

**SUPPLEMENTAL INFORMATION TO THE  
APPLICATION FOR  
CERTIFICATE OF PUBLIC ADVANTAGE**

**SUBMITTED BY:**

**Shannon Health System, Inc.**

**PUBLIC REDACTED VERSION**

This document and any attachments contain information that is proprietary, confidential, commercially sensitive, and/or competitive, and is protected from public disclosure pursuant to Tex. Gov't Code Ann. §§ 552.101, 552.104, 552.110(a)-(b), and any other applicable exception listed in Subchapter C of Chapter 552 of the Texas Government Code, Tex. Bus. & Com. Code Ann. § 15.10(i), and all other applicable statutes, rules, and regulations.

# EXHIBIT 1

WITHHELD FROM PUBLIC RELEASE  
NON-PUBLIC & CONFIDENTIAL  
FILED UNDER SEAL



# **EXHIBIT 2- SHANNON**



**TEXAS**  
**Health and Human**  
**Services**

**Texas Department of State Health Services**

**John Hellerstedt, M.D.**  
*Commissioner*

**HOSPITALS RENEWAL NOTICE**

May 24, 2019

SHANNON MEDICAL CENTER ST JOHNS CAMPUS  
P O BOX 1879  
SAN ANGELO, TX 76902

**Client Code:** 6810  
**License #:** 000168  
**Expiration Date:** 08/31/2019  
**Amount due:** \$ 0.00

The information below reflects data currently stored in our database. Please review the data for accuracy. If your data does not match our records, please select the appropriate box(es) below.

Additionally, prior approval by the department is required for all design bed(s)/station(s) changes, location changes, changes in services, or a change of ownership. For additional information regarding these processes, please review the licensing rules at [www.dshs.texas.gov/facilities/default.aspx](http://www.dshs.texas.gov/facilities/default.aspx). Please complete, sign, date the attached renewal application, and return it with all related documents and your license fee, within 30 day of the expiration date to:

**HHSC-ARTS**  
**Budget: ZZ101 Fund: 152 Service Code: 529201039**  
**P.O. Box 149055**  
**Austin, TX 78714-9055**

Failure to submit your application timely may delay the renewal process. If you have any questions, please do not hesitate to contact the Facility Licensing Group at (512) 834-6648.

**Attachments**

**CHECK OFF ITEMS BELOW THAT MAY DIFFER FROM YOUR FACILITY RECORDS**

<input type="checkbox"/> Facility Name (d/b/a):	SHANNON MEDICAL CENTER ST JOHNS CAMPUS
<input type="checkbox"/> Facility Address:	2018 PULLIAM STREET SAN ANGELO, TX 76905
<input type="checkbox"/> Mailing Address:	P O BOX 1879 SAN ANGELO, TX 76902
<input type="checkbox"/> Telephone Number:	3256536741
<input type="checkbox"/> Fax Number:	3256588295
<input type="checkbox"/> Owner/Legal Name:	SHANNON MEDICAL CENTER
<input type="checkbox"/> Owner Mailing Address:	PO BOX 1879 SAN ANGELO, TX 76903
<input type="checkbox"/> Tax Id Number or SS #:	752559845
<input type="checkbox"/> Total Beds	108

To the best of my knowledge, the information on this renewal notice and accompanying renewal application are true and correct. I agree to comply with Health and Safety Code, Chapter 241 and Texas Administrative Code, Chapter 133.

**Shane Plymell**

Name of Administrator/Program Sponsor/CEO (Please Print)

Signature of Administrator/Program Sponsor/CEO

**President/CEO**

Title

Date

[shaneplymell@shannonhealth.org](mailto:shaneplymell@shannonhealth.org)

Email Address

Phone Number

325-657-5303

SERVICE CODE: 529201039  
DEPT ID: ZZ101 FUND: 152



**TEXAS**  
Health and Human  
Services

**General and Special Hospital Multiple Location  
License Renewal Application**

**Name of Main Hospital:** Shannon West Texas Memorial Hospital

**Hospital License Number:** 000168 **Status:** ☐ Profit ☒ Non-Profit

**Name of Multiple Location Hospital:** Shannon Medical Center - St. Johns Campus

**Multiple Location Hospital Designation:** ☐ General ☒ Special

**Hospital within a hospital:** ☐ Yes ☒ No

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**1. HOSPITAL SERVICES:** *(Check all services offered)*

- ☐ Medical *(Special hospitals only)*
- ☐ Surgery *(General hospitals only)*
- ☐ Obstetrical Care *(General hospital only)*
- ☒ Clinical Laboratory Services *(contracted or onsite)*
- ☒ Diagnostic X-ray Services *(required)*
- ☐ Emergency Department\*\* *(required)*
- ☒ Emergency Treatment Room *(required if no Emergency Department)*
- ☐ Pediatric *(if 15 or more pediatric beds)*
- ☒ Comprehensive Medical Rehabilitation
- ☐ ESRD – Acute Services\* *(in an identifiable part of the hospital)*
- ☒ Mental Health Services *(in an identifiable part of the hospital)*
- ☒ Chemical Dependency *(in an identifiable part of the hospital)*
- ☒ Inpatient ☐ Outpatient
- ☐ Other Definitive Medical or Surgical Treatment: \_\_\_\_\_

**\*Answer the questions below if ESRD Stations are provided for treatment within a designated area of the hospital:**

What patient populations are being served? ☐ Pediatric ☐ Adult

Does the hospital provide peritoneal dialysis? ☐ Yes ☐ No

How many stations does the hospital have? \_\_\_\_\_ *(not included in bed count)*

**LICENSE NUMBER:** 000168

**SERVICE CODE:** 529201039

**2. Does this location currently have a waiver of any hospital regulations?**

☐ Yes ☒ No

If yes was marked, provide a copy of the waiver.

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**3. OTHER SERVICES:** (Select one of the following)

- ☐ Long Term Acute Care Hospital  
☐ Critical Access Hospital  
☒ Skilled Nursing Unit  
☐ Children's Hospital  
☐ None

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**4. LICENSED BEDS:**

**a.** How many total licensed beds are at this hospital location? 108

*Total bed design capacity of this hospital only.*

*A change in the bed design capacity requires prior approval and possible fees.*

**b.** How many emergency treatment room beds and/or emergency department beds are at this hospital location? 1

*This count is not included in the licensed bed count above.*

*A minimum of one bed is required.*

**c.** Provide the total number of licensed beds in each unit or area of service at this hospital location:

<u>30</u>	Medical/Surgical		
	(may include pediatric beds if pediatric bed count is less than 15 beds)		
	ICU/CCU		Postpartum
	Intermediate Care		Adolescent
	Universal Care		Pediatric (if 15 or more beds)
	Neonatal ICU	<u>28</u>	Skilled Nursing
	Continuing Care Nursery	<u>14</u>	Comprehensive Medical Rehabilitation
	Antepartum	<u>30</u>	Mental Health
	Labor/Delivery/Recovery/Postpartum		
<u>6</u>	Chemical Dependency		

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**5. ACCREDITATION:**

(Check the appropriate category)

Attach a copy of the most recent hospital letter or certificate of accreditation.

