

Certificate of Need Program



GENERAL APPLICATION FOR CERTIFICATE OF NEED REVIEW

Physician Reliance Network, LLC

CON File Number: 23-1/4-12836-A

December 11, 2023

RECEIVED
2023 DEC 11 PM 3:34
WV HEALTHCARE
AUTHORITY

GENERAL INFORMATION

1. This application is a general purpose form. Not all items relate to a specific project. If you have any questions about the Certificate of Need (CON) process or the applicability of any item on your project, feel free to contact the CON program staff.
2. As set forth in W.Va. Code § 16-2D-13(b)(1), a person proposing a proposed health service shall submit a Letter of Intent ten (10) days prior to submitting the CON application. In addition, W.Va. C.S.R. § 65-32-8.3 states that a CON application must be filed ten (10) days after the Letter of Intent.
3. PLEASE NOTE: The application will not be accepted if the information contained in the application does not match the Letter of Intent (e.g. capital expenditure, service area and case file name).
4. PLEASE NOTE: The appropriate CON filing fee, as set forth in W.Va. Code § 16-2D-13(b)(2), must be paid concurrently with the filing of the CON application. Checks shall be made payable to the "West Virginia Health Care Authority".
5. The applicant shall have the verifications attached to the CON application signed by the Chief Executive Officer and by the person who prepared the application.
6. An application will not be declared complete if the applicant is a health care facility subject to the financial disclosure provisions of W.Va. Code § 16-29B-24 or W. Va. C.S.R. § 65-13-1 et seq., and the health care facility has failed to file with the Health Care Authority all reports, records, data or other information required by the Code and rules promulgated pursuant to the Code.
7. The CON staff will review the application for completeness upon receipt and acceptance of the application. Within ten (10) days of acceptance, the application will either be declared complete or a request for additional information will be issued.
8. Any amendment to the application must be made in writing. If an amendment is deemed to be substantial by the CON staff, the application may be withdrawn and made subject to a new review cycle.
9. An applicant may withdraw its application at any time without prejudice. Applicants must notify the CON Program in writing of such action. PLEASE NOTE: Application fees are non-refundable.
10. The application must be assembled in the same sequence as this form. In the upper right hand corner of each page, including attachments, specify the section and page number. In the upper left hand corner of each page, repeat the facility name and case file number. Response to items should be provided repeating each question before providing your response.
11. Applicants must provide a signed original as well as one (1) copies of the entire application to:

Physician Reliance Network, LLC
CON File #23-1/4-12836-A

Barbara Skeen, Director
Certificate of Need
West Virginia Health Care Authority
100 Dee Drive
Charleston, West Virginia 25311-1692

Submit the application in the following manner:

- a. The original application must be in a three-ring, hard-back notebook with alphabetized section dividers.
 - b. One (1) copy is to be submitted unbound and unstapled.
12. Applicants must also provide one (1) copy of the entire application to:

Offices of the Insurance Commissioner
Attn: Consumer Advocacy Division
P.O. Box 11685
Charleston, West Virginia 25339-1685

For Hand Deliveries:
One Players Club Drive, Third Floor
Charleston, West Virginia 25301
13. The application and any other material in the case file become public documents and are available for inspection and copying upon request.
14. Data and approved need methodologies will be provided by the Authority upon request only. CON Standards can be obtained on the Authority's website at www.hca.wv.gov under 'Certificate of Need'.
15. Certificate of Need law and legislative rules may be obtained by contacting:

Administrative Law Division
Secretary of State's Office
Building 1, Suite 157-K
Charleston, West Virginia 25305
Telephone: (304)-558-6000

**WEST VIRGINIA HEALTH CARE AUTHORITY
PRIVACY NOTICE**

Please do not submit any information that contains personally identifiable information (PII), including protected health information (PHI). PII is all information that identifies or can be used to identify, locate, or impersonate a particular individual. PHI is a subset of PII, held by HIPAA covered entities. PHI is individually identifiable health information. In some limited instances, the West Virginia Health Care Authority will request that you provide a name as part of your financial disclosure submission. If requested, this name must be provided. However, in compliance with the above directions, do not provide additional non-requested PII or PHI items, such as a social security number, home address, or medical record number. This data submission is public information, available to anyone on the Internet, and all non-requested PII and PHI must be removed prior to submission in order to protect an individual's privacy. The agency makes every effort to identify documents containing PII and PHI. Those documents identified as containing non-requested PII and PHI will not be accepted and are subject to being redacted, shredded or returned to the submitting agency. As a result, your facility may be declared out of compliance with financial disclosure and subject to all penalties up to and including fines and injunctive relief.

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SECTION A: IDENTIFICATION OF THE APPLICANT

Note: The applicant is the governing body or person proposing a new institutional health service and who is, or will be, the licensee of the health care facility in which the service will be located. In those cases not involving a licensed health care facility, the governing body or person proposing to provide the service is the applicant. Incorporators or promoters who will not constitute the governing body or person responsible for the new service may not be the applicant.

1.

Physician Reliance Network, LLC

Name of Applicant

6555 State Hwy 161

Address of Applicant

Irving	Dallas	TX	75039
City	County	State	Zip Code

Jason Hammonds President, US Oncology, Inc. Managing Member	(281) 863-1000
Name and Title	Telephone

2.

West Virginia Radiation Therapy Services, Inc. dba GenesisCare (Fairlea, Greenbrier County, West Virginia and Princeton, Mercer County, West Virginia)

Name of Facility at Which Project Will Be Developed

Acquisition transaction between Physician Reliance Network, LLC (purchaser) and West Virginia Radiation Therapy Services, Inc., GenesisCare USA of Florida, LLC and GenesisCare USA Services, LLC (sellers)

Project Name

1. 187 Skylar Drive

Address

Fairlea	Greenbrier	WV	24901
City	County	State	Zip Code

2. 660 New Hope Road

Address

Princeton	Mercer	WV	24740
City	County	State	Zip Code

Medicare Provider Number: 9356461
(West Virginia Radiation Therapy Services, Inc.)

Medicaid Provider/NPI Number: 1154301539
(West Virginia Radiation Therapy Services, Inc.)

Type of License (attach copy): Not applicable as the radiation oncology therapy centers are outpatient treatment facilities.

3. Person to contact regarding this application:

Robert L. Coffield

Name and Title

Flaherty Sensabaugh Bonasso PLLC

Organization

200 Capitol Street (P.O. Box 3843)

Address

Charleston	Kanawha	WV	25338
City	County	State	Zip Code

WORK Email: rcoffield@flahertylegal.com

4.

Type of Project: Acquisition Transaction

5. Check the appropriate category, which describes the Applicant.

<input type="checkbox"/> PROPRIETARY	<input type="checkbox"/> NON-PROFIT	<input type="checkbox"/> GOVERNMENTAL
<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> State
<input type="checkbox"/> Corporation	<input type="checkbox"/> Church	<input type="checkbox"/> County
<input type="checkbox"/> General Partnership	<input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Other (Specify)

Other (Specify)

- Genesis Care Pty Ltd is the sole owner of Genesis Care Finance Pty Ltd, the sole owner of Genesis Specialist Care UK Limited, the sole owner of GenesisCare USA Group Holdings, Inc. fka Orion US Holdings, Inc., the sole owner of GenesisCare USA Holdings, Inc. fka 21st Century Oncology Holdings, Inc., the sole owner of GenesisCare USA, Inc. fka 21st Century Oncology, Inc., the sole owner of West Virginia Radiation Therapy Services, Inc. GenesisCare USA, Inc. fka 21st Century

Oncology, Inc. is also the sole owner of GenesisCare USA of Florida, LLC and GenesisCare USA Services, LLC.

West Virginia Radiation Therapy Services, Inc. is the current owner and operator of the existing radiation oncology services and equipment, including the linear accelerators and other equipment utilized to provide megavoltage radiation therapy ("MRT") services at the radiation oncology centers located at 187 Skylar Drive, Fairlea, Greenbrier County, West Virginia 24901 and 660 New Hope Road, Princeton, Mercer County, West Virginia 24740.

Physician Reliance Network, LLC
CON File #23-1/4-12836-A

Exhibit A-1

STATE OF DELAWARE
CERTIFICATE OF FORMATION

OF

PHYSICIAN RELIANCE NETWORK, LLC

This Certificate of Formation of Physician Reliance Network, LLC is being duly executed and filed by Melisa Jacobs, as an authorized person, to form a limited liability company under the Delaware Limited Liability Company Act (6 Del.C. 18-101, et seq.), as amended.

FIRST. The name of the limited liability company is "Physician Reliance Network, LLC".

SECOND. The address of its registered office in the State of Delaware is: Corporation Trust Center, 1209 Orange Street, in the City of Wilmington, Delaware 19801. The name of its registered agent at such address is The Corporation Trust Company.

THIRD. This Certificate of Formation shall be effective on December 31, 2007.

IN WITNESS WHEREOF, the undersigned have executed this Certificate of Formation of Physician Reliance Network, LLC this 27th day of December, 2007.



Melisa Jacobs
Authorized Person

State of Delaware
Secretary of State
Division of Corporations
Delivered 06:45 PM 12/27/2007
FILED 06:34 PM 12/27/2007
SRV 071368523 - 3471350 FILE

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PHYSICIAN RELIANCE NETWORK, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF NOVEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PHYSICIAN RELIANCE NETWORK, LLC" WAS FORMED ON THE NINETEENTH DAY OF DECEMBER, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



3471350 8300

SR# 20234102313

You may verify this certificate online at corp.delaware.gov/authver.shtml

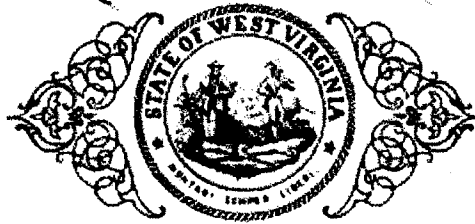
A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 204700080

Date: 11-30-23

State of West Virginia



Certificate

*I, Mac Warner, Secretary of State of the
State of West Virginia, hereby certify that*

PHYSICIAN RELIANCE NETWORK, LLC

Control number: 9B737

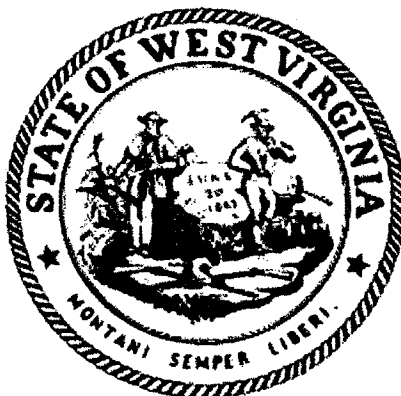
a limited liability company formed under the laws of Delaware

has filed its "Application for Certificate of Authority" in my office according to the provisions of West Virginia Code §31B-10-1002. I hereby declare the organization to be registered as a foreign limited liability company from its effective date of December 04, 2023 until the expiration of the term or dissolution of the company.

Therefore, I hereby issue this

CERTIFICATE OF AUTHORITY OF A FOREIGN LIMITED LIABILITY COMPANY

to the limited liability company authorizing it to transact business in West Virginia _____



*Given under my hand and the
Great Seal of the State of
West Virginia on this day of
December 04, 2023*

Mac Warner

Secretary of State

570117

**WEST VIRGINIA APPLICATION FOR
CERTIFICATE OF AUTHORITY OF
LIMITED LIABILITY COMPANY**Form LLF-1
Rev. 06/5/2019West Virginia Secretary of State
Business & Licensing Division
Tel: (304)558-8000
Fax: (304)558-8381
Website: www.wvsos.gov**FILED****DEC 04 2023****FILE ONE ORIGINAL**(Two if you want a filed stamped
copy returned to you.)IN THE OFFICE OF
WV SECRETARY OF STATE**FILING FEE: \$150 *Fee Waived for Veteran-owned organization**

Control # _____

***** The undersigned, having authority to transact business on behalf of a foreign (out-of-state) registered entity, agrees to ***
comply with the requirements of West Virginia Code §31B-10-1002 to apply for Certificate of Authority.**

1. The name of the limited liability company
-
- as registered in its home state is:

Physician Reliance Network, LLC

and the State or Country of organization is: Delaware☒ **CHECK HERE** to indicate you have obtained and submitted with this application a **CERTIFICATE OF EXISTENCE (GOOD
STANDING)**, dated during the current tax year, from your home state of original formation as required to process your application.
The certificate may be obtained by contacting the Secretary of State's Office in the home state of original formation.

2. The business name to be used in West
-
- Virginia will be: [The name must con-
-
- tain one of the required terms such as
-
- "limited liability company" or abbreviations
-
- such as "LLC" or "PLLC." See instructions
-
- for complete list of acceptable terms and re-
-
- quirements for use of Trade Name.]

☒ **Home State name as listed in Section 1. above, if available in West Virginia**(If name is not available, check **DBA Name** box below and follow special instructions
in Section 2. attached.)☐ **DBA Name** _____(See special instructions in Section 2. regarding the **Letter of Resolution** attached to
this application. View a **sample Letter of Resolution**.)

3. The company will be a: [See
-
- instructions for limitations on professions
-
- which may form PLLC in WV. All
-
- members must have WV professional
-
- license. See (*) note at the right.]

☒ **Regular LLC**☐ **Series LLC** [WV Code §41-1A-14(c)]☐ **Professional LLC*** for the profession of: _____

(See Section 3. of the attached instructions for list of accepted professions.)

☐ **Professional business organizations:** **CHECK BOX** indicating you have attached the state
licensing board **Verification of Eligibility (Form YOE)** to these Articles if your profession
meets the requirements as defined by Chapter 30 of WV Code. **Your application will be
rejected if the YOE signed by the board is not attached.**

4. The address of the principal office
-
- of the company will be:

Street: 10101 Woodloch Forest Drive

City: The Woodlands State: TX Zip Code: 77380

County: Out of State

Located in the County of (required):

The mailing address of the above
location, if different, will be:

Street: 10101 Woodloch Forest Drive

City: The Woodlands State: TX Zip Code: 77380

5. The address of the initial designated
-
- (physical) office of the company in
-
- West Virginia, if any, will be:

Street: _____

City: _____ State: _____ Zip Code: _____

Located in the County of:

County: _____

**RECEIVED****DEC 04 2023****606788**

WEST VIRGINIA APPLICATION FOR CERTIFICATE OF AUTHORITY OF LIMITED LIABILITY COMPANY

Page 2

5. (Continued from previous page....)

The mailing address of the above location, if different, will be:

Street: _____

City: _____ State: _____ Zip Code: _____

6. Agent of Process:
may be sent, if any, will be:

Name: CT Corporation System

Street: 5098 Washington St. W. Ste. 407

City: Charleston State: WV Zip Code: 25313-1561

7. E-mail address where business correspondence may be received: Scott.Weiss@McKesson.com

8. Website address of the business, if any (ex: yourdomainname.com): _____

9. Do you own or operate **more than one business in West Virginia?** ☐ Yes * Answer a. and b. below. ☒ No ☐ Decline to answer

If "Yes"... a. How many businesses? _____ b. Located in how many West Virginia counties? _____

10. The company will be - ☒ an AT-WILL company, conducting business for an indefinite period.
CHECK ONE (required): ☐ a TERM company, conducting business for the term of _____ years.11. The company will be - ☒ MEMBER-MANAGED [List the names and addresses of all MEMBERS below.]
CHECK ONE (required): ☐ MANAGER-MANAGED [List the names and addresses of all MANAGERS below.]

