/Administrative Offices for correspondence – 2525 Bell Rd. Montgomery, AL 36117 Attn: Jeff Welch

We appreciate your time and consideration in this matter.

Kind Regards,

Jeff Welch

Partner, Managing Member

Leg Health Vascular Centers, Inc.

Request Summary:

Name of Company/Private Practice applying: Leg Health Vascular Centers Inc.

Manager/ Practice Administrator - Jeff Welch 2525 Bell Rd Montgomery, AL 36117

Physicians: Dr. Robert Yoe, Dr. John Mitchell and Dr. Jacob Townsend

Private Practice address- 2375 Suite 100 Champions Blvd. Auburn, AL 36830

Service Area- Auburn and surrounding counties

Services Provided- low risk peripheral angiography and interventional procedures, left and right diagnostic heart catheterizations- coronary angiography ,elective internal cardiac defibrillator (ICD) and planned pacemaker generator changes, low risk ICD and pacemaker implantation, implantable lop recorder insertion, direct current cardioversion, infusa port placement, transesophageal echocardiography, pulmonary artery pressure recording devices and low risk atrial, ventricular and nodal ablation procedures

*General anesthesia not needed or used for these services.

Financial breakdown: Total Major Medical Equipment estimated cost for the office-based procedures = \$350,000.00

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- h) Equipment Lease \$120,000.00/annual
- i) Supplies \$200,000.00
- j) Employee Wages 250,000.00
- k) Land Cost None
- i) Renovation/Construction Cost- None

Financial Interest by other health care facilities or groups- NONE

Check or Money Order: Paid via SHPDA online portal 8/5/2020

^{*}Established care plan, to include a transfer to higher level of care, is included in the request

^{*}Services provided are within the physicians scope of practice and all procedures have been approved in other private practice OBL's in the state of Alabama.

Affirmation of Requesting Party:

The undersigned, Jeff Welch, being first duly sworn, hereby make oath or affirm that he, a Partner and Managing Member of, Leg Health Vascular Centers Inc., has knowledge of the facts in the request, and to the best of his information, knowledge and belief, such facts are true and correct.

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Subscribed and sworn to me before this 3th day of August 2020.

Notary Public_

Fred Lobraton

My commission expires 10/25/2022