- ☐ Joint Commission (JC)  
☐ American Osteopathic Association (AOA)  
☐ DNV GL  
☒ Center for Improvement in Healthcare Quality (CIHQ)  
☐ Not accredited

LICENSE NUMBER: 000168

**6. SAFE-READY FACILITY**

Is your facility a **SAFE-ready facility**? ☐ Yes ☒ No

"SAFE-ready facility" means a health care facility designated as a Sexual Assault Forensic Exam-ready facility under TX Health and Safety Code Section 323.0015. A SAFE-ready facility employs or contracts with a sexual assault forensic examiner or uses a telemedicine system of sexual assault forensic examiners to provide consultation to a licensed nurse or physician when conducting a sexual assault forensic medical examination.

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**7. SIGNATURE AND ATTESTATION:**

I attest that the owner is capable of meeting the requirements of 25 Texas Administrative Code, Chapter 133, Hospital Licensing Rules. I attest that all information contained in this application is true and correct. I attest that all copies submitted with the application are original copies or copies of the original documents. In compliance with Health and Safety Code §241.022(c)(1) and the Hospital Licensing Rules, this is to attest that the physicians on the medical staff of this hospital are currently licensed by the Texas Medical Board and are qualified legally, professionally and ethically for the positions to which they are appointed.

  
\_\_\_\_\_  
Chief Executive Officer Signature

**Shane Plymell**  
\_\_\_\_\_  
Printed Name of CEO

**325-657-5303**  
\_\_\_\_\_  
Telephone Number

**07/24/2019**  
\_\_\_\_\_  
Date Signed

Date Signed

**President/CEO**  
\_\_\_\_\_  
Title

Title

shaneplymell@shannonhealth.org  
\_\_\_\_\_  
Email Address

Email Address

---

**8. HOSPITAL ADMINISTRATOR:**

**Gerald Creel**  
\_\_\_\_\_  
Onsite Administrator in charge of day-to-day operations

Onsite Administrator in charge of day-to-day operations

**325-481-8581**  
\_\_\_\_\_  
Telephone Number

Telephone Number

**Administrative Director**  
\_\_\_\_\_  
Title

Title

geraldcreel@shannonhealth.org  
\_\_\_\_\_  
Email Address

Email Address





**TEXAS**  
Health and Human  
Services

**Texas Department of State Health Services**

**John Hellerstedt, M.D.**  
Commissioner

**HOSPITALS RENEWAL NOTICE**

May 24, 2019

SHANNON WEST TEXAS MEMORIAL HOSPITAL  
P O BOX 1879  
SAN ANGELO, TX 76902

Client Code: 6810  
License #: 000168  
Expiration Date: 08/31/2019  
Amount due: \$ 16,829.00

The information below reflects data currently stored in our database. Please review the data for accuracy. If your data does not match our records, please select the appropriate box(es) below.

Additionally, prior approval by the department is required for all design bed(s)/station(s) changes, location changes, changes in services, or a change of ownership. For additional information regarding these processes, please review the licensing rules at [www.dshs.texas.gov/facilities/default.aspx](http://www.dshs.texas.gov/facilities/default.aspx). Please complete, sign, date the attached renewal application, and return it with all related documents and your license fee, within 30 day of the expiration date to:

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Budget: ZZ101 Fund: 152 Service Code: 529201039  
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Austin, TX 78714-9055

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Attachments

**CHECK OFF ITEMS BELOW THAT MAY DIFFER FROM YOUR FACILITY RECORDS**

<input type="checkbox"/>	Facility Name (d/b/a):	SHANNON WEST TEXAS MEMORIAL HOSPITAL
<input type="checkbox"/>	Facility Address:	120 EAST HARRIS AVENUE SAN ANGELO, TX 76903
<input type="checkbox"/>	Mailing Address:	P O BOX 1879 SAN ANGELO, TX 76902
<input type="checkbox"/>	Telephone Number:	3256536741
<input type="checkbox"/>	Fax Number:	3256588295
<input type="checkbox"/>	Owner/Legal Name:	SHANNON MEDICAL CENTER
<input type="checkbox"/>	Owner Mailing Address:	PO BOX 1879 SAN ANGELO, TX 76903
<input type="checkbox"/>	Tax Id Number or SS #:	752559845
<input type="checkbox"/>	Total Beds	323

To the best of my knowledge, the information on this renewal notice and accompanying renewal application are true and correct. I agree to comply with Health and Safety Code, Chapter 241 and Texas Administrative Code, Chapter 133.

**Shane Plymell**

Name of Administrator/Program Sponsor/CEO (Please Print)

Signature of Administrator/Program Sponsor/CEO

**President/CEO**

Title

7/24/2019

Date

**shaneplymell@shannonhealth.org**

Email Address

325-657-5303

Phone Number

SERVICE CODE: 529201039  
DEPT ID: ZZ101 FUND: 152



**TEXAS**  
**Health and Human**  
**Services**

**General and Special Hospital License Renewal Application**

**Name of Hospital:** Shannon West Texas Memorial Hospital

**Hospital License Number:** 000168 **Status:** ☐ Profit ☒ Non-Profit

**Renewal Fee Submitted** ☒ By Mail ☐ Online (*See Renewal Notice for Fee Amount*)

**Hospital within a hospital:** ☐ Yes ☒ No

**Type of Ownership:**

<input type="checkbox"/> City	<input type="checkbox"/> Hospital District/Authority
<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company (LLC)
<input type="checkbox"/> County	<input type="checkbox"/> Limited Liability Partnership (LLP)
<input type="checkbox"/> Hospital	<input type="checkbox"/> Limited Partnership (LP)
<input type="checkbox"/> LTD	<input type="checkbox"/> Partnership
<input type="checkbox"/> State	<input type="checkbox"/> Sole Owner/Proprietorship
<input type="checkbox"/> Other: _____	

**1. HOSPITAL SERVICES:** (*Select either General or Special*)

☒ **GENERAL** - The term "general hospital" means any establishment offering services, facilities, and beds for use for more than twenty-four (24) hours for two (2) or more unrelated individuals requiring diagnosis, treatment, or care for illness, injury, deformity, abnormality, or pregnancy, and regularly maintains, at a minimum, clinical laboratory services, diagnostic X-ray services, treatment facilities including surgery or obstetrical care or both, and other definitive medical or surgical treatment of similar extent.