List the name(s) and address(es) of the MEMBER(S) [if member-managed] or the MANAGER(S) [if manager-managed] of the company (required; Note: The application will be rejected if the information is not provided below. Attach additional pages if necessary.):

Name	No. & Street Address	City	State	Zip Code
US Oncology, Inc.	10101 Woodloch Forest Drive	The Woodlands	TX	77380

12. All or specified members of a limited liability company are **liable in their capacity as members** for all or specified debts, obligations or liabilities of the company (required): ☒ No - All debts, obligations and liabilities are those of the company. ☐ Yes - Those persons who are liable in their capacity as members for all debts, obligations or liability of the company have consented in writing to the adoption of the provision or to be bound by the provision.13. a. The **purpose(s)** for which this limited liability company is formed is as follows:

[Describe the type(s) of business activity which will be conducted, for example, "real estate," "construction of residential and commercial buildings," "commercial painting," "professional practice of law" (see Section 2. for acceptable "professional" business activities). Purpose may conclude with words "...including the transaction of any or all lawful business for which corporations may be incorporated in West Virginia."]

To transact any and all lawful business for which limited liability companies may be organized and offer in

West Virginia.

WEST VIRGINIA APPLICATION FOR CERTIFICATE OF AUTHORITY OF LIMITED LIABILITY COMPANY

Page 3

b. Will the above purpose include any business activity conducted as a **consumer litigation financier** pursuant to WV Code §46A-6N?

☐ Yes [By checking "Yes," the applicant affirms the above purpose includes the required statement that the organization shall be designated as a **litigation financier** pursuant to WV Code §46A-6N. You are also affirming that you have included with this application an original completed copy of the required Application for Registration as a Litigation Financier (Form LF-1) with the associated requisite filing fee.]

☒ No [Proceed to 14.]

14. Is the business a **Scrap Metal Dealer**?

☐ Yes [If "Yes," you must complete the **Scrap Metal Dealer Registration Form** (Form SMD-1) and proceed to Section 15.]

☒ No [Proceed to Section 15.]

15. Other provisions which may be set forth in the operating agreement or matters not inconsistent with law;
[See instructions for further information; use extra pages if necessary.]

16. The number of pages attached and included in these Articles is: 4 total

17. The requested effective date is:

[Requested date may not be earlier than filing nor later than 90 days after filing in our office.]

☒ the date and time of filing in the Secretary of State's Office.

☐ the following date _____ and time _____

18. Is the organization a "veteran-owned" organization?

Effective JULY 1, 2015, to meet the requirements for a "veteran-owned" organization, the entity filing the registration must meet the following criteria per West Virginia Code §59-1-2a:

1. A "veteran" must be honorably discharged or under honorable conditions, and
2. A "veteran-owned business" means a business that meets one of the following criteria:
 - o Is at least fifty-one percent (51%) unconditionally owned by one or more veterans; or
 - o In the case of a publicly owned business, at least fifty-one percent (51%) of the stock is unconditionally owned by one or more veterans.

☐ Yes (If "Yes," attach Form DD214)

☐ CHECK BOX indicating you have attached Veteran Affairs Form DD214

☒ No

You may obtain a copy of your Veterans Affairs Form DD214 by contacting:

**National Personnel Records Center
Military Personnel Records**

1 Archives Drive

St. Louis, MO 63138

Toll free: 1-86-NARA-NARA or 1-866-272-6272

Phone: 314-801-0800

www.archives.gov/veterans/military-service-records

Per WV Code 59-1-2(j) effective July 1, 2015, the registration fee is waived for entities that meet the requirements as a "veteran-owned" organization. See attached instructions to determine if the organization qualifies for this waiver. In addition, a "veteran-owned" entity will have four (4) consecutive years of Annual Report fees waived AFTER the organization's initial formation [see WV Code 59-1-2a(m)].

19. **Contact and Signature Information*** (See below Important Legal Notice Regarding Signature):

a. Contact person to reach in case there is a problem with filing: Robert L. Coffield, Esq. Phone: 304-347-3791

b. Print or type name of signer: Jason Hammonds

Title/Capacity of signer: President

c. Signature:

DocuSigned by:

Jason Hammonds

Date: November 30, 2023

^{4FEC350B753C470}
*Important Legal Notice Regarding Signature: Per West Virginia Code §31B-2-209. Liability for false statement in filed record. If a record authorized or required to be filed under this chapter contains a false statement, one who suffers loss by reliance on the statement may recover damages for the loss from a person who signed the record or caused another to sign it on the person's behalf and knew the statement to be false at the time the record was signed.

Important Note: This form is a public document. Please do **NOT** provide any personal identifiable information on this form such as social security number, bank account numbers, credit card numbers, tax identification or driver's license numbers.

Reset Form

Print Form

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PHYSICIAN RELIANCE NETWORK, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF NOVEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PHYSICIAN RELIANCE NETWORK, LLC" WAS FORMED ON THE NINETEENTH DAY OF DECEMBER, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



3471350 8300

SR# 20234102313

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 204700080

Date: 11-30-23

SECTION B: AUTHORIZATION TO PURSUE THE PROJECT

- 1. Attach written authorization of the governing body's approval of the proposal and its written authorization empowering the signer of the application, the contact person(s) listed in Section A and any other individuals to act on behalf of the Applicant during the course of this review.**

Attached as **Exhibit B-1** is a Written Consent of the Sole Member of Physician Reliance Network, LLC dated December 1, 2023, related to Physician Reliance Network, LLC entering into an Asset Purchase Agreement with West Virginia Radiation Therapy Services, Inc., GenesisCare USA of Florida, LLC and GenesisCare USA Services, LLC, Sellers, involving the acquisition of the existing radiation oncology services and equipment, including the linear accelerators and other equipment utilized to provide megavoltage radiation therapy ("MRT") services currently located at 187 Skylar Drive, Fairlea, Greenbrier County, West Virginia 24901 and 660 New Hope Road, Princeton, Mercer County, West Virginia 24740; authorizing the filing of the certificate of need application, authorizing Robert L. Coffield and the law firm of Flaherty Sensabaugh Bonasso PLLLC to prepare, execute and file the certificate of need letter of intent, certification of need application, and such other documents necessary on behalf of Physician Reliance Network, LLC related to the certificate of need application and approval process; and authorizing the Managing Member of Physician Reliance Network, LLC to execute the certificate of need application on behalf of Physician Reliance Network, LLC.

Exhibit B-1

**WRITTEN CONSENT OF THE SOLE MEMBER OF
PHYSICIAN RELIANCE NETWORK, LLC**

December 1, 2023

The undersigned, constituting the sole member of Physician Reliance Network, LLC, a Delaware limited liability company (the "Company") acting consistent with the Limited Liability Company Agreement dated December 31, 2007, hereby consents and approves to the adoption of the following resolutions:

WHEREAS, the Company has entered into an Asset Purchase Agreement with West Virginia Radiation Therapy Services, Inc., GenesisCare USA of Florida, LLC, and GenesisCare USA Services, LLC (the "Sellers") involving the acquisition of the existing radiation oncology services and equipment, including the linear accelerators and other equipment utilized to provide megavoltage radiation therapy ("MRT") services currently located at 187 Skylar Drive, Fairlea, Greenbrier County, West Virginia 24901 and 660 New Hope Road, Princeton, Mercer County, West Virginia 24740 (the "Transaction");

WHEREAS, by Written Consent of the Managing Member of the Company, the Managing Member (the "Managing Member") authorized the same to enter into the Asset Purchase Agreement and take any and all steps in connection with obtaining approvals of the Transaction, including obtaining the approval of any governmental or regulatory agency or authority that may be necessary or advisable, and to execute any and all required notifications, applications, reports, consents or other instruments or any amendments thereto and to effect all necessary filings or amendments thereto with any and all appropriate governmental or regulatory agencies or authorities; and

WHEREAS, the Company desires to obtain certificate of need approval from the West Virginia Health Care Authority (the "Authority") by filing a certificate of need application seeking approval of the Transaction.

NOW, THEREFORE, BE IT RESOLVED, by the Member as follows:

RESOLVED, that the Company is authorized to file a certificate of need application with the Authority seeking regulatory approval of the Transaction and file such other documents, instruments, regulatory notifications with the State of West Virginia, and take all other necessary actions related to regulatory approvals;

RESOLVED, that Robert L. Coffield and the law firm of Flaherty Sensabaugh Bonasso PLLC, is authorized and directed to prepare, execute and file the certificate of need letter of intent, certificate of need application, and such other documents necessary on behalf of the Company, along with receiving and responding to requests for additional information from the Authority, and shall be designated as the contact person with the Authority in connection with the certificate of need application case file related to the Transaction;

RESOLVED, that the Company's Managing Member is authorized to execute the certificate of need application, to make and execute any other filings with any governmental agency necessary, appropriate or desirable to carry out fully the intent of this foregoing resolutions, and file such other documents in the name of, and on behalf of, the Company related to the Transaction; and

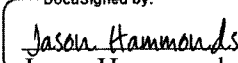
RESOLVED, that all prior actions taken in the name of, and on behalf of, the Company in connection with the Transaction are hereby ratified and confirmed in all respects.

[SIGNATURE APPEARS ON THE FOLLOWING PAGE]

IN WITNESS WHEREOF, the undersigned Managing Member of the Company has executed this Written Consent of the Managing Member of Physician Reliance Network, LLC, as of the date first set forth above.

Physician Reliance Network, LLC,
a Delaware limited liability company

By: US Oncology, Inc., Managing Member

By: DocuSigned by:

Jason Hammonds

Its: Jason Hammonds
President

SECTION C: DESCRIPTION OF THE PROJECT

1. Generally describe the project. The description should include:

- **Specific services to be provided;**
- **Proposed service area and population to be served;**
- **Objectives of the project;**
- **Components of the project;**
- **General organization and management structure; and**
- **Capital expenditures associated with the project.**
 - **Capital expenditure is defined at W.Va. Code § 16-2D-2(10).**
 - **Expenditure minimum is defined at W.Va. Code § 16-2D-2(15); the expenditure minimum is adjusted yearly on or before December 31 of each year and is posted on the Authority's website.**

This project involves seeking certificate of need approval from the West Virginia Health Care Authority ("Authority") for a proposed acquisition transaction between West Virginia Radiation Therapy Services, Inc., GenesisCare USA of Florida, LLC and GenesisCare USA Services, LLC ("GenesisCare"), as sellers, and the certificate of need applicant and purchaser, Physician Reliance Network, LLC, a Delaware limited liability company ("PRN"), under the terms of an Asset Purchase Agreement to acquire two West Virginia cancer centers providing radiation oncology and cancer care services located at 187 Skylar Drive, Fairlea, Greenbrier County, West Virginia 24901 and 660 New Hope Road, Princeton, Mercer County, West Virginia 24740 ("Transaction"). The Transaction includes the acquisition of the existing radiation oncology services and equipment, including the linear accelerators and other equipment utilized to provide megavoltage radiation therapy ("MRT") services at the two West Virginia cancer centers.

PRN is a wholly owned subsidiary of US Oncology, Inc., which is a subsidiary of US Oncology Holdings, Inc., which is a subsidiary of McKesson Corporation. US Oncology, Inc. operates as a key player in the healthcare sector, focusing on oncology and cancer care. The company is dedicated to advancing cancer care by providing comprehensive support and solutions to patients, physicians, and healthcare systems. US Oncology's network encompasses a broad range of healthcare professionals and facilities, including oncologists, radiologists, hospitals, and specialized cancer treatment centers. This extensive network enables them to deliver integrated care that is tailored to individual patient needs. The company prides itself on its commitment to innovation in cancer treatment, including the adoption of new technologies and therapies. As a part of McKesson Corporation, a global leader in healthcare supply chain management solutions, US Oncology benefits from McKesson's vast resources, expertise, and infrastructure. This relationship enhances their ability to provide cutting-edge treatment options and supports their mission to lead transformative efforts in cancer care, both in the United States and internationally.

West Virginia Radiation Therapy Services, Inc. is the current owner and operator of the existing radiation oncology services and equipment, including the linear accelerators and other equipment utilized to provide megavoltage radiation therapy ("MRT") services at two West Virginia cancer centers. GenesisCare USA of Florida, LLC, is a party to the Transaction solely with respect to the planned assignment of the real property leases associated with the operation of the MRT Services. GenesisCare USA Services, LLC is a party to the Transaction solely with respect to the transition of the employees who operate and provide the MRT Services.

GenesisCare and certain of their respective affiliates filed voluntary petitions for relief pursuant to chapter 11 of the U.S. Bankruptcy Code on June 1, 2023, in the U.S. Bankruptcy Court for the Southern District of Texas, Houston Division ("Bankruptcy Court"), which cases are jointly administered under Case No. 23-90614 (DRJ) (Bankr. S.D. Tex.). The Transaction between GenesisCare and PRN is authorized by the Bankruptcy Court pursuant to, *inter alia*, sections 105, 363, 365, 1123, 1129, 1141 and/or 1142 of the Bankruptcy Code, in accordance with the other applicable provisions of the Bankruptcy Code and the Federal Rules of Bankruptcy Procedure and the local rules for the Bankruptcy Court, as set forth in the Asset Purchase Agreement and the Joint Plan of Reorganization Pursuant to Chapter 11 of the Bankruptcy Code and subject to the entry and terms of the Sale Order.

The proposed Transaction is considered an acquisition subject to certificate of need review under the West Virginia certificate of need law and regulation. The Transaction will result in 100% change of ownership and control of West Virginia Radiation Therapy Services, Inc. PRN does not anticipate any immediate changes to the delivery of the MRT Services currently provided other than those expected in the normal course of business. PRN plans to utilize the radiation oncology services of Oncology and Hematology Associates of Southwest Virginia, Inc. dba Blue Ridge Cancer Center under a service agreement that will be negotiated and entered into between the parties prior to Closing. Moreover, PRN will use a wholly owned subsidiary, AOR Management Company of Virginia, Inc. or another affiliate to provide management, administrative and business services as are necessary and appropriate for the day-to-day administration of the nonmedical aspects of Oncology and Hematology Associates of Southwest Virginia, Inc. dba Blue Ridge Cancer Center's medical practice.

The proposed capital expenditure associated with the Transaction is estimated to be approximately \$8,125,000.00, which includes the purchase price to acquire the MRT Services, the estimated transaction costs and expenses, and the certificate of need application filing fee of \$25,000.00. The Transaction is currently anticipated to close on or after February 1, 2024, subject to regulatory approvals and discussions between the parties (the "Closing").

2. If the facility or service is/will be managed or operated by someone other than the owner, specify and explain the relationship. Attach a copy of

the contract or proposed contract under which the facility or service will be managed or operated.

Following completion of the Transaction, PRN will become the owner and operator of the MRT services and equipment currently owned and operated in Fairlea, Greenbrier County, West Virginia and in Princeton, Mercer County, West Virginia by West Virginia Radiation Therapy Services, Inc. PRN plans to utilize the radiation oncology services of Oncology and Hematology Associates of Southwest Virginia, Inc. dba Blue Ridge Cancer Center under a service agreement that will be negotiated and entered into between the parties prior to Closing. Moreover, PRN will use a wholly owned subsidiary, AOR Management Company of Virginia, Inc. or another affiliate to provide management, administrative and business services as are necessary and appropriate for the day-to-day administration of the nonmedical aspects of Oncology and Hematology Associates of Southwest Virginia, Inc. dba Blue Ridge Cancer Center's medical practice.

3. Complete the following table regardless of the effect the project will have on the facility's bed capacity.

Not applicable. This project involves the acquisition of existing radiation oncology services and equipment, including the linear accelerators and other equipment utilized to provide MRT services in Fairlea, Greenbrier County, West Virginia and in Princeton, Mercer County, West Virginia. There are no beds involved.

