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Jun 04 2019

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

June 4, 2019

Emily T. Marsal
Executive Director
State Health Planning and Development Agency
100 North Union Street
Suite 870
Montgomery, Alabama 36130

Re: Change of Ownership Determination Request

Dear Ms. Marsal:

Pursuant to Section 410-1-7-.04 of the Rules and Regulations of the State Health Planning and Development Agency (the "SHPDA Rules"), I enclose for your consideration a Notice of Change of Ownership/Control filed on behalf of our client, The Healthcare Authority for Winfield, Alabama ("the Authority"), asking for your determination that the contemplated intracompany reorganization of Northwest Medical Center (i.e., transfer of the facility's assets from a subsidiary to the parent organization) is not subject to Certificate of Need ("CON") review. I also enclose a check in the amount of \$2,500 for the filing fee required under the SHPDA Rules. This request is being made more than thirty (30) days prior to completion of the contemplated transaction. The contemplated transaction will be made in compliance with all applicable requirements.

As specifically required by Section 410-1-7-.04(3), you are hereby notified of the following:

(a) Financial Scope of Project. There will be no purchases of medical equipment, capital expenditures, or new annual operating costs in excess of the spending thresholds set forth in ALA. CODE § 22-21-264(a)(2). The proposed transaction does not reflect new costs exceeding the following expenditure thresholds: (i) \$2,997,918 for major medical equipment; (ii) \$1,199,166 for new annual operating costs; and (iii) \$5,995,836 for capital expenditures;

(b) Services to be Offered. It is contemplated that no new health services will be offered as a result of the transaction;

(c) New Beds. The contemplated transaction does not include the addition of any new beds;

(d) Conversion of Beds. The contemplated transaction does not involve the conversion of any beds; and

(e) Nature of the Transaction. The contemplated transaction will not involve the transfer of any stock but does involve the transfer of the assets owned and operated by Northwest Medical Center, Inc. to the Authority.

Should there be any other information necessary to insure a full understanding by the State Health Planning and Development Agency, we would be happy to provide it.

I look forward to hearing from you.

Sincerely,

A handwritten signature in black ink that reads "Lauren C. DeMoss". The signature is written in a cursive style with a large initial "L".

Lauren C. DeMoss

NOTICE OF CHANGE OF OWNERSHIP/CONTROL

The following notification of intent is provided pursuant to all applicable provisions of ALA. CODE § 22-21-270 (1975 as amended) and ALA. ADMIN. CODE r. 410-1-7-.04. This notice must be filed at least twenty (20) days prior to the transaction.

Change in Direct Ownership or Control (of a vested Facility; ALA. CODE §§ 22-20-271(d), (e))

Change in Certificate of Need Holder (ALA. CODE § 22-20-271(f))

Change in Facility Management (Facility Operator)

Any transaction other than those above-described requires an application for a Certificate of Need.

Part I: Facility Information

SHPDA ID Number: 093-6531027
(This can be found at www.shpda.alabama.gov, Health Care Data, ID Codes)

Name of Facility/Provider: Northwest Medical Center
(ADPH Licensure Name)

Physical Address: 1530 U. S. Hwy 43
Winfield, AL 35594

County of Location: Marion

Number of Beds/ESRD Stations: 71

CON Authorized Service Area (Home Health and Hospice Providers Only). Attach additional pages if necessary. _____

Part II: Current Authority (Note: If this transaction will result in a change in direct ownership or control, as defined under ALA. CODE § 22-20-271(e), please attach organizational charts outlining current and proposed structures.)

Owner (Entity Name) of Facility named in Part I: Northwest Medical Center, Inc.

Mailing Address: 1530 U. S. Hwy 43
Winfield, AL 35594

Operator (Entity Name): Northwest Medical Center, Inc.

Part III: Acquiring Entity Information

Name of Entity: The Healthcare Authority of Winfield, Alabama

Mailing Address: 1530 U. S. Hwy 43
Winfield, AL 35594

SWORN to and subscribed before me, this 30th day of May, 2019.

(Seal)

Danna Hardin
Notary Public

My Commission Expires: 7/8/20

DANNA HARDIN
Notary Public, State of Alabama
Alabama State At Large
My Commission Expires
July 08, 2020

Acquiring Authority Signature(s):

I agree to be responsible for reporting of all services provided during the current annual reporting period, as specified in ALA. ADMIN. CODE r. 410-1-3-.12. The information contained in this notification is true and correct to the best of my knowledge and belief.

Purchaser(s): The Healthcare Authority of Winfield, Alabama

Operator(s): The Healthcare Authority of Winfield, Alabama

Title/Date: _____

SWORN to and subscribed before me, this _____ day of _____, 2019.

(Seal)

Notary Public

My Commission Expires: _____

Author: Alva M. Lambert
Statutory Authority: § 22-21-271(c), Code of Alabama, 1975
History: New Rule

SWORN to and subscribed before me, this _____ day of _____, 2019.

(Seal)

Notary Public

My Commission Expires: _____

Acquiring Authority Signature(s):

I agree to be responsible for reporting of all services provided during the current annual reporting period, as specified in ALA. ADMIN. CODE r. 410-1-3-.12. The information contained in this notification is true and correct to the best of my knowledge and belief.

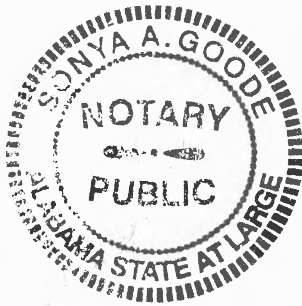
Purchaser(s): The Healthcare Authority of Winfield, Alabama 

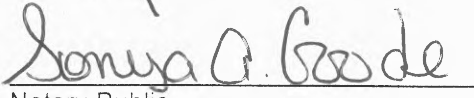
Operator(s): The Healthcare Authority of Winfield, Alabama 

Title/Date: _____

SWORN to and subscribed before me, this 30th day of May, 2019.

(Seal)




Notary Public

My Commission Expires: 9-15-19

Author: Alva M. Lambert
Statutory Authority: § 22-21-271(c), Code of Alabama, 1975
History: New Rule