**Services:** (*Check all services offered*)

- ☒ Surgery
- ☒ Obstetrical Care
- ☒ Clinical Laboratory Services (*required contracted or onsite*)
- ☒ Diagnostic X-ray Services (*required*)
- ☒ Emergency Department (*required*)
- ☐ Emergency Treatment Room (*with approved ED waiver*)
- ☒ Pediatric (*if 15 or more pediatric beds*)
- ☐ Comprehensive Medical Rehabilitation
- ☐ ESRD - Acute Services\* (*in an identifiable part of the hospital*)
- ☐ Mental Health Services (*in an identifiable part of the hospital*)
- ☐ Chemical Dependency (*in an identifiable part of the hospital*)
- ☐ Inpatient ☐ Outpatient
- ☐ Other Definitive Medical or Surgical Treatment: \_\_\_\_\_

**LICENSE NUMBER:** 000168

**SERVICE CODE:** 529201039

- ☐ **SPECIAL** - The term "special hospital" means any establishment offering services, facilities, and beds for use for more than twenty-four (24) hours for two (2) or more unrelated individuals who are regularly admitted, treated, and discharged and who require services more intensive than room, board, personal services, and general nursing care, and has clinical laboratory facilities, diagnostic X-ray facilities, treatment facilities, or other definitive medical treatment, has a medical staff in regular attendance, and maintains records of the clinical work performed for each patient.

**Services: (Check all services offered):**

- ☐ Medical  
☐ Emergency Department  
☐ Emergency Treatment Room (*required if no Emergency Department*)  
☐ Clinical Laboratory Services (*contracted or onsite*)  
☐ Diagnostic X-ray Services (*required*)  
☐ Comprehensive Medical Rehabilitation  
☐ Pediatric (*if 15 or more pediatric beds*)  
☐ ESRD – Acute Services\* (*in an identifiable part of the hospital*)  
☐ Mental Health Services (*in an identifiable part of the hospital*)  
☐ Chemical Dependency (*in an identifiable part of the hospital*)  
☐ Inpatient      ☐ Outpatient  
☐ Other Definitive Medical Treatment: \_\_\_\_\_

**\*Answer the questions below if ESRD Stations are provided for treatment within a designated area of the hospital:**

What patient populations are being served? ☐ Pediatric ☐ Adult

Does the hospital provide peritoneal dialysis? ☐ Yes ☐ No

How many stations does the hospital have? \_\_\_\_\_ (*not included in bed count*)

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**2. Does this location currently have a STATE waiver of any hospital regulations?**

☐ Yes ☒ No

If yes was marked, provide a copy of the waiver.

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**3. OTHER SERVICES: (Select one of the following)**

- ☐ Long Term Acute Care Hospital  
☐ Critical Access Hospital  
☐ Skilled Nursing Unit  
☐ Children's Hospital  
☒ None

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**4. Does this hospital have physician owners?** ☐ Yes ☒ No

If yes was marked, also complete the attached Physician Ownership Addendum.

**LICENSE NUMBER:** 000168

**5. LICENSED BEDS:**

- a. How many total licensed beds are at this hospital location? 323  
*Total bed design capacity of this hospital only.  
A change in the bed design capacity requires prior approval and possible fees.*
- b. How many emergency treatment room beds and/or emergency department beds are at this hospital location? 36  
*This count is not included in the licensed bed count above and will not affect fees.  
A minimum of one bed is required.*
- c. Provide the total number of licensed beds in each unit or area of service at this hospital location:

<u>261</u> Medical/Surgical <i>(may include pediatric beds if pediatric bed count is less than 15 beds)</i>	
<u>23</u> ICU/CCU	<u>12</u> Postpartum
Intermediate Care	Adolescent
Universal Care	<u>23</u> Pediatric <i>(if 15 or more beds)</i>
<u>4</u> Neonatal ICU	Skilled Nursing
Continuing Care Nursery	Comprehensive Medical Rehabilitation
Antepartum	Mental Health
Labor/Delivery/Recovery/Postpartum	
Chemical Dependency	

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**6. FEES:** *(Fees paid to the department are not refundable)*

Total number of licensed beds: 431  
(Include all licensed beds at all locations under a common license)

Total fee due is \$39.00 per bed + \$20.00 (Texas Online Subscription Fee).  
Amount paid: \$ 16829.00

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**7. HOSPITAL DATABASE WORKSHEET:**

Complete the Hospital Database Worksheet for all hospital locations. The worksheet is available on our website at:

<http://www.dshs.texas.gov/facilities/hospitals/forms.aspx#general-special>.

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**8. MEDICARE CERTIFICATION:**

Is the hospital certified to participate in the Medicare Program? ☒ Yes ☐ No  
If YES, provide the hospital's CCN Number: 45-0571

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**9. SAFE-READY FACILITY**

Is your facility a SAFE-ready facility? ☒ Yes ☐ No

"SAFE-ready facility" means a health care facility designated as a Sexual Assault Forensic Exam-ready facility under TX Health and Safety Code Section 323.0015. A SAFE-ready facility employs or contracts with a sexual assault forensic examiner or uses a telemedicine system of sexual assault forensic examiners to provide consultation to a licensed nurse or physician when conducting a sexual assault forensic medical examination.

**LICENSE NUMBER:** 000168

**10. ACCREDITATION:**

*(Check the appropriate category)*

Attach a copy of the most recent hospital letter or certificate of accreditation.

- ☐ Joint Commission (JC)  
☐ American Osteopathic Association (AOA)  
☐ DNV GL  
☒ Center for Improvement in Healthcare Quality (CIHQ)  
☐ Not accredited

**11. FIRE SAFETY SURVEY:**

Annual fire safety inspections are required for continued licensure status. Include a copy of a fire inspection report conducted within the last 12 months & a second report conducted within the last 13 to 24 months indicating approval by the local fire authority. **The fire inspector must be certified by the Texas Commission of Fire Protection in order to conduct the inspection.**

**12. SIGNATURE AND ATTESTATION:**

I attest that the owner is capable of meeting the requirements of 25 Texas Administrative Code, Chapter 133, Hospital Licensing Rules. I attest that all information contained in this application is true and correct. I attest that all copies submitted with the application are original copies or copies of the original documents. In compliance with Health and Safety Code §241.022(c)(1) and the Hospital Licensing Rules, this is to attest that the physicians on the medical staff of this hospital are currently licensed by the Texas Medical Board and are qualified legally, professionally and ethically for the positions to which they are appointed.