BED CLASSIFICATIONS	LICENSED BEDS	CON APPROVED	TOTAL CURRENT	PROPOSED PROJECT CHANGES		TOTAL PROPOSED BEDS
				Increase	Decrease	
Gen. med/surg (adult)						
Gen. med/surg (pediatric)						
Psychiatric						
Obstetrics						
Orthopedic						
Chemical Detox						
Other acute (specify)						
Swing beds						
Med/surg intensive care						
Cardiac intensive care						
Pediatric intensive care						
Neonatal intensive care						
Burn care						
Psychiatric intensive care						
Other special care (specify)						

Other intensive care (specify)						
Total Acute Care						
Skilled Nursing LTC						
Intermediate LTC						
Psychiatric LTC						
I/DD						
Personal care						
Respite						
Rehabilitation						
Chronic disease						
Chemical dependency						
Other (specify)						
Total Non-acute Care	0					0
TOTAL FACILITY						

4. Complete the following table for each ancillary service affected by the project. Complete for most recently completed fiscal and first full year of operation after completion of the project. Use separate lines for inpatient and outpatient components of the same service. Define service units used and state all assumptions used on a separate sheet of paper and attach.

Not applicable. This is an acquisition transaction.

SERVICE	CURRENT YEAR ENDING _____		PROJECTED YEAR ENDING _____	
	CAPACITY	UTILIZATION	CAPACITY	UTILIZATION

5. **Moveable Equipment Cost**

Provide a listing of movable equipment associated with the project. Major items of equipment valued under \$100,000 may be grouped by department or services. In the case of rooms, units, etc., list what common items each will contain. For donated equipment, list appraised value.

a. **Equipment to be Acquired by Purchase, Lease or Donation:**

The Asset Purchase Agreement sets forth the Acquired Assets, including all tangible assets (including Equipment) of the seller, GenesisCare.

EQUIPMENT DESCRIPTION	COST	INSTALLATION RENOVATION	FAIR MARKET VALUE	TOTAL COST
TOTAL				

b. Specify terms of maintenance agreement.

Not applicable.

6. For construction projects, complete the following for each site under construction.

Not applicable. This is an acquisition transaction and does not involve any construction.

a. Description.

b. Location described in writing and shown on a map.

c. Acreage.

d. Purchase cost or documented appraised value. Attach a copy of appraisal report.

e. Estimated site development cost.

f. Documentation of availability.

g. Office of Health Facility Licensure and Certification (OHFLAC) survey form, if proposed facility is subject to licensure.

7. Provide one full-size set of schematic (single-line) drawings, to scale, of the project which shows the relationships of the various departments or services to each other and the room arrangement in each department. Note the name of each room. Include reduced, but readable, copies in your application.

Not applicable.

8. Provide a tabulation of square footage for each affected department of the facility and proposed changes using the following format:

Not applicable.

(A)	(B)	PROPOSED PROJECT			COST
-----	-----	------------------	--	--	------

SERVICE/ DEPT.	EXISTING	(C) NEW	(D) RENOVATED	(E) DELETED	TOTAL PROJECT (C-D-E)	TOTAL SERVICE/ DEPT (B-C-D-E)	
TOTAL FACILITY							

9. Capital Cost of Project

Complete only those sub-items which apply to your project.

Costs should be based on timetable provided in Section D of this application. Review of cost increase, if necessary, will be based on delays in that timetable or rates of inflation that exceed the assumptions used to calculate costs.

		Amount
a.	Site Acquisitions Costs:	
	1. Purchase Price	\$ 8,000,000.00
	2. Closing Costs and Miscellaneous	\$ 100,000.00
	3. Other (specify)	
	Subtotal (a)	\$8,100,000.00
b.	Site Preparation Costs:	N/A
	1. Demolition	
	2. Earthwork	
	3. Site Utilities	
	4. Road, Parking and Walks	
	5. Other (specify)	
	a.	
	b.	
	c.	
	Subtotal (b)	
c.	Architectural and Engineering:	N/A
	1. Architectural Fees	
	2. Engineering Fees	
	Subtotal (c)	
d.	Consultant Fees:	
	1. CON Application Preparation Fees	N/A
	2. CON Application Filing Fee	\$ 25,000.00
	3. Other (Specify)	N/A
	Subtotal (d)	\$ 25,000.00
e.	Direct Construction Costs:	N/A
	1. Cost of Materials	
	2. Cost of Labor	
	3. Fixed Equipment Included in Construction Contract	
	4. Contingency (%)	

	Subtotal (e)	
f.	Moveable Equipment Costs:	N/A
	From Section C, Question 5	
	Subtotal (f)	
g.	For all types of financing, complete the applicable items:	N/A
	1. Legal Fees:	
	a. Bond Counsel*	
	b. Underwriter's Counsel*	
	c. Applicant's Counsel*	
	d. Other	
*If no specific amount agreed to, state percentage or rate per hour and estimated number of hours.		
	2. Capitalized interest (Interest earned less interest paid during construction.)	
	3. Feasibility Study	
	4. Other (Specify):	
	a.	
	b.	
	Subtotal (g)	
TOTAL PROJECT COST		\$ 8,125,000.00

Anticipated construction start and end dates on which cost estimates area based:

Not applicable

Estimate annual inflation rate used to project costs:

Not applicable.

SECTION D: PROJECT TIMETABLE

Provide a timetable for incurring the obligation for any capital expenditure associated with the project and for implementation of the project.

SIGNIFICANT PHASES OF PROJECT	ESTIMATED MONTHS SUBSEQUENT TO CON APPROVAL
Land (site) acquired	N/A
Final plans and specifications submitted to the Office of Health Facility Licensure & Certification	N/A
Financing arrangements completed	N/A
Initial capital expenditure obligated	N/A
Construction contract secured and signed	N/A
Construction started	N/A
Remaining capital expenditure obligated	N/A
Equipment orders submitted	N/A
Construction completed	N/A
Request for substantial compliance review submitted to CON Program	Upon closing of transaction
Project completed and in operation	The parties target date for completing and closing the transaction is on or after February 1, 2024, pending receipt of bankruptcy court and regulatory approvals (including certificate of need approval), as needed.

SECTION E: THE NEED AND ACCESSIBILITY OF THE POPULATION TO BE SERVED

PLEASE NOTE that the Need Methodology of the applicable State Health Plan CON Standards (CON Standards) should be addressed under Section E.

- 1. Identify the study area or service area for the proposed project as defined in the applicable CON Standards. Please note that multiple Standards may apply. If the identified service area is not defined in the CON Standards, provide rationale for the area proposed.**

This project involves the acquisition of two West Virginia cancer centers providing radiation oncology services located at 187 Skylar Drive, Fairlea, Greenbrier County, West Virginia 24901 and 660 New Hope Road, Princeton, Mercer County, West Virginia 24740 ("Transaction"). The Transaction includes the acquisition of the existing radiation oncology services and equipment, including the linear accelerators and other equipment utilized to provide megavoltage radiation therapy ("MRT") services at the two West Virginia cancer centers.

The primary service area of the Fairlea, West Virginia cancer center location is:

- Greenbrier County, West Virginia
- Monroe County, West Virginia
- Pocahontas County, West Virginia and
- Summers County, West Virginia

The primary service area of the Princeton, West Virginia cancer center location is:

- Mercer County, West Virginia
- McDowell County, West Virginia
- Monroe County, West Virginia and
- Tazewell County, Virginia

In addition to the primary service area, there are cancer patients who reside in other West Virginia and Virginia counties who utilized the services at the cancer center locations. Since this is an acquisition transaction of an existing and operating health care provider and service, there is change to the service areas or the services provided at the cancer center as a result of the Transaction.

- 2. In all cases, provide an analysis of the need for the project which, at a minimum, should address:**
 - a. Estimated population of the service area (current year and future five years). (Data provided by the Authority shall be used; in addition, the applicant may propose to use other data – in which event, the source of the data must be stated as well as the rationale for using it.)**

Using data from the Bureau of Business and Economic Research, College of Business and Economics, West Virginia University, Population Projections by Age and Sex, 2020 – 2040, the estimated population of the applicable West Virginia primary service area for the cancer centers are as follows¹:

Fairlea, West Virginia cancer center location:

County	2023	2024	2025	2026	2027	2028
Greenbrier	32,449	32,275	31,782	31,612	31,442	31,274
Monroe	12,221	12,169	12,002	11,952	11,901	11,851
Pocahontas	7,645	7,571	7,414	7,343	7,272	7,203
Summers	11,588	11,467	11,318	11,200	11,083	10,967
TOTAL	63,903	63,482	62,516	62,107	61,698	61,295

Princeton, West Virginia cancer center location:

County	2023	2024	2025	2026	2027	2028
McDowell	18,137	17,824	17,312	17,013	16,719	16,430
Mercer	58,907	58,657	58,332	58,084	57,838	57,592
Monroe	12,221	12,169	12,002	11,952	11,901	11,851
TOTAL	89,265	88,650	87,646	87,049	86,458	85,873

- b. **Calculation of need utilizing the methodology contained in the applicable CON Standards (Data provided by the Authority must be used; in addition, a need calculation may be stated based on the data used in response to question 2.a. of this Section E.)**

Not applicable. There is no State Health Plan need methodology for acquisition transactions involving the acquisition of existing health care facilities. This Transaction involves PRN acquiring the existing radiation oncology services and equipment, including the linear accelerators and other equipment utilized to provide MRT services currently owned and operated by GenesisCare in Fairlea, Greenbrier County, West Virginia and Princeton, Mercer County, West Virginia. There will be no immediate changes to the services offered or the provider of the services as a result of the Transaction. The need for the project was demonstrated in the previous certificate of need approvals issued by the Authority.

- c. **Other need methodologies may be used in the absence of a State Health Plan methodology or to supplement item b. (above).**

Not applicable. There will be no changes to the services offered today. The Transaction involves PRN acquiring the existing radiation oncology services and equipment, including the linear accelerators and other equipment utilized to provide MRT services currently owned and operated GenesisCare at the Fairlea, Greenbrier County, West Virginia and Princeton, Mercer County, West Virginia locations.

¹ Bureau of Business and Economic Research, West Virginia Population Projection by Counties – Male and Female, October, 2022, https://business.wvu.edu/files/d/73f29801-fb12-40d4-b8d0-5802a29742be/wvsummary_2022.pdf.

d. A map of the service area.

See **Exhibit E-1** for maps of the service areas.

e. A list of all of the existing providers of similar services and utilization rates for each of them.

Not applicable.

3. What are the proposed hours and days of operation for the facility or health services?

The facilities are open Monday through Friday from 8:00 a.m. to 5:00 p.m.

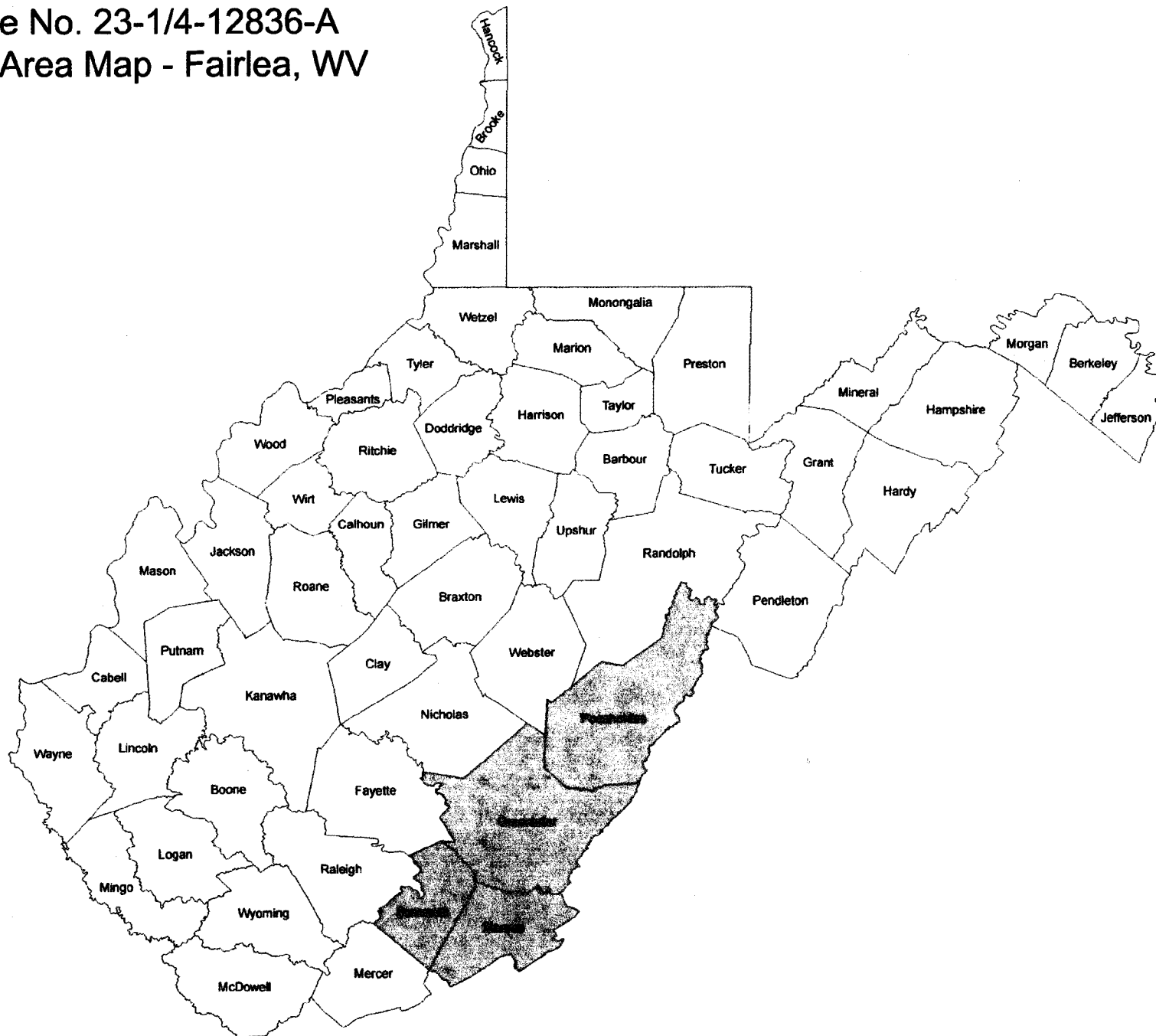
4. What arrangements will be made for individuals requiring access to services during those hours that it is not operating?

MRT services are scheduled procedures used to treat cancer and individuals receiving MRT services will not require after hours treatment. However, a cancer specialist is on call at all times when the facilities are closed in the event complications arise after a patient's treatment.