  
Chief Executive Officer Signature

Shane Plymell

Printed Name of CEO

325-657-5303

Telephone Number

07/24/2019

Date Signed

President/CEO

Title

shaneplymell@shannonhealth.org

Email Address

**13. HOSPITAL ADMINISTRATOR:**

Shane Plymell

Onsite Administrator in charge of day-to-day operations Title

325-657-5303

Telephone Number

President/CEO

shaneplymell@shannonhealth.org

Email Address

LICENSE NUMBER: 000168

**OWNERSHIP ADDENDUM**

Complete if the owner is a Partnership or a Corporation. Attach additional pages if necessary.

**The owner is a:** **N/A** ☒

☐ **Partnership - List each general partner who is an individual.**

Print Name: \_\_\_\_\_  
Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name: \_\_\_\_\_  
Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name: \_\_\_\_\_  
Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name: \_\_\_\_\_  
Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name: \_\_\_\_\_  
Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ **Corporation - List any individual who has an ownership interest of 25% or more in the corporation.**

Print Name: \_\_\_\_\_ Percent Ownership \_\_\_\_\_%  
Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name: \_\_\_\_\_ Percent Ownership \_\_\_\_\_%  
Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name: \_\_\_\_\_ Percent Ownership \_\_\_\_\_%  
Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_

**LICENSE NUMBER:** 000168

**PHYSICIAN OWNERSHIP ADDENDUM**

**N/A** ☒

Complete if the hospital has physician owners. Attach additional pages if necessary.

Print Name: \_\_\_\_\_ Percent Ownership \_\_\_\_\_%

Texas Medical Board License Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Print Name: \_\_\_\_\_ Percent Ownership \_\_\_\_\_%

Texas Medical Board License Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Print Name: \_\_\_\_\_ Percent Ownership \_\_\_\_\_%

Texas Medical Board License Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Print Name: \_\_\_\_\_ Percent Ownership \_\_\_\_\_%

Texas Medical Board License Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Print Name: \_\_\_\_\_ Percent Ownership \_\_\_\_\_%

Texas Medical Board License Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_



**TEXAS**  
Health and Human  
Services

July 29, 2019

SHANE PLYMELL, PRESIDENT/CEO  
SHANNON WEST TEXAS MEMORIAL HOSPITAL  
120 EAST HARRIS AVENUE  
SAN ANGELO, TX 76903

**RE: Multi-Location Approved Bed Increase for Shannon West Texas Memorial Hospital, License # 000168**

Dear Mr. Plymell:

The Architectural Review Group approved Application 14814 effective 07/23/2019. The Architectural Review Group has notified the Facility Licensing Group that you have increased your design bed capacity from **323** to **333 (+10 x \$39.00 = \$390.00)** at the parent facility located at 120 East Harris Avenue, San Angelo, TX 76903. Please submit a check in the amount of **\$390.00** made payable to the Texas Health and Human Services Commission (including a copy of this letter) to:

*Regular Mail:*  
Budget ZZ101- Fund 152  
Service Code: 529201039  
HHSC – ARTS  
P.O. Box 149055  
Austin, Texas 78714-9055

*Overnight Mail:*  
Budget ZZ101- Fund 152  
Service Code: 529201039  
HHSC - ARTS  
1106 Clayton Lane, Suite 240E  
Austin, Texas 78723

Please reflect the current bed breakdown\* on the next Application for a State License to Operate a Hospital and/or Affidavit for Final Construction Approval.

Previous Bed Count at the Parent facility:

Total Beds 323                      261 Med/Surg, 23 ICU/CCU, 4 NICU, 12 Postpartum, 23 Pediatric

**\*Approved Bed Count at the Parent facility:**

**Total Beds 333                      261 Med/Surg, 33 ICU/CCU, 4 NICU, 12 Postpartum, 23 Pediatric**

A revised hospital license will be mailed to your facility indicating **441** beds, which includes the total number of beds at all facility locations. If you should have any questions, please contact Angela Arthur at 512/834-6648 or by email at [angela.arthur@hhsc.state.tx.us](mailto:angela.arthur@hhsc.state.tx.us).



Sincerely,

A handwritten signature in cursive script that reads "Angela Arthur".

Angela Arthur, License & Permit Specialist IV  
Regulatory Licensing Unit  
Facility Licensing Group

# **EXHIBIT 2- SAN ANGELO**

**SUPPLEMENTAL INFORMATION TO THE  
APPLICATION FOR  
CERTIFICATE OF PUBLIC ADVANTAGE**

**SUBMITTED BY:**

Shannon Health System, Inc.

**PUBLIC REDACTED VERSION**

This document and any attachments contain information that is proprietary, confidential, commercially sensitive, and/or competitive, and is protected from public disclosure pursuant to Tex. Gov't Code Ann. §§ 552.101, 552.104, 552.110(a)-(b), and any other applicable exception listed in Subchapter C of Chapter 552 of the Texas Government Code, Tex. Bus. & Com. Code Ann. § 15.10(i), and all other applicable statutes, rules, and regulations.

# EXHIBIT 1

WITHHELD FROM PUBLIC RELEASE  
NON-PUBLIC & CONFIDENTIAL  
FILED UNDER SEAL



# **EXHIBIT 2- SHANNON**



**TEXAS**  
**Health and Human**  
**Services**

**Texas Department of State Health Services**

**John Hellerstedt, M.D.**  
*Commissioner*

**HOSPITALS RENEWAL NOTICE**

May 24, 2019

SHANNON MEDICAL CENTER ST JOHNS CAMPUS  
P O BOX 1879  
SAN ANGELO, TX 76902

Client Code: 6810  
License #: 000168  
Expiration Date: 08/31/2019  
Amount due: \$ 0.00

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**HHSC-ARTS**  
**Budget: ZZ101 Fund: 152 Service Code: 529201039**  
**P.O. Box 149055**  
**Austin, TX 78714-9055**

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**Attachments**

**CHECK OFF ITEMS BELOW THAT MAY DIFFER FROM YOUR FACILITY RECORDS**

<input type="checkbox"/> Facility Name (d/b/a):	SHANNON MEDICAL CENTER ST JOHNS CAMPUS
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<input type="checkbox"/> Mailing Address:	P O BOX 1879 SAN ANGELO, TX 76902
<input type="checkbox"/> Telephone Number:	3256536741
<input type="checkbox"/> Fax Number:	3256588295
<input type="checkbox"/> Owner/Legal Name:	SHANNON MEDICAL CENTER
<input type="checkbox"/> Owner Mailing Address:	PO BOX 1879 SAN ANGELO, TX 76903
<input type="checkbox"/> Tax Id Number or SS #:	752559845
<input type="checkbox"/> Total Beds	108

To the best of my knowledge, the information on this renewal notice and accompanying renewal application are true and correct. I agree to comply with Health and Safety Code, Chapter 241 and Texas Administrative Code, Chapter 133.