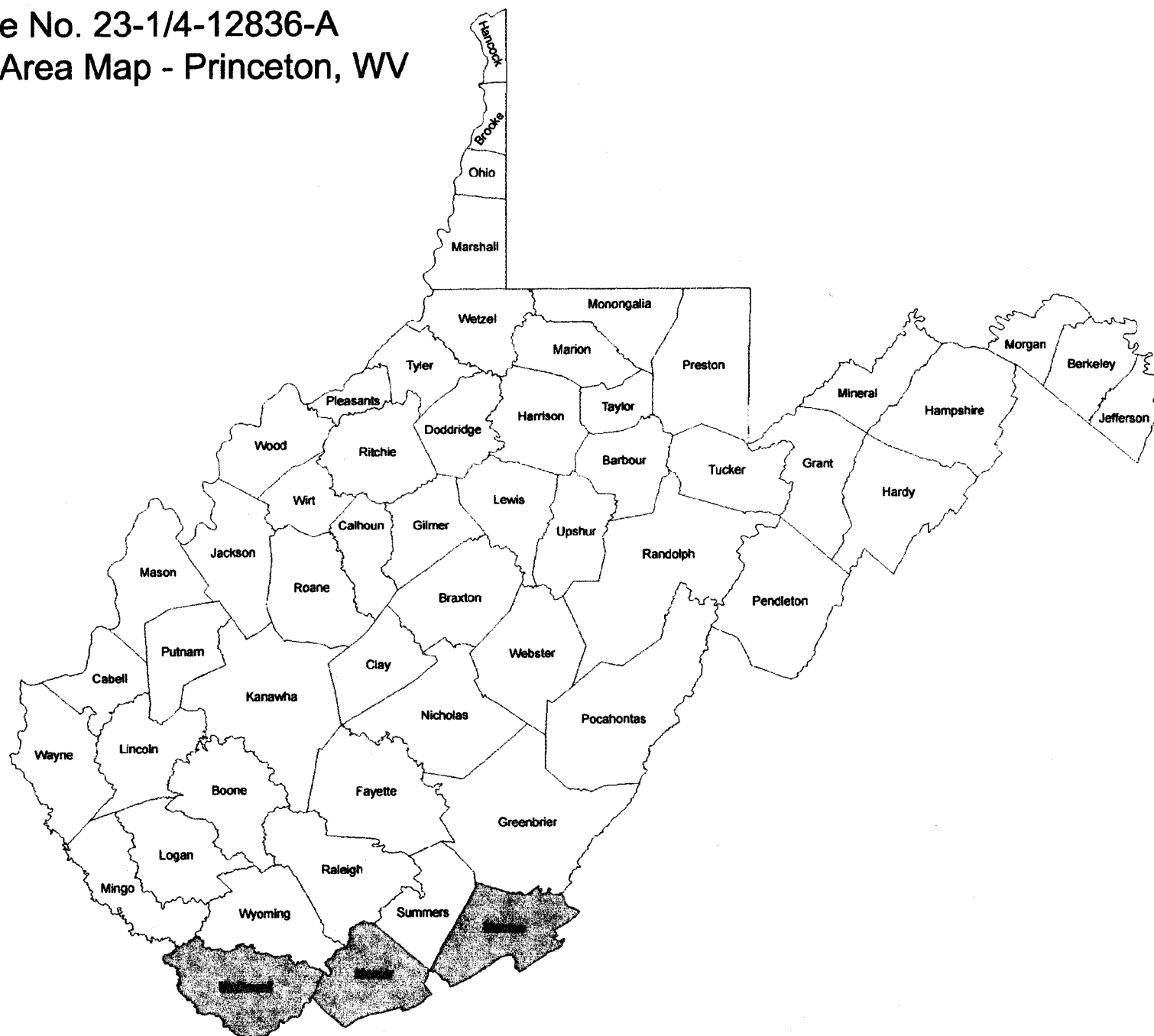
Physician Reliance Network, LLC
CON File #23-1/4-12836-A

Exhibit E-1

Physician Reliance Network, LLC
CON File No. 23-1/4-12836-A
Service Area Map - Fairlea, WV



Physician Reliance Network, LLC
CON File No. 23-1/4-12836-A
Service Area Map - Princeton, WV



SECTION F: POLICIES FOR PATIENT ADMISSION AND PROVISION OF UNCOMPENSATED CARE

- 1. Describe the facility's policies for patient admission as listed; include copies of policies or of proposed policies, if available.**

There will be no immediate change in the policies and procedures of the cancer centers as a result of the acquisition transaction. PRN plans to assess the current policies and procedures used by GenesisCare at the cancer center locations and will implement its own policies and procedures following the Closing of the Transaction.

- a. Medical criteria.**

Within available capacity, the cancer centers treat all patients that are determined by a physician to be medically appropriate for admission. All patients must be under a physician's care.

- b. Financial criteria.**

All patients medically appropriate for admission are admitted regardless of their ability to pay and regardless of their financial status. Financial data is obtained to determine if the patient meets the requirements to be classified as in need of financial assistance. The Financial Assistance Application Processing Procedure and the Intergy Patient Registration Procedure currently used by GenesisCare at the MRT service cancer centers are included as part of **Exhibit F-1**.

- c. Other criteria related to non-discriminatory access to services and placement.**

The MRT service cancer centers provide care to all patients in need of the radiation oncology services provided and does not discriminate on the basis of race, creed, color, sex, national origin, religion or handicapped status. The Patient Rights and Responsibilities Policy currently used by GenesisCare at the MRT service cancer centers is included as part of **Exhibit F-1**.

- 2. Specifically describe policies for provision of uncompensated care as listed.**

- a. Note the projected value of 1) uncompensated care and 2) charity care, consistent with financial projections in Section O.**

The financial projections contained in Section N assume a level of uncompensated and charity care which reflects the historical experience of the MRT service cancer centers.

b. Describe admissions screening procedure for medically indigent patients.

The Financial Assistance Application Processing Procedure included as part of **Exhibit F-1** outlines how the customer service team and the Financial Counselors processing of Financial Assistance Applications within Salesforce. Financial assistance is based on the household income, assets, and family size. As stated in the existing policies, the Financial Counselors pre-screen patients to determine the appropriateness of the patient completing the Financial Assistance Application. Once the patient is determined eligible for assistance, the Financial Counselors will submit the Application to customer service for final approval.

c. If applicable, describe the facility's progress in meeting its Hill-Burton obligation or other charity care policies or requirements.

Not applicable.

Exhibit F-1

Procedure #: CS.PRO.001	Procedure Title: Financial Assistance Application Processing Procedure (Reviewing FA Document Validation in Salesforce)	Page 1 of 4
Dept. Name: RCM Customer Service	Procedure Effective Date:	Responsible Reviewer(s): Title: Customer Service Manager Title: Executive Director of Patient Access

1 Overview

- 1.1. This Procedure outlines how the Customer Service team processes Financial Assistance Applications within Salesforce.

2 Keywords/Definitions

- 2.1. Salesforce – a web application which houses the workflow for Financial Counselors and charge adjustments across most 21C offices.
- 2.2. ESTRES – the value of the patient estimate as outlined by the Financial Counselor workflow.
- 2.3. TransUnion – a credit reporting agency which can be leveraged to obtain patient financial capability information.

3 Procedure

Reviewing FA Document Validation in Salesforce

1. Open the FA Document Validation queue inside of Salesforce and you will find a list of FCID numbers that are pending review.



FA Document Validation



2. Click the FCID to open the calculation sheet and open the account in Intergrity. Review the source of income field first. To see the following:
 - a. Salary
 - i. This will need to be validated based upon the patients POI
 - b. Patient Balance
 - c. Estres
 - d. Is Patient Under Insured
 - i. If this say "No" immediately reject the application
 - e. Discount %
 - i. 100% or 50% will appear
3. Scroll to the bottom of the calculation sheet, and download or preview the FA application to validate that the following information is present:
 - a. Completed Application
 - b. Proof of Income and/or letter of support
4. Go to the TransUnion website, and run a credit report.
 - a. Save the report to W:\Revenue Cycle Reports\Trans Union\TU Direct Credit Checks in the appropriate folder (by last name)
 - i. Use the name convention of: Last Name, First Name MM-DD-YYYY
 - b. Upload the report to the FCID form
5. Open the TransUnion Report and Review the report:
 - a. We only look at open Credit Cards that have a code of "I" under responsibility
 - i. We do not review charge cards, loans, or mortgages

Procedure #: CS.PRO.001	Procedure Title: Financial Assistance Application Processing Procedure (Reviewing FA Document Validation in Salesforce)	Page 2 of 4
Dept. Name: RCM Customer Service	Procedure Effective Date:	Responsible Reviewer(s): Title: Customer Service Manager Title: Executive Director of Patient Access

- b. For each credit card take the "Credit Limit" minus the "Balance" to determine the open lines of credit, add all credit card open lines together
 - i. If the patient has open lines of credit, they have to pay 20% of their open lines of credit in order to proceed with FA
 - ii. EX: \$1,000 in available credit x 20% = \$200 down payment
 - c. If the patient has a down payment due, first go into Intergy and subtract any payments made by the patient, email the Financial counselor, CC Tracy Parker, Julissa De La Hoz, Yamilka Medellin, Ian Licata, and Vanessa Bruland
 - i. The Subject line should be the FCID# (ex: FCID-1234)
 - ii. In the email provide the FC with the patient name and the amount of the down payment
 - iii. Add a note to the account in Intergy to note the down payment amount (ex: Reviewed FCID-1234 and emailed FC to collect down payment)
6. Review the patient's account to assure that the patient has insurance. If the patient does not have insurance, briefly look into the account notes to assure that the patient has been referred to Bolder and they are actively working the account
7. If a down payment is needed, and the Financial Counselor confirms that the payment was taken, he or she will respond to your email to advise
 - a. From there, take a final look at all documents attached to the FCID Calc sheet
 - b. Look at the patients account to assure that the payment has posted to the account
 - i. **NOTE:** Payments are posted to dates of service oldest to newest
8. When you determine that the patient's application is ready for approval, click "Approve/Reject" on the application and enter the following note into Salesforce

Gross Income: **[Enter Info]**
 Patient Balance: **[Enter Info]**
 ESTRES: **[Enter Info]**
 Underinsured: **[Enter Info]**
 Discount: **[Enter Info]**
 TU Score: **[Enter Info]**
 Open Credit: **[Enter Info]**
 Down Payment: **[Enter Info]** (met)
 Bolder Notes? **[Enter Info]**
9. After the application is approved, it will go into the manager's queue for final approval.
 - a. The Customer Service Manager has ability to approve anything \$3,999 and under
 - b. If the balance is \$4,000 or more the application will then go to the CFO for final approval
 - c. Once approved, the FA application will be moved to the CS Queue FA Adjustments



CS Queue FA Adjustments ▼

Procedure #: CS.PRO.001	Procedure Title: Financial Assistance Application Processing Procedure (Reviewing FA Document Validation in Salesforce)	Page 3 of 4
Dept. Name: RCM Customer Service	Procedure Effective Date:	Responsible Reviewer(s): Title: Customer Service Manager Title: Executive Director of Patient Access

10. Once the patient's application is approved go through the following steps:

- a. Open the FCID, and load the account in Intergy, place a note in the account "PT approved for 100%/50% FA per FCID-1234 on [date of final approval] took adjustments, and sent letter of approval
- b. Add a CHRTY questionnaire, fill in the blanks

Patient: Form: Reference Date:

CS_Charity

Financial Hardship Discount: Financial Hardship End Date:

Open Line of Credit: Have Adjustments been taken in full?:

Estres:

- i. The Financial Hardship End Date is 6 months from the approval date
 - ii. Adjustments taken in full is always No
- c. Go to the account payment posting window and "Limit to Guarantor," then take the adjustments on the account.
 - i. 100%: SPFH01
 - ii. 50%: SPFH04 (reverse patient payments first, then take 50% adjustment off of each line, reallocate payments once complete)
- d. Go back to the account, and change the account status from "FHINPROC" to "CHARITY"
- e. Mark the application approved in Salesforce, and you're done!

4 Responsibilities

- 4.1. The Financial Counselor (FC) is responsible for meeting with the patient and presenting the patient's options for payment.
- 4.2. The FC is also responsible for providing the patient with the financial assistance application and ensuring the form within Salesforce is completed properly.
- 4.3. Customer Service is responsible for verifying the accuracy of the financial assistance application and processing approved applications as outlined within this procedure.
- 4.4. Customer Service leadership is responsible for final approval of the application and ensuring that adjustments are taken on the patient's account properly.

5 References

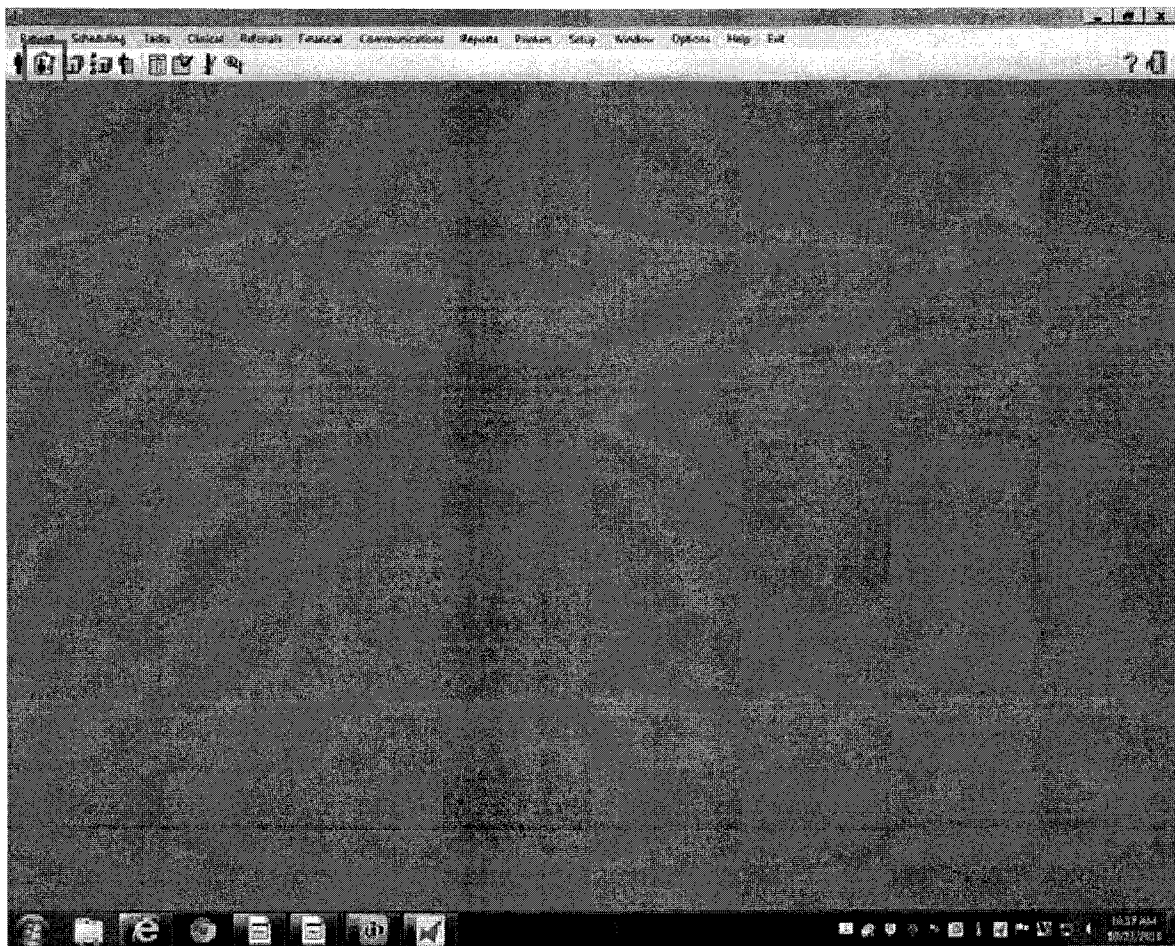
- 5.1. Salesforce

6 Version History

Version	Date	Author	Summary of Changes
2.0	7/13/20	Vanessa Bruland, Yamilka Medellin, and Jay Soester	Formalized procedure within 21C template for reference within the Financial Assistance Program Policy.

Procedure #: CS.PRO.001	Procedure Title: Financial Assistance Application Processing Procedure (Reviewing FA Document Validation in Salesforce)		Page 4 of 4
Dept. Name: RCM Customer Service	Procedure Effective Date:	Responsible Reviewer(s): Title: Customer Service Manager Title: Executive Director of Patient Access	

Procedure #: LSOP-TRANS-0105	Procedure Title: Intergy Patient Registration	Page: 1 of 14
Dept. Name: Transcription	Effective Date: 1/14/13	Responsible Reviewer(s): Title: Lane Andisco Title: Title:



1. From the Intergy "home" screen, click on the Register Patient icon.

Procedure #:
LSOP-TRANS-0105

Procedure Title:
Intergy Patient Registration

Page:
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The screenshot shows the 'Patient Demographics' window in the 21st Century Oncology software. The window has a menu bar (Patient, Scheduling, Tasks, Clinical, Referrals, Financial, Communications, Reports, Printers, Setup, Window, Options, Help, Exit) and a toolbar. The main area is titled 'Patient Demographics' and contains a 'Select Existing Person' dialog box. The dialog box has a search criteria section with fields for SSN, Sex, and Birthdate/Status. Below this is a table of search results. The table has columns for Last, First, Middle, SSN, Phone, DOB, Sex, and Patient Number. The results show three entries: TEST TRACY, TEST TRAINING, and TEST TRAINING. The first entry is highlighted. Below the table are buttons for 'Select' and 'Return'. At the bottom of the dialog box are fields for 'Account Number', 'Finance Group', 'Patient is Guarantor', 'Account Status', 'Account Class', and 'Individual Account'. The 'Next' button is visible at the bottom right of the dialog box.