**Shane Plymell**

Name of Administrator/Program Sponsor/CEO (Please Print)

Signature of Administrator/Program Sponsor/CEO

**President/CEO**

Title

Date

**shaneplymell@shannonhealth.org**

Email Address

Phone Number

**325-657-5303**

SERVICE CODE: 529201039  
DEPT ID: ZZ101 FUND: 152



**TEXAS**  
Health and Human  
Services

**General and Special Hospital Multiple Location  
License Renewal Application**

**Name of Main Hospital:** Shannon West Texas Memorial Hospital

**Hospital License Number:** 000168 **Status:** ☐ Profit ☒ Non-Profit

**Name of Multiple Location Hospital:** Shannon Medical Center - St. Johns Campus

**Multiple Location Hospital Designation:** ☐ General ☒ Special

**Hospital within a hospital:** ☐ Yes ☒ No

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**1. HOSPITAL SERVICES:** *(Check all services offered)*

- ☐ Medical *(Special hospitals only)*
- ☐ Surgery *(General hospitals only)*
- ☐ Obstetrical Care *(General hospital only)*
- ☒ Clinical Laboratory Services *(contracted or onsite)*
- ☒ Diagnostic X-ray Services *(required)*
- ☐ Emergency Department\*\* *(required)*
- ☒ Emergency Treatment Room *(required if no Emergency Department)*
- ☐ Pediatric *(if 15 or more pediatric beds)*
- ☒ Comprehensive Medical Rehabilitation
- ☐ ESRD - Acute Services\* *(in an identifiable part of the hospital)*
- ☒ Mental Health Services *(in an identifiable part of the hospital)*
- ☒ Chemical Dependency *(in an identifiable part of the hospital)*
- ☒ Inpatient ☐ Outpatient
- ☐ Other Definitive Medical or Surgical Treatment: \_\_\_\_\_

**\*Answer the questions below if ESRD Stations are provided for treatment within a designated area of the hospital:**

What patient populations are being served? ☐ Pediatric ☐ Adult

Does the hospital provide peritoneal dialysis? ☐ Yes ☐ No

How many stations does the hospital have? \_\_\_\_\_ *(not included in bed count)*



**LICENSE NUMBER:** 000168

**SERVICE CODE:** 529201039

**2. Does this location currently have a waiver of any hospital regulations?**

☐ Yes ☒ No

If yes was marked, provide a copy of the waiver.

---

**3. OTHER SERVICES:** (Select one of the following)

- ☐ Long Term Acute Care Hospital  
☐ Critical Access Hospital  
☒ Skilled Nursing Unit  
☐ Children's Hospital  
☐ None

---

**4. LICENSED BEDS:**

**a.** How many total licensed beds are at this hospital location? 108

*Total bed design capacity of this hospital only.*

*A change in the bed design capacity requires prior approval and possible fees.*

**b.** How many emergency treatment room beds and/or emergency department beds are at this hospital location? 1

*This count is not included in the licensed bed count above.*

*A minimum of one bed is required.*

**c.** Provide the total number of licensed beds in each unit or area of service at this hospital location:

<u>30</u>	Medical/Surgical		
	(may include pediatric beds if pediatric bed count is less than 15 beds)		
	ICU/CCU		Postpartum
	Intermediate Care		Adolescent
	Universal Care		Pediatric (if 15 or more beds)
	Neonatal ICU	<u>28</u>	Skilled Nursing
	Continuing Care Nursery	<u>14</u>	Comprehensive Medical Rehabilitation
	Antepartum	<u>30</u>	Mental Health
	Labor/Delivery/Recovery/Postpartum		
<u>6</u>	Chemical Dependency		

---

**5. ACCREDITATION:**

(Check the appropriate category)

Attach a copy of the most recent hospital letter or certificate of accreditation.

- ☐ Joint Commission (JC)  
☐ American Osteopathic Association (AOA)  
☐ DNV GL  
☒ Center for Improvement in Healthcare Quality (CIHQ)  
☐ Not accredited

LICENSE NUMBER: 000168

## 6. SAFE-READY FACILITY

Is your facility a **SAFE-ready facility**? ☐ Yes ☒ No

"SAFE-ready facility" means a health care facility designated as a Sexual Assault Forensic Exam-ready facility under TX Health and Safety Code Section 323.0015. A SAFE-ready facility employs or contracts with a sexual assault forensic examiner or uses a telemedicine system of sexual assault forensic examiners to provide consultation to a licensed nurse or physician when conducting a sexual assault forensic medical examination.

---

## 7. SIGNATURE AND ATTESTATION:

I attest that the owner is capable of meeting the requirements of 25 Texas Administrative Code, Chapter 133, Hospital Licensing Rules. I attest that all information contained in this application is true and correct. I attest that all copies submitted with the application are original copies or copies of the original documents. In compliance with Health and Safety Code §241.022(c)(1) and the Hospital Licensing Rules, this is to attest that the physicians on the medical staff of this hospital are currently licensed by the Texas Medical Board and are qualified legally, professionally and ethically for the positions to which they are appointed.

  
\_\_\_\_\_  
Chief Executive Officer Signature

**Shane Plymell**

\_\_\_\_\_  
Printed Name of CEO

**325-657-5303**

\_\_\_\_\_  
Telephone Number

**07/24/2019**

\_\_\_\_\_  
Date Signed

**President/CEO**

\_\_\_\_\_  
Title

**shaneplymell@shannonhealth.org**

\_\_\_\_\_  
Email Address

---

## 8. HOSPITAL ADMINISTRATOR:

**Gerald Creel**

\_\_\_\_\_  
Onsite Administrator in charge of day-to-day operations Title

**325-481-8581**

\_\_\_\_\_  
Telephone Number

**Administrative Director**

\_\_\_\_\_  
**geraldcreel@shannonhealth.org**

\_\_\_\_\_  
Email Address



**TEXAS**  
Health and Human  
Services

**Texas Department of State Health Services**

**John Hellerstedt, M.D.**  
Commissioner

**HOSPITALS RENEWAL NOTICE**

May 24, 2019

SHANNON WEST TEXAS MEMORIAL HOSPITAL  
P O BOX 1879  
SAN ANGELO, TX 76902

Client Code: 6810  
License #: 000168  
Expiration Date: 08/31/2019  
Amount due: \$ 16,829.00

The information below reflects data currently stored in our database. Please review the data for accuracy. If your data does not match our records, please select the appropriate box(es) below.

Additionally, prior approval by the department is required for all design bed(s)/station(s) changes, location changes, changes in services, or a change of ownership. For additional information regarding these processes, please review the licensing rules at [www.dshs.texas.gov/facilities/default.aspx](http://www.dshs.texas.gov/facilities/default.aspx). Please complete, sign, date the attached renewal application, and return it with all related documents and your license fee, within 30 day of the expiration date to:

**HHSC-ARTS**  
Budget: ZZ101 Fund: 152 Service Code: 529201039  
P.O. Box 149055  
Austin, TX 78714-9055

Failure to submit your application timely may delay the renewal process. If you have any questions, please do not hesitate to contact the Facility Licensing Group at (512) 834-6648.

**Attachments**

**CHECK OFF ITEMS BELOW THAT MAY DIFFER FROM YOUR FACILITY RECORDS**

<input type="checkbox"/>	Facility Name (d/b/a):	SHANNON WEST TEXAS MEMORIAL HOSPITAL
<input type="checkbox"/>	Facility Address:	120 EAST HARRIS AVENUE SAN ANGELO, TX 76903
<input type="checkbox"/>	Mailing Address:	P O BOX 1879 SAN ANGELO, TX 76902
<input type="checkbox"/>	Telephone Number:	3256536741
<input type="checkbox"/>	Fax Number:	3256588295
<input type="checkbox"/>	Owner/Legal Name:	SHANNON MEDICAL CENTER
<input type="checkbox"/>	Owner Mailing Address:	PO BOX 1879 SAN ANGELO, TX 76903
<input type="checkbox"/>	Tax Id Number or SS #:	752559845
<input type="checkbox"/>	Total Beds	323

To the best of my knowledge, the information on this renewal notice and accompanying renewal application are true and correct. I agree to comply with Health and Safety Code, Chapter 241 and Texas Administrative Code, Chapter 133.

**Shane Plymell**

Name of Administrator/Program Sponsor/CEO (Please Print)

Signature of Administrator/Program Sponsor/CEO

**President/CEO**

Title

7/24/2019

Date

**shaneplymell@shannonhealth.org**

Email Address

**325-657-5303**

Phone Number

SERVICE CODE: 529201039  
DEPT ID: ZZ101 FUND: 152



**TEXAS**  
**Health and Human  
Services**

**General and Special Hospital License Renewal Application**

**Name of Hospital:** Shannon West Texas Memorial Hospital

**Hospital License Number:** 000168 **Status:** ☐ Profit ☒ Non-Profit

**Renewal Fee Submitted** ☒ By Mail ☐ Online (*See Renewal Notice for Fee Amount*)

**Hospital within a hospital:** ☐ Yes ☒ No

**Type of Ownership:**

<input type="checkbox"/> City	<input type="checkbox"/> Hospital District/Authority
<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company (LLC)
<input type="checkbox"/> County	<input type="checkbox"/> Limited Liability Partnership (LLP)
<input type="checkbox"/> Hospital	<input type="checkbox"/> Limited Partnership (LP)
<input type="checkbox"/> LTD	<input type="checkbox"/> Partnership
<input type="checkbox"/> State	<input type="checkbox"/> Sole Owner/Proprietorship
<input type="checkbox"/> Other: _____	

**1. HOSPITAL SERVICES:** (*Select either General or Special*)

☒ **GENERAL** - The term "general hospital" means any establishment offering services, facilities, and beds for use for more than twenty-four (24) hours for two (2) or more unrelated individuals requiring diagnosis, treatment, or care for illness, injury, deformity, abnormality, or pregnancy, and regularly maintains, at a minimum, clinical laboratory services, diagnostic X-ray services, treatment facilities including surgery or obstetrical care or both, and other definitive medical or surgical treatment of similar extent.

**Services:** (*Check all services offered*)

- ☒ Surgery
- ☒ Obstetrical Care
- ☒ Clinical Laboratory Services (*required contracted or onsite*)
- ☒ Diagnostic X-ray Services (*required*)
- ☒ Emergency Department (*required*)
- ☐ Emergency Treatment Room (*with approved ED waiver*)
- ☒ Pediatric (*if 15 or more pediatric beds*)
- ☐ Comprehensive Medical Rehabilitation
- ☐ ESRD - Acute Services\* (*in an identifiable part of the hospital*)
- ☐ Mental Health Services (*in an identifiable part of the hospital*)
- ☐ Chemical Dependency (*in an identifiable part of the hospital*)
- ☐ Inpatient ☐ Outpatient
- ☐ Other Definitive Medical or Surgical Treatment: \_\_\_\_\_

**LICENSE NUMBER:** 000168

**SERVICE CODE:** 529201039

- ☐ **SPECIAL** - The term "special hospital" means any establishment offering services, facilities, and beds for use for more than twenty-four (24) hours for two (2) or more unrelated individuals who are regularly admitted, treated, and discharged and who require services more intensive than room, board, personal services, and general nursing care, and has clinical laboratory facilities, diagnostic X-ray facilities, treatment facilities, or other definitive medical treatment, has a medical staff in regular attendance, and maintains records of the clinical work performed for each patient.

**Services:** *(Check all services offered):*

- ☐ Medical  
☐ Emergency Department  
☐ Emergency Treatment Room *(required if no Emergency Department)*  
☐ Clinical Laboratory Services *(contracted or onsite)*  
☐ Diagnostic X-ray Services *(required)*  
☐ Comprehensive Medical Rehabilitation  
☐ Pediatric *(if 15 or more pediatric beds)*  
☐ ESRD - Acute Services\* *(in an identifiable part of the hospital)*  
☐ Mental Health Services *(in an identifiable part of the hospital)*  
☐ Chemical Dependency *(in an identifiable part of the hospital)*  
☐ Inpatient      ☐ Outpatient  
☐ Other Definitive Medical Treatment: \_\_\_\_\_

**\*Answer the questions below if ESRD Stations are provided for treatment within a designated area of the hospital:**

What patient populations are being served? ☐ Pediatric ☐ Adult

Does the hospital provide peritoneal dialysis? ☐ Yes ☐ No

How many stations does the hospital have? \_\_\_\_\_ *(not included in bed count)*

---

**2. Does this location currently have a STATE waiver of any hospital regulations?**

☐ Yes ☒ No

If yes was marked, provide a copy of the waiver.