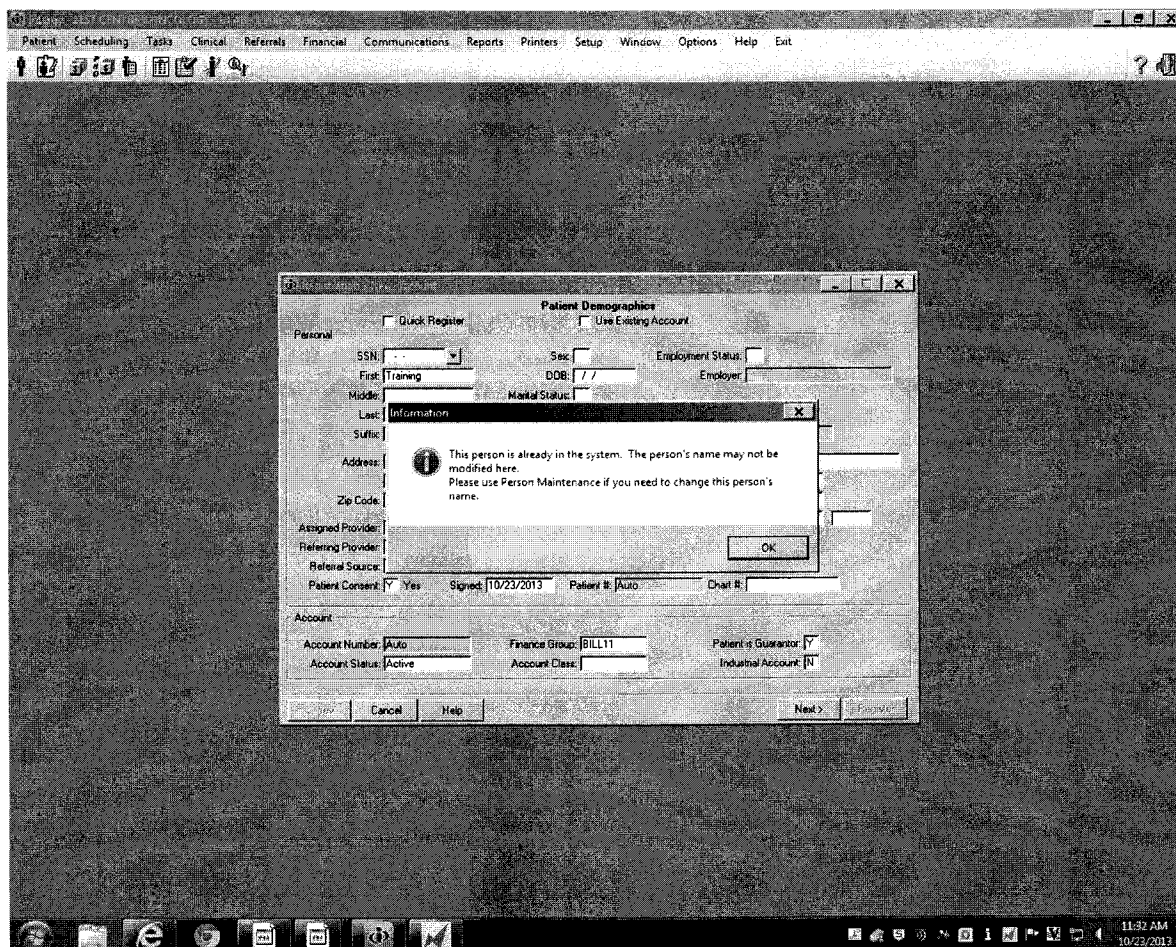
Last	First	Middle	SSN	Phone	DOB	Sex	Patient Number
TEST	TRACY			(520) 876-0150	08/20/1965	F	1981725
TEST	TRAINING		222-22-2222		10/02/2007	M	1020958
TEST	TRAINING		12345-6789	1-231-456-7890	12/10/1979	M	1043813

2. Enter the patient's first and last name. If the patient is already registered into the 21C system, or a name similar to the one entered is found a window will pop up with a list of all patients matching this search criteria. If there is a match, select the patient name and account you wish to use.

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Procedure Title:
Intergy Patient Registration

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3. After selecting the patient, another window will pop up saying that the patient is already registered in the system and that their name cannot be changed during registration.

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LSOP-TRANS-0105

Procedure Title:
Intergy Patient Registration

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Registration - New Account

Patient Demographics

☐ Quick Register

☐ Use Existing Account

Personal

SN: [dropdown] Sex: [dropdown] Employment Status: [dropdown]

First: [text] DOB: 7/7/ [text] Employee: [text]

Middle: [text] Marital Status: [dropdown]

Last: [text] Race/Ethnicity: [dropdown]

Suffix: [text] Language: [dropdown] Employee ID: [text]

Address: [text] City: [text] Email: [text]

State: [dropdown] Home Phone: [text]

Zip Code: [text] Country: [dropdown] Mobile Phone: [text]

Work Phone: [text]

Assigned Provider: [text] Preferred Phone Class: [text]

Referring Provider: [text] Patient Class: [text]

Referral Source: [text] Patient Consent: ☒ Yes Signed: [text] Patient ID: [text] Check: [text]

Account

Account Number: [text] Finance Group: [text] Patient is Submitter: ☒

Account Status: [text] Account Class: [text] Individual Account: ☒

OK Cancel Help Show

4. If the system does not find any matches to the first and last name entered, fill in all the appropriate fields as indicated above. These include the patient name, dob, sex, ssn (if provided), address and phone number.
5. The following sections will need to be entered with every patient: Assigned Provider, Referring Provider, Referral Source, Patient Class and Account Class. For Assigned Provider the code BB02 for Dr. Babbin is always entered. The Referring Provider is the physician who submitted the specimen. The Referral Source is always REFDR. Patient Class is always Active. Account Class is BLF.

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Registration - New Account

☒ Quick Register ☐ Use Existing Account

Personal

SSN: [123-456789] Sex: [M] Employee Status: []
 First: [JENNIFER] (DOB: [10/10/1975]) Employee: []
 Middle: [] Marital Status: []
 Last: [TEST] Race/Ethnicity: []
 Suffix: [] Language: [ENG] Employee ID: []
 Address: [123 TEST DRIVE] City: [MOOREVILLE] Email: []
 State: [FL] Home Phone: [772-456-7890]
 Zip Code: [33412] Country: [USA] Mobile Phone: []
 Work Phone: []
 Assigned Provider: [J. DOE] (Brian A. Robbin MD)
 Referring Provider: [J. K. L. R. S. A. B. C. D.]
 National Provider: [123456789] (Referring Provider)
 Patient Current: [Y] Yes Signed: [10/10/2010] Patient ID: [123456789] Patient Class: []
 Patient Status: [ACTIVE]

Account

Account Number: [123456789] Financing Group: [12345] Patient in Good Standing: []
 Account Status: [Active] Account Class: [123] Additional Account: []

[Cancel] [Back] [Next] [OK]

6. When all fields have been filled press the Next button.

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Patient Insurance Information

Plan Code: Class Member ID:

Policy Class: Start Date: End Date:

Automatic Payment: ☐ Member Policy Type:

Submitter: SSN: Date of Birth: Sex: Employment Status:

First Name: Middle Name: Last Name: Employer:

Address: City: State: Zip Code: Country:

Employee ID: Phone:

Order Plan	Class Member ID	Subscriber	CIN	Expiration
<input type="button" value="Add"/> <input type="button" value="Reset"/>				

- Patients who have already been registered in a previous practice should have insurance plans added and the coverage set for their account. If the patient is new to 21C, or the insurance is empty, these fields must be entered according to the insurance information provided by the referring physician's office. To find the appropriate plan codes, the drop down can be clicked in the field for Plan Code for a list of all the carriers and the plans associated.

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Select Plan

Name contains: Plan: Name: Patient ID: Zip Code: Carrier: Phone:

Carrier	Plan	Name	Address	City	State	Zip Code
COMM	COP326	1199 National Benefit Fund	PO Box 1007	New York	NY	10108
COMM	COP327	1199 National Benefit Fund	PO Box 1034	New York	NY	10108-1034
2ND	COS360	1199 National Benefit/2ndday	310 W 43rd St	New York	NY	10036
2ND	COS361	1199 National Benefit/2ndday	Po Box 1007	New York	NY	10108
2ND	COS363	1199 SEIU Benefit Funds/2ndday	330 West 42nd ST	New York	NY	10036
COMM	COP328	1199 SEIU Fidelis Care	PO Box 898	Amherst	NY	14226
COMM	COP329	1199 SEIU National Benefit Fund	330 West 42nd St	New York	NY	10036

Phone Numbers

Authorization: (212) 465-4625
Contact: (212) 465-4673
Business:

Alternate Names

Pay Level:

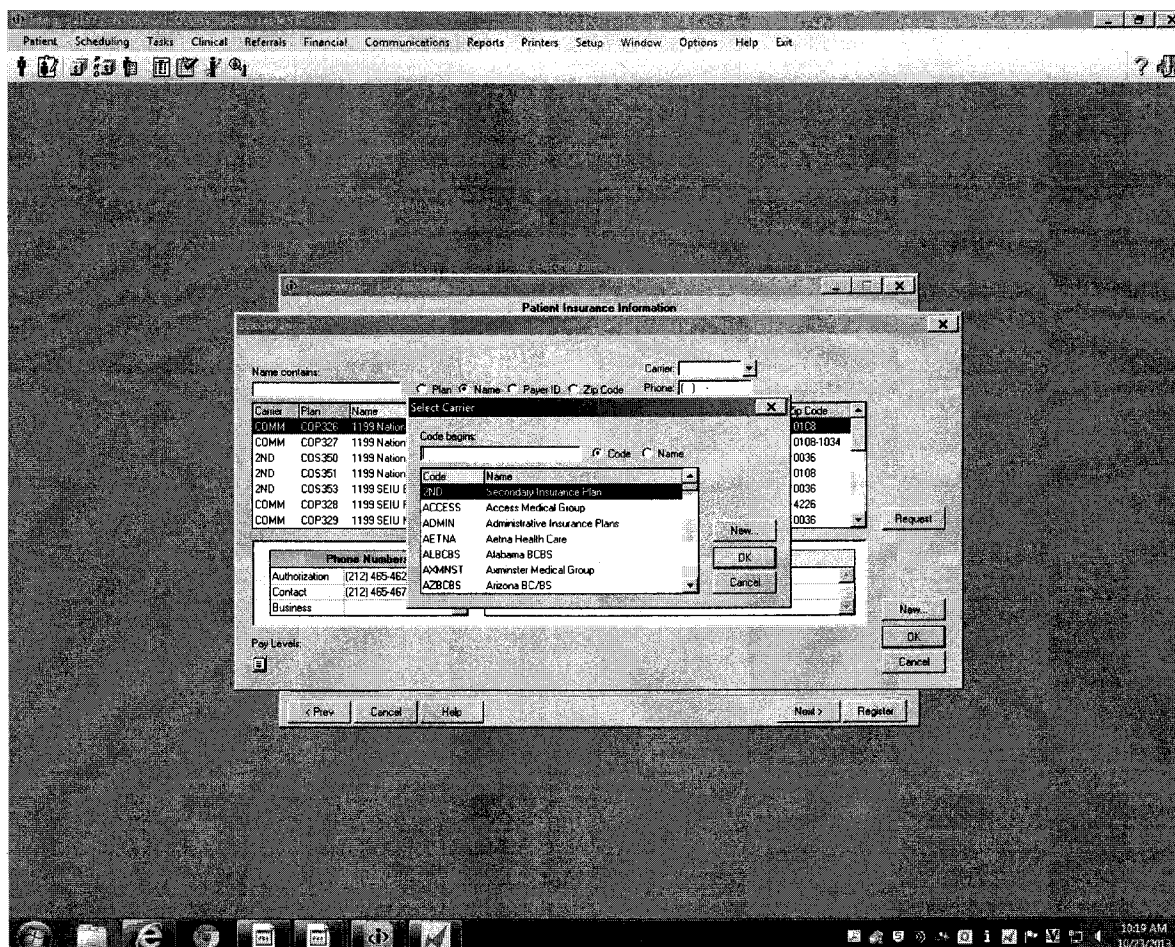
Buttons: Request, New, OK, Cancel, < Prev, Register

- The "Select Plan" window lists all the insurance plans in the Intergy database. This window includes primaries and secondaries in one big group. The search field can be narrowed to only include the insurances by carrier.

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9. By clicking on the drop down for the field labeled "Carrier", a box with all the different carrier codes opens. The carrier codes are separated by the type of insurance (Medicare, Medicare PPO, Medicare HMO, etc.) or the actual carriers (BCBS, Aetna, Cigna, UHC, etc.). There is also an option to search solely by secondary insurance policies (2nd). When one of these codes are selected, the insurances that correspond will appear in the search window. In the "Name Contains" field, policy names can be entered to search for the policy that the patient is enrolled. For example, Medicare is under carrier code MCR and the plan for FL local 3 is MCP014. Once the policy is found, highlight and select "Ok". This will attach the plan to the patient's account.

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10. Once the policy has been selected, enter the policy number into the "Claim Number" field and select "Add" (see diagram above). The primary policy should be entered first and the plan number should include a "P" (i.e. MCP <- Medicare Primary) indicating it is a primary policy.
11. If the patient has a secondary policy, select the insurance policy from the list of secondary's (Carrier code: 2nd) and enter the same as above. The policy should have an "S" in the plan number (i.e. BSS <- BCBS Secondary) indicating it is a secondary policy.