---

**3. OTHER SERVICES:** *(Select one of the following)*

- ☐ Long Term Acute Care Hospital  
☐ Critical Access Hospital  
☐ Skilled Nursing Unit  
☐ Children's Hospital  
☒ None
- 

**4. Does this hospital have physician owners?** ☐ Yes ☒ No

If yes was marked, also complete the attached Physician Ownership Addendum.

a. How many total licensed beds are at this hospital location? 323

**LICENSE NUMBER:** 000168

**SERVICE CODE:** 529201039

**10. ACCREDITATION:**

*(Check the appropriate category)*

Attach a copy of the most recent hospital letter or certificate of accreditation.

- ☐ Joint Commission (JC)  
☐ American Osteopathic Association (AOA)  
☐ DNV GL  
☒ Center for Improvement in Healthcare Quality (CIHQ)  
☐ Not accredited

---

**11. FIRE SAFETY SURVEY:**

Annual fire safety inspections are required for continued licensure status. Include a copy of a fire inspection report conducted within the last 12 months & a second report conducted within the last 13 to 24 months indicating approval by the local fire authority. **The fire inspector must be certified by the Texas Commission of Fire Protection in order to conduct the inspection.**

---

**12. SIGNATURE AND ATTESTATION:**

I attest that the owner is capable of meeting the requirements of 25 Texas Administrative Code, Chapter 133, Hospital Licensing Rules. I attest that all information contained in this application is true and correct. I attest that all copies submitted with the application are original copies or copies of the original documents. In compliance with Health and Safety Code §241.022(c)(1) and the Hospital Licensing Rules, this is to attest that the physicians on the medical staff of this hospital are currently licensed by the Texas Medical Board and are qualified legally, professionally and ethically for the positions to which they are appointed.

  
Chief Executive Officer Signature

**Shane Plymell**

Printed Name of CEO

**325-657-5303**

Telephone Number

**07/24/2019**

Date Signed

**President/CEO**

Title

shaneplymell@shannonhealth.org

Email Address

**13. HOSPITAL ADMINISTRATOR:**

**Shane Plymell**

Onsite Administrator in charge of day-to-day operations

**325-657-5303**

Telephone Number

**President/CEO**

Title

shaneplymell@shannonhealth.org

Email Address

LICENSE NUMBER: 000168

**OWNERSHIP ADDENDUM**

Complete if the owner is a Partnership or a Corporation. Attach additional pages if necessary.

**The owner is a:** **N/A** ☒

☐ **Partnership - List each general partner who is an individual.**

Print Name: \_\_\_\_\_  
Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name: \_\_\_\_\_  
Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name: \_\_\_\_\_  
Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name: \_\_\_\_\_  
Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name: \_\_\_\_\_  
Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ **Corporation - List any individual who has an ownership interest of 25% or more in the corporation.**

Print Name: \_\_\_\_\_ Percent Ownership \_\_\_\_\_%  
Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name: \_\_\_\_\_ Percent Ownership \_\_\_\_\_%  
Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name: \_\_\_\_\_ Percent Ownership \_\_\_\_\_%  
Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_



**LICENSE NUMBER:** 000168

**SERVICE CODE:** 529201039

**PHYSICIAN OWNERSHIP ADDENDUM**

**N/A** ☐

Complete if the hospital has physician owners. Attach additional pages if necessary.

Print Name: \_\_\_\_\_ Percent Ownership \_\_\_\_\_%

Texas Medical Board License Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Print Name: \_\_\_\_\_ Percent Ownership \_\_\_\_\_%

Texas Medical Board License Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Print Name: \_\_\_\_\_ Percent Ownership \_\_\_\_\_%

Texas Medical Board License Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Print Name: \_\_\_\_\_ Percent Ownership \_\_\_\_\_%

Texas Medical Board License Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Print Name: \_\_\_\_\_ Percent Ownership \_\_\_\_\_%

Texas Medical Board License Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_



**TEXAS**  
Health and Human  
Services

July 29, 2019

SHANE PLYMELL, PRESIDENT/CEO  
SHANNON WEST TEXAS MEMORIAL HOSPITAL  
120 EAST HARRIS AVENUE  
SAN ANGELO, TX 76903

**RE: Multi-Location Approved Bed Increase for Shannon West Texas Memorial Hospital, License # 000168**

Dear Mr. Plymell:

The Architectural Review Group approved Application 14814 effective 07/23/2019. The Architectural Review Group has notified the Facility Licensing Group that you have increased your design bed capacity from **323** to **333 (+10 x \$39.00 = \$390.00)** at the parent facility located at 120 East Harris Avenue, San Angelo, TX 76903. Please submit a check in the amount of **\$390.00** made payable to the Texas Health and Human Services Commission (including a copy of this letter) to:

*Regular Mail:*  
**Budget ZZ101- Fund 152**  
**Service Code: 529201039**  
**HHSC – ARTS**  
**P.O. Box 149055**  
**Austin, Texas 78714-9055**

*Overnight Mail:*  
**Budget ZZ101- Fund 152**  
**Service Code: 529201039**  
**HHSC - ARTS**  
**1106 Clayton Lane, Suite 240E**  
**Austin, Texas 78723**

Please reflect the current bed breakdown\* on the next Application for a State License to Operate a Hospital and/or Affidavit for Final Construction Approval.

Previous Bed Count at the Parent facility:

Total Beds 323                      261 Med/Surg, 23 ICU/CCU, 4 NICU, 12 Postpartum, 23 Pediatric

**\*Approved Bed Count at the Parent facility:**

**Total Beds 333                      261 Med/Surg, 33 ICU/CCU, 4 NICU, 12 Postpartum, 23 Pediatric**

A revised hospital license will be mailed to your facility indicating **441** beds, which includes the total number of beds at all facility locations. If you should have any questions, please contact Angela Arthur at 512/834-6648 or by email at [angela.arthur@hhsc.state.tx.us](mailto:angela.arthur@hhsc.state.tx.us).

Sincerely,

A handwritten signature in cursive script that reads "Angela Arthur".