****A copy of the Insurance Plan Code Setup has been attached for reference on how to search for insurance plans.**

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The screenshot shows the 'Registration - 1151 TRAINING' window. The 'Patient Insurance Information' form is displayed with the following fields:

- Plan Code: [Blank]
- Policy ID: [Blank]
- Start Date: [Blank]
- End Date: [Blank]
- Patient Name: [Blank]
- Date of Birth: [Blank]
- Sex: [Blank]
- Race: [Blank]
- Ethnicity: [Blank]
- Language: [Blank]
- Address: [Blank]
- City: [Blank]
- State: [Blank]
- Zip Code: [Blank]
- Insurance Plan: [Blank]
- Subscriber: [Blank]
- Policy ID: [Blank]
- Start Date: [Blank]
- End Date: [Blank]
- Plan Code: [Blank]
- Policy ID: [Blank]
- Start Date: [Blank]
- End Date: [Blank]
- Plan Code: [Blank]
- Policy ID: [Blank]
- Start Date: [Blank]
- End Date: [Blank]

At the bottom of the window, there is a table listing the insurance plans and the order they are to be billed:

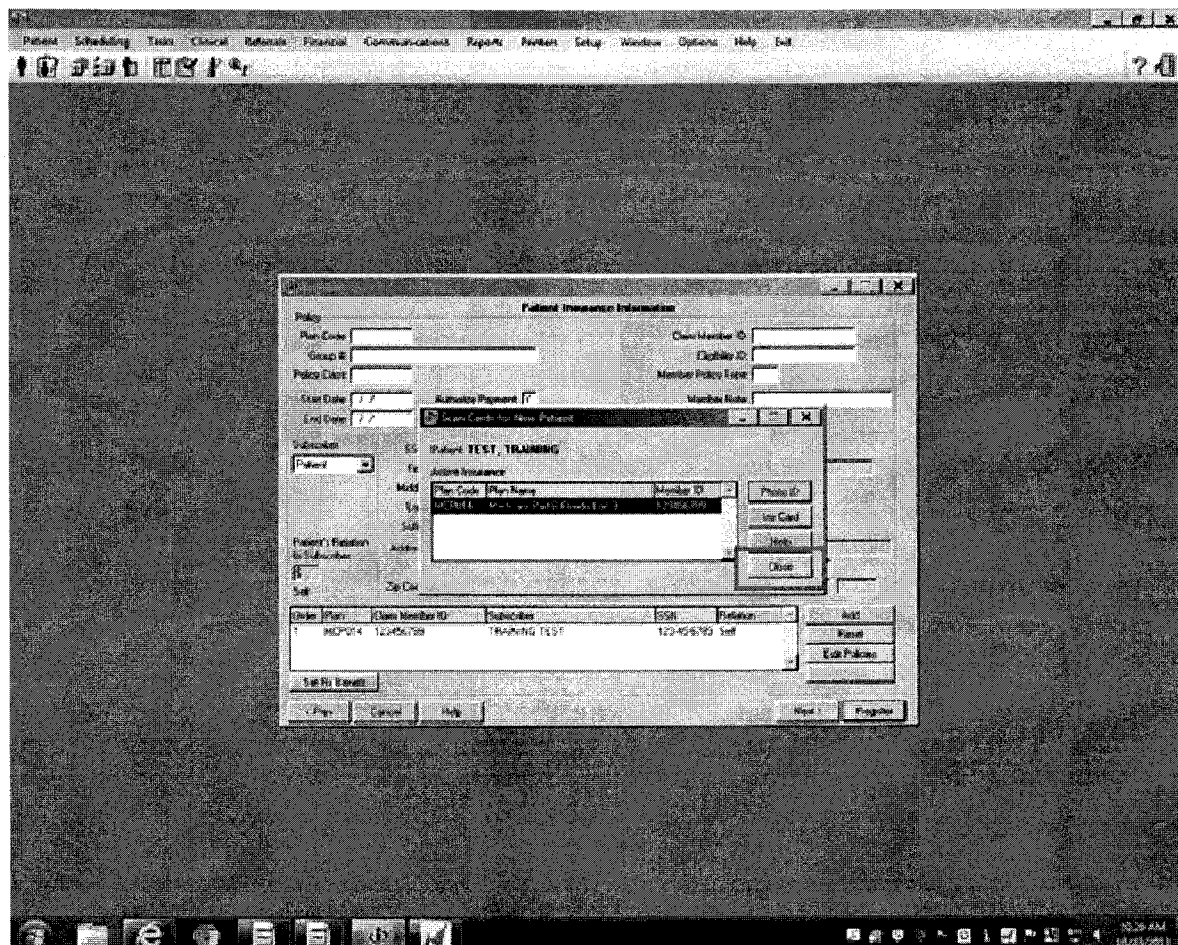
Order	Plan	Class	Member ID	Subscriber	Policy ID	Start Date	End Date	Plan Code	Policy ID	Start Date	End Date	Plan Code	Policy ID	Start Date	End Date	Plan Code	Policy ID	Start Date	End Date
1	MCP014	12/15/2009	TRAINING TEST	12/15/2009	12/15/2009	12/15/2009	12/15/2009	12/15/2009	12/15/2009	12/15/2009	12/15/2009	12/15/2009	12/15/2009	12/15/2009	12/15/2009	12/15/2009	12/15/2009	12/15/2009	12/15/2009

- As insurances are added, a list of the insurance plans and the order they are to be billed should appear at the bottom of the window. Once all the policies the patient is enrolled in have been entered and double checked for accuracy, click "Register".

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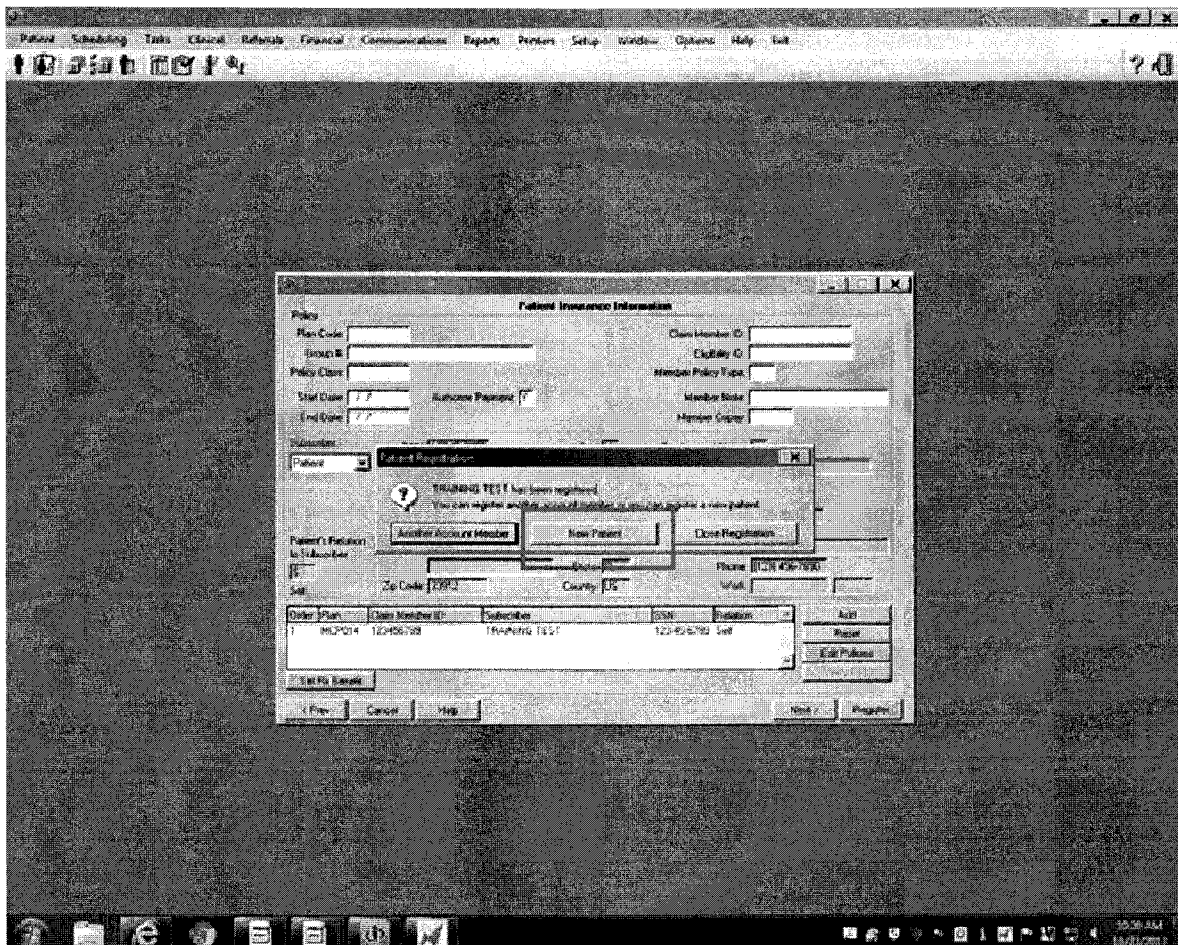


13. A window that shows all the policies that have been entered for the patient will pop up; click "Close". *This is a window that is used to scan copies of the patient's card to attach to their account. This should be done at the referring physician's office.

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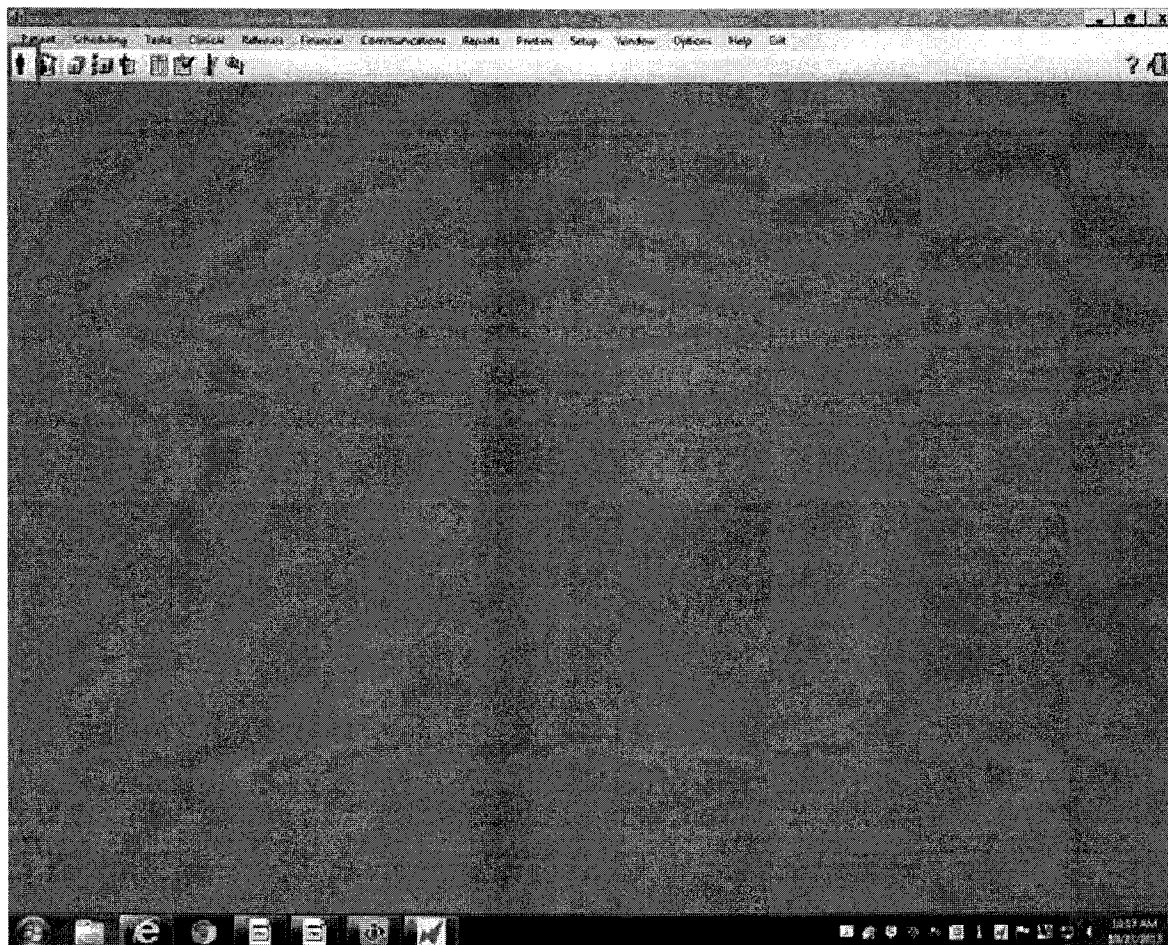
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14. The next window confirms the patient has been registered. Click the "New Patient" button to start registering the next patient.

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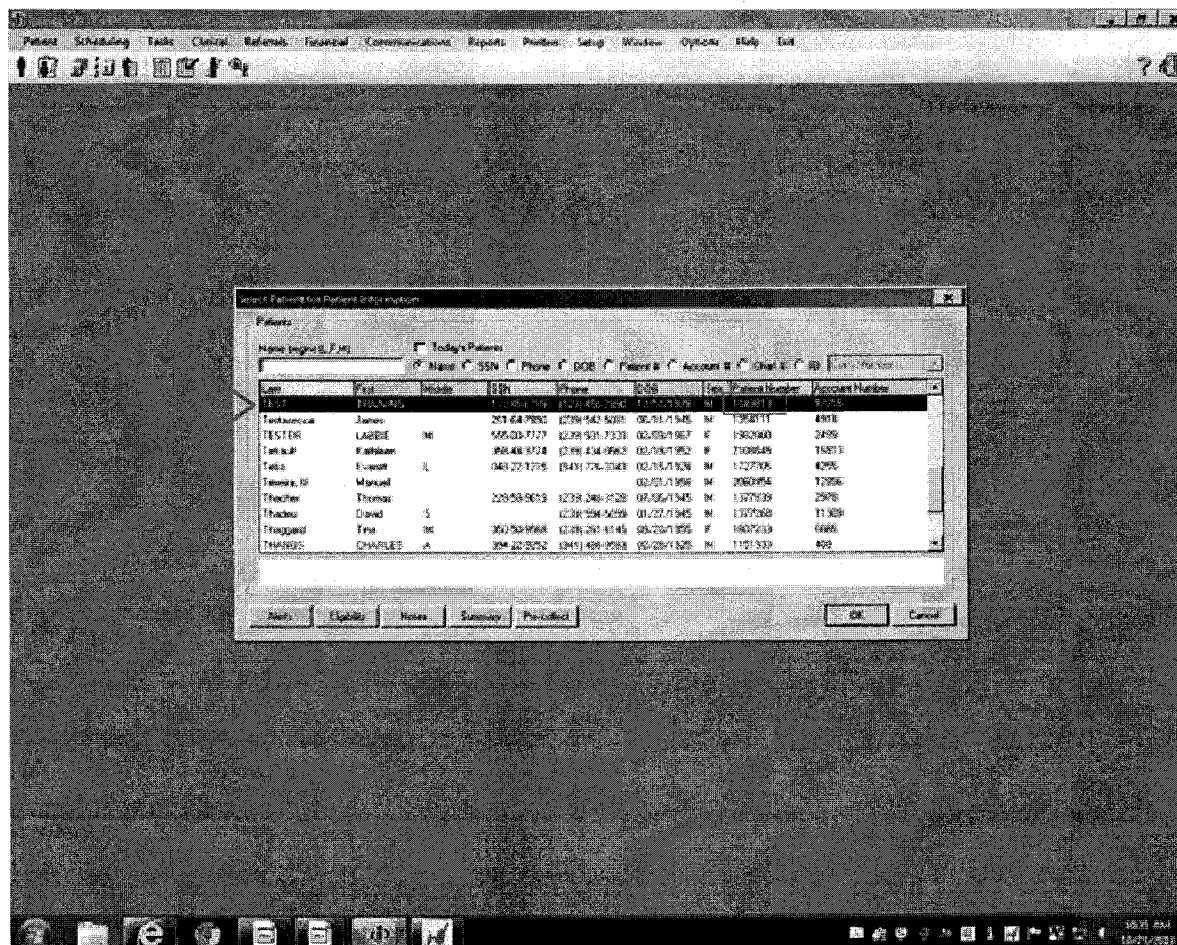


15. To obtain the patient number, select the "blue man" in the upper left hand corner of the toolbar.

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16. The first patient listed in the "Select Patient for Patient Information" window will be the last patient registered. The patient number can be found under the "Patient Number" column.

Version History

Version	Date	Author	Summary of Changes
1	1/14/13	Leslie Blalock	New Policy

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Patient Rights and Responsibilities Policy (USA)

1. Introduction and Purpose

GenesisCare is committed to delivering its strategic and operational objectives in accordance with all applicable legislation, standards and principles of good governance.

The purpose of this policy is to clarify the rights and responsibilities of all patients at GenesisCare USA facilities, including the rights of children and adolescents, which may be exercised through their parents or legal guardians.

2. Terms and Definitions

None

3. Scope

This policy, specific work restrictions and exclusion periods outlined in this policy apply to all personnel working in a GenesisCare Practice with employee or contractor.

4. Responsibilities

The Governing Body delegates responsibility to all staff to comply with this policy.

Site managers are responsible for implementing this policy and subsequent local policies and procedures. Workplace participants are required to work within the requirements of safe practice as set out in those policies and procedures.

5. Policy

For purposes of this policy, patients' rights and rights of children, their parents and/or guardians shall include, but not be limited to:

5.1. Access to Care

Individuals shall be accorded impartial access to treatment or accommodations that are available or medically indicated, regardless of race, creed, sex, national origin, or payment source.

5.2. Respect and Dignity

The patient has the right to considerate, respectful care at all times and under all circumstances, with recognition of his/her personal dignity. He/she has the

right to have cultural, psychosocial, spiritual, and personal values, beliefs, and preferences respected.

5.3. Privacy and Confidentiality

The patient has the right, within the law, to personal and informational privacy, as manifested by the following:

- 5.3.1. To refuse to talk with or see anyone not officially connected with a GenesisCare facility, including visitors, or persons officially connected with the facility, but not directly involved in his care.
- 5.3.2. To be interviewed and examined in surroundings designed to ensure reasonable visual and auditory privacy. This includes the right for the patients to have a person of one's own gender present during certain parts of a physical examination, treatment, or procedure, if requested by patient.
- 5.3.3. To expect that any discussion or consultation involving his/her case will be conducted discreetly and that individuals not directly involved in the care will not be present without the patient's permission.
- 5.3.4. To have the medical record read only by individuals directly involved in his/her treatment, the monitoring of the quality of care provided to the patient, or for other legitimate business purposes. Other individuals may read the medical record on the patient's authorization or that of his/her legally authorized representative. He/she has the right upon request to inspect his/her medical records, request an amendment to, or receive an accounting of disclosures regarding personal health information, and for a reasonable fee, receive a copy of his/her record.
- 5.3.5. To expect that all communications and other records pertaining to his/her care, including the source of payment for treatment, to be treated as confidential.

5.4. Personal Safety

- 5.4.1. The Patient has the right to expect reasonable safety in practices and the environment.
- 5.4.2. The pediatric patient's need for safety and comfort may be heightened at the time of illness and treatment, thus staff will be especially sensitive and responsive to the patient and family's need for security.
- 5.4.3. The patient has a right to pain management.

5.5. Identity

- 5.5.1. The patient has the right to know the identity and professional status of individuals providing service to him/her and to know which physician or other practitioner is primarily responsible for his/her care. This includes the patient's right to know about the existence of any professional relationship among individuals who are providing care as well as the relationship of any other health care or educational institutions involved in his care.
- 5.5.2. Participation of patients in clinical training programs or in the gathering of data for research purposes is voluntary.

5.6. Information

The patient has the right to obtain, from the practitioner responsible for coordinating his/her care, complete and current information concerning his/her diagnosis (to the degree known), treatment, and any known prognosis. This information should be communicated in terms the patient can reasonably be expected to understand. When it is not medically advisable to give such information to the patient, the information should be made available to a legally authorized individual.

- 5.6.1. In the case of children or adolescents, to the extent feasible, the pediatric patient and his/her parents or legal guardian will be involved in decision making throughout the course of treatment through regular discussions and participation in patient conferences.

5.7. Communication

The patient has the right of access to people outside the facility by means of visitors and by verbal and written communication, unless under protective custody. When the patient does not speak or understand the predominant language of the community, he/she shall have access to an interpreter.

5.8. Consent

The patient has the right to reasonably informed participation in decisions involving his/her health care. To the degree possible, this shall be based on a clear, concise explanation of the condition and of all proposed technical procedures, including the possibilities of any risk of mortality or serious side effects, problems related to recuperation, and probability of success. The patient shall not be subjected to any procedure without his/her consent or the consent of the legally authorized representative. Where medically significant alternatives for care or treatment exist, the patient shall be so informed.

- 5.8.1. The patient has the right to know who is responsible for authorizing and performing the procedures or treatment. The patient has the right to direct his or her future medical care and to designate another person to make medical decisions if he/she should lose decision making capacity. Staff shall inquire as to whether the patient has appointed a health care agent. Patients are not required to appoint a health care agent as a condition of treatment. Patients who wish to designate a health care agent at any time shall receive assistance from staff in completing a health care proxy form.
- 5.8.2. The patient or his/her designated representative has the right to participate in the consideration of ethical issues that arise during the course of treatment.
- 5.8.3. The patient shall be informed if the facility proposes to engage in or perform human experimentation or other research/educational projects affecting his/her care or treatment; the patient has the right to refuse to participate in any such activity.
- 5.8.4. The patient has the right, if she is a female rape victim of childbearing age, to receive medically and factually written information prepared by the commissioner of public health about emergency contraception; to be promptly offered emergency contraception, and to be provided with emergency contraception upon request.

5.9. Consultation

The patient has the right to request a consultation with a specialist at his/her own expense.

5.10. Refusal of Treatment

The patient may refuse treatment to the extent permitted by law. When refusal of treatment by the patient or his legally authorized representative prevents the provision of appropriate care in accordance with professional standards and the caregiver's ethical and moral beliefs, the relationship with the patient may be terminated upon reasonable notice and transferred to another provider.

5.11. Transfer and Continuity of Care

A patient may not be transferred to another facility or organization unless he/she or a representative has received a complete explanation of the need for the transfer and of the alternatives to such a transfer and unless the transfer is acceptable to the other facility or organization. The patient has the right to be informed by the practitioner responsible for his care, or his/her designee, of any continuing health care requirements following release. In an emergency, patients may be transferred to an acute care hospital via EMS upon being contacted by staff calling 9-1-1.

5.12. Charges

Regardless of the source of payment for care, the patient has the right to request and receive an itemized and detailed explanation of the total bill for services rendered. The patient has the right to timely notice prior to termination of his/her eligibility for reimbursement by any third-party payer for the cost of his/her care.

5.13. GenesisCare Rules and Regulations

- 5.13.1. The patient shall receive written information regarding this policy and the Patient's Bill of Rights. Patients shall receive information about the hospital's mechanism for the initiation, review, and resolution of patient complaints. The Director of Insurance & Risk Management is available to assist in the resolution of disagreements, disputes, conflicts around financial, ethical, or decision-making issues.
- 5.13.2. The patient has the right to file a grievance with GenesisCare if he/she has concerns regarding his/her care and treatment. In addition, he/she has the right to file a grievance with either the Department of Public Health in the state in which the care was rendered, or the Beneficiary and Family Centered Care Quality Improvement Organization (see Appendix).
- 5.13.3. Patients can freely voice complaints and recommend changes without being subject to coercion, discrimination, reprisal, or unreasonable interruption of care, treatments, or services.

5.14. Patient Responsibilities

Patient responsibilities and the responsibilities of the parents and/or guardians of children shall include but not be limited to the following.

5.15. Provision of Information

A patient has the responsibility to provide, to the best of his/her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to his/her health. He/she has the responsibility to report

unexpected changes in his/her condition to the responsible practitioner. A patient is responsible for reporting whether he/she clearly comprehends a contemplated course of action and what is expected of him/her.

5.16. Compliance with Instructions

A patient is responsible for following the treatment plan recommended by the practitioner primarily responsible for his/her care. This may include following the instructions of nurses and allied health personnel as they carry out the coordinated plan of care, implement the responsible practitioner's orders, and enforce the applicable facility rules and regulations. The patient is responsible for keeping appointments and when he/she is unable to do so for any reason, for notifying the facility.

5.17. Refusal of Treatment

The patient is responsible for his/her actions if he/she refuses treatment or does not follow the practitioner's instructions.

5.18. Charges

The patient is responsible for assuring that the financial obligations of his/her health care are fulfilled as promptly as possible. The patient has the right to request and receive information about financial assistance and free health care.

5.19. GenesisCare Rules and Regulations

The patient is responsible for following GenesisCare rules and regulations affecting patient care and conduct.

5.20. Personal Belongings

The patient is responsible for taking reasonable measures to protect his/her personal belongings and to cooperate with staff in providing such protection. Personal property should be kept at home rather than brought to a facility whenever possible.

5.21. Removal of Clothing

When it is clinically necessary, staff will request that the patient remove his/her clothing. The patient has a right to refuse to remove their clothing. Forced removal of clothing may be necessary when there is compelling clinical information indicating imminent risk to self or others.

6. Procedure

Every patient shall receive written notice of these rights.

- 6.1. This information is available in Spanish, Chinese, Portuguese, and Russian as well as English.
- 6.2. All concerns or grievances regarding care provided should be directed to the Director of Insurance and Risk Management.
- 6.3. Care provided to the patient shall not be compromised if the patient makes a complaint.
- 6.4. Copies of Patient Rights and Responsibilities will be displayed in public areas of the facility.

7. Evaluation

This policy will be monitored and reviewed annually by Risk Management.

RSK-POL-03

Document Owner: Risk
Management

Document Authoriser:

Version Number: 1.0

First Issued: October 2021

Date Next Review: February 2023

Date Last Review: February 2022



8. References

42 CFR § 482.13 - Condition of participation: Patient's rights.

Key words – Patient Rights; Responsibilities; Complaints and Grievances; Privacy; Consent; Interpreter; Non-discrimination; Refusal of treatment; Patient-physician relationship; Transfer; Charges; Patient Belongings

9. Appendix

Contact Information for Filing a Complaint with the State Survey Agency

Patient Rights & Responsibilities Signage

Revision History

Version	Date Created	Created By	Description of change
1.0	10/22/2021	C. Strader Director Insurance & Risk Management	Inaugural policy

RSK-POL-03

Document Owner: Risk
Management

Document Authoriser:

Version Number: 1.0

First Issued: October 2021

Date Next Review: February 2023

Date Last Review: February 2022



SECTION G: ANALYSIS OF ALTERNATIVES

1. **Describe how this proposal is the most desirable alternative as compared to maintaining the status quo and providing the service in a less restrictive setting in terms of:**

a. Financial feasibility.

The Combined West Virginia Financials – FWV (Fairlea) and PWV (Princeton) pro forma provided in response to **Section N-2** demonstrate that the project is financially feasible.

b. Extent of construction, renovation, and related capital costs.

Not applicable. There is no construction or renovation involved in the acquisition transaction.

c. Capacity and utilization of existing providers of similar services in proposed service area [refer to Section E, item 2(e)].

Not applicable. The proposed project involves providing the same services that were previously provided within the existing service area, therefore, there will have no impact on other existing providers.

d. Cost containment.

Not applicable. The proposed project will have no impact on the cost of services provided.

e. Consumer input and participation.

Consumer input and participation will continue to be sought following the acquisition.

f. Special considerations (if applicable):

1. Energy efficiency.

Not applicable.

2. Improved access for medical and health professional training.

Not applicable.

3. Enhancement of biomedical and behavioral research designed to meet a national need.

Not applicable.

2. What alternatives to the development of this proposal were considered?

No alternatives were considered. This is an acquisition transaction.

3. Describe how this proposal will result in the efficient and effective delivery of services.

There will be no interruption in the delivery of radiation oncology services in the applicable service areas as a result of the acquisition transaction. The MRT service cancer centers will continue delivering efficient and effective radiation oncology services to the patients residing in the service areas.

4. In the case of new construction, what alternatives to new construction, such as modernization or sharing arrangements, have been considered and have been implemented to the maximum extent practicable.

Not applicable. The proposed project is an acquisition transaction.

SECTION H: RELATIONSHIP TO EXISTING HEALTH CARE SYSTEM

- 1. Describe the project's relationship to the existing health care system in the service area with regard to accessibility and continuity of services.**

Not applicable. The proposed project involves providing the same radiation oncology and MRT services that were previously provided within the existing service areas. The acquisition transaction will have no impact on the existing health care system.

- 2. Describe how patients will experience serious problems in obtaining care of the type proposed in the absence of the proposed new service.**

Not applicable. This acquisition transaction does not involve any new services. The provision of existing radiation oncology and MRT services within the existing service areas will continue.

- 3. List and describe the nature of all working relationships and/or formal arrangements that have been made to assure shared and support services. Attach copies of all agreements or proposed agreements.**

Not applicable.

SECTION I: RELATIONSHIP TO THE STATE HEALTH PLAN

- 1. Address the CON Standards applicable to the proposed project. Please note that multiple Standards may apply. The CON Standards are available on the Authority's website (www.hca.wv.gov).**

Not applicable. There are no certificate of need Standards or state plan methodology applicable to the approval of an acquisition transaction involving the change of ownership and control of an existing health care facility or service.

- 2. In formatting your responses, please repeat each section of the CON Standards before providing your response.**

Not applicable.

PLEASE NOTE that the Need Methodology of the applicable CON Standards should be addressed under Section E of this application. All other sections of the applicable CON Standards are addressed under Section I.

SECTION J: ANALYSIS OF COMPETITIVE FACTORS

- 1. For each service being proposed or affected by this project, respond to the following.**

- a. Describe the impact the proposal may have upon the utilization and operation of similar services offered by existing providers in the service area.**

The acquisition transaction involves providing the same radiation oncology and MRT services that are currently being provided within the existing service areas. As a result, there will be no impact on other existing providers, including the utilization and operation of similar services offered by other existing providers within the applicable service areas as a result of the acquisition transaction.

- b. Describe the potential impact the proposal will have upon the cost of available services to consumers in the area; provide a comparison of charges for similar services in the proposed service area.**

The acquisition transaction is not expected to have an impact upon the cost of available radiation oncology services to consumers in the applicable service areas. Reimbursement rates for most patients of the subject radiation oncology and MRT services are largely set by governmental payors and will remain unchanged as a result of the acquisition transaction.

- c. Describe the impact the proposal will have upon the quality of such health service(s) in the area.**

If the instant application for certificate of need is approved and the acquisition transaction is allowed to move forward, then, PRN will continue providing radiation oncology services at the MRT service cancer centers to the residents of the applicable service areas. The acquisition transaction will ensure that current patients will continue to have access to radiation oncology services of the same quality.

**SECTION K: RELATIONSHIP TO LICENSURE, CERTIFICATION, ACCREDITATION
AND SAFETY STANDARDS**

- 1. Describe the extent to which the proposal will be developed and implemented in accordance with state licensure, Medicare/Medicaid certification, accreditation, and fire and life safety code standards and other federal, state and local inspection agencies.**

As a part of the acquisition transaction, PRN will notify and work with state licensure, Medicare, West Virginia Medicaid, the West Virginia Department of Health and Human Resources, and other regulatory agencies related to the planned acquisition transaction Closing. PRN will coordinate the assignment and transfer or issuance of new licenses, certifications, registrations, or other items necessary as a part of the transaction closing requirements.

- 2. If the proposal serves to correct cited deficiencies in any of the aforementioned standards, explain. Attach copies of prior citations and/or statement of deficiencies and plan of correction.**

Not applicable.

SECTION L: AVAILABILITY OF NEEDED RESOURCES

1. Proposed Plan for Financing

Complete applicable items and describe source, type, amount, rate, etc. Attach documentation, letters of commitment, additional information as pertinent.

This Transaction between PRN and GenesisCare will be a cash transaction and there will be no financing involved.

Type of Financing (check appropriate blanks)		Total Amount
<input type="checkbox"/> Lease		\$
Land <input type="checkbox"/> Building <input type="checkbox"/> Equipment <input type="checkbox"/>		
Fair Market Value \$		
<input type="checkbox"/> Cash		\$ 8,125,000.00
Source:		
<input type="checkbox"/> Conventional		\$
Principal	\$	
Interest	\$	
Term		
<input type="checkbox"/> Bonds		\$
Principal	\$	
Interest	\$	
Term		
Debt Service Reserve	\$	
<input type="checkbox"/> Gifts		\$
<input type="checkbox"/> Grants		\$
<input type="checkbox"/> Land Equity		\$
<input type="checkbox"/> Other Owner Equity		\$
Notes	\$	
Stock	\$	
Other	\$	
TOTAL FINANCING		\$ N/A

2. Complete this schedule of staff required for the services affected by this project.

Not applicable. There will be no significant changes in staff required for the services as a result of the Transaction.

JOB CLASSIFICATIONS	CURRENT FTEs	PROPOSED FTEs

3. **Present evidence of the availability of staff, including the medical staff, for the proposed project. Commitments or tentative commitments from prospective employees should be attached, if available.**

PRN by and through a contract health care service provider, Oncology and Hematology Associates of Southwest Virginia, Inc. dba Blue Ridge Cancer Center, will provide sufficient professional and other staff to meet the needs of the patients receiving radiation oncology and MRT services at the cancer centers.

4. **If any facility-based personnel are to be provided through contractual arrangements, give the name of the secured or potential sources(s) and the services to be provided. Attach a copy of a contract, draft contract, or letter of commitment from each source, if available.**

PRN plans to utilize the radiation oncology services of Oncology and Hematology Associates of Southwest Virginia, Inc. dba Blue Ridge Cancer Center under a service agreement that will be negotiated and entered into between the parties prior to Closing. Moreover, PRN will use a wholly owned subsidiary, AOR Management Company of Virginia, Inc. or another affiliate to provide management, administrative and business services as are necessary and appropriate for the day-to-day administration of the nonmedical aspects of Oncology and Hematology Associates of Southwest Virginia, Inc. dba Blue Ridge Cancer Center's medical practice.

SECTION M: POLICIES REGARDING STAFF EMPLOYMENT AND MEDICAL STAFF MEMBERSHIP

The policies of the MRT service cancer centers will not significantly change as a result of the acquisition.

- 1. Provide copies of existing or proposed policies for training and employment of facility staff.**

A copy of Genesis' New Hire Team Member Orientation and Compliance Review Policy is attached as **Exhibit M-1**. The purpose of this policy is to ensure proper training and information is given to each new team member in order to facilitate a successful on-boarding and a positive experience during the new team members introductory period and beyond, with the organization.

- 2. Describe the facility's policies and procedures for medical staff membership, including the policy concerning granting staff privileges to allopathic and osteopathic physicians.**

Physicians all must meet licensing and credentialing requirements for the specialty for which they are employed.

- 3. Describe existing or proposed in-service training programs to the types of employees who are associated with the proposal.**

Personnel are required to meet continuing education and training standards as specified by appropriate West Virginia licensing and professional licensing/accrediting/certifying agencies.

Exhibit M-1

Policy #: HR.POL.000	Policy Title: New Hire Team member Orientation and Compliance Review	Page: 1 of 2
Department Name: Human Resources	Policy Effective Date: 2/1/2018	Responsible Reviewer(s): Title: Vice President – Human Resources Title: General Counsel Title: Chief Compliance Officer

1. Purpose:

To ensure proper training and information is given to each new team member in order to facilitate a successful on-boarding and a positive experience during the new team member's introductory period and beyond, with the organization.

2. Scope:

This policy applies to all 21st Century Oncology, Inc. facilities and all team members of 21st Century Oncology, Inc. or any 21st Century Oncology, Inc. affiliates & subsidiaries. As used herein, an "affiliate" or "subsidiary" of 21st Century Oncology, Inc. means an entity controlled by or under common control with 21st Century Oncology, Inc. It is the intent of 21st Century Oncology that corrective action be administered in a fair and consistent manner and will not be influenced by a team member's race, color, religion, sex, national origin, physical or mental disability age, sexual orientation, transgender status, gender expression, gender identity or any other characteristic protected by federal, state or local law.

3. Policy Defined:

All new team members must attend the **New Team Member Orientation** session on the first day of employment or at the first opportunity when the session is held. The New Team Member Orientation is provided and led by the Human Resources Representative or Administrative Field Manager or Director in the field.

3.1 Content

The session generally consists of:

- A. Completion of necessary Human Resources, Payroll and Regulatory new hire documents.
- B. Viewing of 21st Century Oncology Power Point presentation
- C. Tour of facility or department (where possible)
- D. Overview of forthcoming compliance training requirements, processes and procedures
- E. Questions and Answers

Policy #:	Policy Title:	Page: 2 of 3
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Human Resources will maintain records all records of attendance of team members in New Hire Orientation and training.

a. Compliance Training

Compliance training is assigned to new and existing team members and will be covered by this policy as well, as described within.

4. Roles and Responsibilities

4.1 HR Orientation/ New Hire

Human Resources will provide materials for new employment or introduction and orientation and will coordinate dissemination of these materials with site managers who will provide either personally or remotely, information about policies, procedures, benefits and job responsibilities and expectations. New hire paperwork will be completed on the first day of employment to ensure proper entry of the new team member into the payroll system.

4.2 Continuing Education

Supervisors may recommend team member participation in continuing education and/or training programs when such instruction is deemed beneficial or considered necessary to maintain job requirements.

4.3 Mandatory Compliance Training

See Section 5.

5. Compliance

5.1 Compliance Measurement:

See section 4. Completion is tracked and measured by Regional Administration and Regional HR Director/Manager and reported to the Compliance Department.

5.2 Exceptions:

Exceptions may be made in the event timely completion of assigned courses/orientation is not achieved if the team member has given notice of voluntary termination or is on an approved leave of absence. In the case of an LOA, the team member is expected to complete the assignments within 5 days of return from LOA.

Policy #:	Policy Title:	Page: 3 of 3
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5.3 Non-Compliance

New team members are required to complete the mandatory **compliance training** that is assigned to them within 30 days of their start date. Existing team members are required to complete the annual mandatory compliance training assigned to them by the prescribed deadline. Failure to complete compliance training by the deadline will result in disciplinary action, up to and including termination. More specifically, ***those team members not completing the necessary Compliance training and Orientation attendance and requirements within the first 30 days employment, will be subject to disciplinary action, noted as follows:***

- 30 days or less to complete training (*FYI ... OSHA courses and Info Sec are 15 days*)
- 45-day mark, non-compliance will cause suspended without pay
- 60-day mark, non-compliance will cause termination

5.4 15 Days Extension Available (stating circumstances)

An extension up to 15 days may be granted, depending on circumstances that may exist and is clearly communicated to the administrator in a timely manner. All information should be directed to the Regional Human Resources Director.

6. Definitions:

Compliance Training – Educational sessions designed to teach and make the newly hired and existing team members aware of the requirements set forth by state and federal laws, regulatory agencies, and internal company policy for the purpose of preserving the safety, security, professionalism, and compliance required in our industry.

New Hire Orientation – Educational session(s) designed to on-board and educate a new team member on company policy, procedures, rules of operation and expectations of the team member in his/her newly acquired position. Additionally, the new team member is provided with information regarding company benefits, internal communication, work flow, opportunity and benefits of working for 21st Century Oncology.

7. Version History

Version	Date	Author	Summary of Changes

SECTION N: FINANCIAL FEASIBILITY

1. **Submit audited financial reports for the most recent two (2) fiscal years. If audited financial reports are not prepared, submit the following financial statements: (1) statement of revenues and expenses; (2) balance sheet; (3) statement of changes in fund balances; and, (4) statement of cash flows for each of last two (2) fiscal years. If a Form 10-K is required to be submitted to the U.S. Securities and Exchange Commission by either the applicant or a related entity, submit the Form 10-K for the preceding two (2) years. The Form 10-K may be submitted on CD.**

See Exhibit N-1 (submitted on separate CD) for the Form 10-K Annual Reports for McKesson Corporation which is the owner of US Oncology Holdings, Inc., the owner of US Oncology, Inc., the owner of Physician Reliance Network, LLC, for fiscal year ending March 31, 2022 and March 31, 2023.

2. **Provide a preliminary financial feasibility study including, at a minimum, pro forma financial statements to include a three (3) year projection of revenues and expenses for the project. If revenues do not equal expenses by the end of the third year, identify other sources of revenue or income which will subsidize the deficit. Applicants must demonstrate in their financial projections that all indigent persons can be served without jeopardizing the financial viability of the project. Please note that the applicant must address the criteria in the applicable CON Standards. Provide a listing of assumptions utilized in the preparation of the financial statements including staffing and salaries, expenses, utilization data, fee schedule or charges, and projected revenues.**

See Combined West Virginia Financials – FWV (Fairlea) and PWV (Princeton) attached as **Exhibit N-2** for the preliminary financial feasibility study, including the five year proforma financial statements for the operation of the cancer centers located at Fairlea, West Virginia and Princeton, West Virginia by PRN upon Closing of the Transaction. The attached proforma financial statement includes the Calendar Year 2022 (GenesisCare) forecast utilizing the actual revenues and expense of operation of the cancer center locations along with the Fiscal Year projections and proforma for Year 1 through Year 5 (2023 – 2027) which represent the annual projection of revenue and expenses through 2027. The proforma and financial projections demonstrate that the Transaction is financially feasible.

3. **Provide historical and projected utilization for the facility using the following tables. Unless directed otherwise, provide data for the two past fiscal years, current and future fiscal years prior to the project's implementation, and the first two years after completion of the project. If this is a start-up project, provide data for the first three years of operation. On a separate sheet, set forth all the assumptions upon which the projections are based.**

Not applicable.

INPATIENT DATA

Provide the month and day for fiscal year ending _____

Not applicable.

a. UTILIZATION STATISTICS	PAYOR CLASSIFICATION			
	MEDICARE	MEDICAID	OTHER	TOTAL
Inpatient days:				
FY ____				
FY ____				
FY ____				
FY ____				
FY ____				
FY ____				
Inpatient discharges:				
FY ____				
FY ____				
FY ____				
FY ____				
FY ____				
FY ____				

b. AVERAGE LENGTH OF STAY	PAYOR CLASSIFICATION			
	MEDICARE	MEDICAID	OTHER	TOTAL
Inpatient days:				
Not applicable.				
FY ____				
FY ____				
FY ____				
FY ____				
FY ____				
Inpatient discharges:				
Not applicable.				
FY ____				
FY ____				

FY ____				
FY ____				
FY ____				

c. BEDS AND OCCUPANCY	LICENSED BEDS	PERCENTAGE OCCUPANCY LICENSED	BEDS SET UP STAFFED	PERCENTAGE OCCUPANCY SET UP
Inpatient days:				
Not applicable.				
FY ____				
FY ____				
FY ____				
FY ____				
FY ____				

d. UTILIZATION STATISTICS

Not applicable.

Service	Value for Standard Units of Measure	FY	FY	FY	FY
Operating Rooms (General)	Surgery Minutes				
	Patients				
Operating Rooms (Ambulatory)	Surgery Minutes				
	Patients				
Operating Rooms (Open Heart)	Surgery Minutes				
	Patients				
Labor and Delivery Room	Births				
Outpatient					
Clinic	Patient Visits				
Emergency Room	Patient Visits				
Other ____	Patients				
Psychiatric	Patient Visits				
Cardiac Catheterization	Procedures				
Radiological	Procedures				
CT Scan	Procedures				
MRI scan	Procedures				

Kidney Transplant	Procedures				
Lithotripsy	Procedures				
Radiation Therapy	Procedures				
	Patients				
Home Health	Visits				
	Patients				

Exhibit N-1

(Submitted on Separate CD)

Exhibit N-2

Combined West Virginia Financials – FWV (Fairlea) & PWV (Princeton)

	GenesisCare CY22	BRCC Year 1	BRCC Year 2	BRCC Year 3	BRCC Year 4	BRCC Year 5
Total Net Revenue	7,184,555	7,510,375	7,807,815	8,098,378	8,381,170	8,674,511
Physician Compensation	1,242,234	1,269,563	1,297,493	1,326,038	1,355,211	1,385,025
Direct Salaries	1,367,903	1,422,619	1,479,524	1,538,705	1,600,253	1,664,263
G&A Salaries	135,988	141,428	147,085	152,968	159,087	165,450
Additional Staffing and Benefits	-	258,943	269,300	280,073	291,275	302,926
COGS	24,062	24,591	25,132	25,685	26,250	26,827
Maintenance Costs	458,608	525,130	540,883	481,264	413,773	426,186
Other Direct	586,718	599,626	612,818	626,299	640,078	654,160
Other Indirect	301,971	308,614	315,403	322,342	329,434	336,681
Total OpEx	4,117,482	4,550,512	4,687,638	4,753,374	4,815,360	4,961,520
Depreciation	823,454	608,469	608,469	623,303	925,417	925,417
Purchase Amortization	-	902,279	902,279	902,279	902,279	902,279
Total Expenses	4,940,936	6,061,260	6,198,386	6,278,955	6,643,056	6,789,215
Interest Expense	-	109,447	89,124	173,516	254,831	223,922
Net Profit	2,243,619	1,339,668	1,520,305	1,645,906	1,483,283	1,661,374

Assumptions

3.5% net patient revenue growth; RCM synergies included in first 3 years

2.2% growth in expenses

Maintenance savings on current contracts

New maintenance contracts and depreciation included on new equipment

**SECTION O: SPECIAL NEEDS AND CIRCUMSTANCES OF FACILITIES
PROVIDING A SUBSTANTIAL PORTION OF SERVICES TO OUT-OF-
STATE POPULATIONS**

If the proposed service will provide a substantial portion of its services or resources to individuals not residing in the project's service area or in West Virginia, document that fact with pertinent information and data.

The Transaction involves MRT service cancer centers which are located in West Virginia. The radiation oncology services provided at the centers are provided to patients who are residents of West Virginia and Virginia. Based on current utilization numbers provided by GenesisCare for 2023, in addition to providing services in the primary service areas described in Section E, MRT services are provided to patients who reside in other counties in West Virginia and Virginia.

SECTION P: COMMUNITY SUPPORT

If you wish, you may attach letters of support and endorsement from:

- **the service population at large**
- **members of the medical community and
provider organizations/institutions/services**
- **consumer/civic organizations**
- **community service providers**


Letters of support from the community may be submitted under separate cover, if needed.

Physician Reliance Network, LLC
CON File #23-1/4-12836-A

The following affidavit must be completed by the person identified in response of Question 1 of Section A, Page 1.

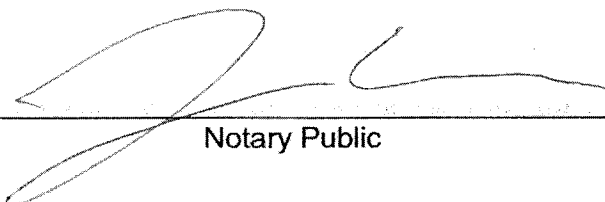
COUNTY OF Harris
STATE OF Texas, to wit:

Upon first being duly sworn, I hereby state that, to the best of my information, knowledge, and belief, the information provided in this application is true and correct. I further state that the applicant is in full compliance with the financial disclosure provisions of W.Va. Code § 16-29B-18, W.Va. Code § 16-5F-1 *et seq.* or W. Va. C.S.R. § 65-15-1 *et seq.*



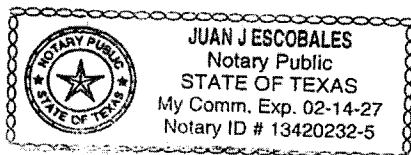
Jason Hammonds
President, US Oncology, Inc.
Managing Member of Physician Reliance
Network, Inc.

Sworn to, stated, and subscribed before me on this 11th day of December, 2023.



Notary Public

(Notary stamp)



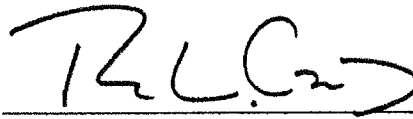
Physician Reliance Network, LLC
CON File #23-1/4-12836-A

The following affidavit must be completed by the **person who prepared the application** identified in response of Question 3 of Section A, Page 2.

COUNTY OF KANAWHA

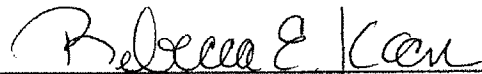
STATE OF WEST VIRGINIA, to wit:

Upon first being duly sworn, I hereby state that, to the best of my information, knowledge, and belief, the information provided in this application is true and correct.



Robert L. Coffield
Flaherty Sensabaugh Bonasso PLLC
Counsel for Physician Reliance Network, LLC

Sworn to, stated, and subscribed before me on this 11th day of December, 2023.



Notary Public

(Notary stamp)