Angela Arthur, License & Permit Specialist IV  
Regulatory Licensing Unit  
Facility Licensing Group

# **EXHIBIT 2- SAN ANGELO**

SERVICE CODE: 529201039  
DEPT ID: ZZ101 FUND: 152



**TEXAS**  
**Health and Human**  
**Services**

**General and Special Hospital License Renewal Application**

**Name of Hospital:** San Angelo Hospital, LP, d/b/a San Angelo Community Medical Center

**Hospital License Number:** 000056 **Status:** ☒ Profit ☐ Non-Profit

**Renewal Fee Submitted** ☒ By Mail ☐ Online (*See Renewal Notice for Fee Amount*)

**Hospital within a hospital:** ☐ Yes ☒ No

**Type of Ownership:**

<input type="checkbox"/> City	<input type="checkbox"/> Hospital District/Authority
<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company (LLC)
<input type="checkbox"/> County	<input type="checkbox"/> Limited Liability Partnership (LLP)
<input type="checkbox"/> Hospital	<input checked="" type="checkbox"/> Limited Partnership (LP)
<input type="checkbox"/> LTD	<input type="checkbox"/> Partnership
<input type="checkbox"/> State	<input type="checkbox"/> Sole Owner/Proprietorship
<input type="checkbox"/> Other: _____	

**1. HOSPITAL SERVICES:** (*Select either General or Special*)

☒ **GENERAL** - The term "general hospital" means any establishment offering services, facilities, and beds for use for more than twenty-four (24) hours for two (2) or more unrelated individuals requiring diagnosis, treatment, or care for illness, injury, deformity, abnormality, or pregnancy, and regularly maintains, at a minimum, clinical laboratory services, diagnostic X-ray services, treatment facilities including surgery or obstetrical care or both, and other definitive medical or surgical treatment of similar extent.

**Services:** (*Check all services offered*)

- ☒ Surgery
- ☒ Obstetrical Care
- ☒ Clinical Laboratory Services (*required contracted or onsite*)
- ☒ Diagnostic X-ray Services (*required*)
- ☒ Emergency Department (*required*)
- ☐ Emergency Treatment Room (*with approved ED waiver*)
- ☐ Pediatric (*if 15 or more pediatric beds*)
- ☐ Comprehensive Medical Rehabilitation
- ☒ ESRD – Acute Services\* (*in an identifiable part of the hospital*)
- ☐ Mental Health Services (*in an identifiable part of the hospital*)
- ☐ Chemical Dependency (*in an identifiable part of the hospital*)
  - ☐ Inpatient
  - ☐ Outpatient
- ☐ Other Definitive Medical or Surgical Treatment: \_\_\_\_\_

**LICENSE NUMBER:** 000056

**SERVICE CODE:** 529201039

- ☐ **SPECIAL** - The term "special hospital" means any establishment offering services, facilities, and beds for use for more than twenty-four (24) hours for two (2) or more unrelated individuals who are regularly admitted, treated, and discharged and who require services more intensive than room, board, personal services, and general nursing care, and has clinical laboratory facilities, diagnostic X-ray facilities, treatment facilities, or other definitive medical treatment, has a medical staff in regular attendance, and maintains records of the clinical work performed for each patient.

**Services:** *(Check all services offered):*

- ☐ Medical  
☐ Emergency Department  
☐ Emergency Treatment Room *(required if no Emergency Department)*  
☐ Clinical Laboratory Services *(contracted or onsite)*  
☐ Diagnostic X-ray Services *(required)*  
☐ Comprehensive Medical Rehabilitation  
☐ Pediatric *(if 15 or more pediatric beds)*  
☐ ESRD – Acute Services\* *(in an identifiable part of the hospital)*  
☐ Mental Health Services *(in an identifiable part of the hospital)*  
☐ Chemical Dependency *(in an identifiable part of the hospital)*  
☐ Inpatient      ☐ Outpatient  
☐ Other Definitive Medical Treatment: \_\_\_\_\_

**\*Answer the questions below if ESRD Stations are provided for treatment within a designated area of the hospital:**

What patient populations are being served? ☐ Pediatric ☒ Adult

Does the hospital provide peritoneal dialysis? ☒ Yes ☐ No

How many stations does the hospital have? 4 *(not included in bed count)*

---

**2. Does this location currently have a STATE waiver of any hospital regulations?**

☐ Yes ☒ No

If yes was marked, provide a copy of the waiver.

---

**3. OTHER SERVICES:** *(Select one of the following)*

- ☐ Long Term Acute Care Hospital  
☐ Critical Access Hospital  
☐ Skilled Nursing Unit  
☐ Children's Hospital  
☒ None

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**4. Does this hospital have physician owners?** ☒ Yes ☐ No

If yes was marked, also complete the attached Physician Ownership Addendum.

**LICENSE NUMBER:** 000056

**SERVICE CODE:** 529201039

**5. LICENSED BEDS:**

**a.** How many total licensed beds are at this hospital location? 171

*Total bed design capacity of this hospital only.*

*A change in the bed design capacity requires prior approval and possible fees.*

**b.** How many emergency treatment room beds and/or emergency department beds are at this hospital location? 21

*This count is not included in the licensed bed count above and will not affect fees.*

*A minimum of one bed is required.*

**c.** Provide the total number of licensed beds in each unit or area of service at this hospital location:

153 Medical/Surgical

*(may include pediatric beds if pediatric bed count is less than 15 beds)*

12 ICU/CCU

Postpartum

Intermediate Care

Adolescent

Universal Care

Pediatric (if 15 or more beds)

6 Neonatal ICU

Skilled Nursing

Continuing Care Nursery

Comprehensive Medical Rehabilitation

Antepartum

Mental Health

Labor/Delivery/Recovery/Postpartum

Chemical Dependency

---

**6. FEES:** (Fees paid to the department are not refundable)

Total number of licensed beds: 171

(Include all licensed beds at all locations under a common license)

Total fee due is \$39.00 per bed + \$20.00 (Texas Online Subscription Fee).

Amount paid: \$ 6,689.00

---

**7. HOSPITAL DATABASE WORKSHEET:**

Complete the Hospital Database Worksheet for all hospital locations. The worksheet is available on our website at:

<http://www.dshs.texas.gov/facilities/hospitals/forms.aspx#general-special>.

---

**8. MEDICARE CERTIFICATION:**

Is the hospital certified to participate in the Medicare Program? ☒ Yes ☐ No

If YES, provide the hospital's CCN Number: 450340

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**9. SAFE-READY FACILITY**

Is your facility a SAFE-ready facility? ☐ Yes ☒ No

"SAFE-ready facility" means a health care facility designated as a Sexual Assault Forensic Exam-ready facility under TX Health and Safety Code Section 323.0015. A SAFE-ready facility employs or contracts with a sexual assault forensic examiner or uses a telemedicine system of sexual assault forensic examiners to provide consultation to a licensed nurse or physician when conducting a sexual assault forensic medical examination.

**LICENSE NUMBER:** 000056

**SERVICE CODE:** 529201039

**10. ACCREDITATION:**

*(Check the appropriate category)*

Attach a copy of the most recent hospital letter or certificate of accreditation.

- ☒ Joint Commission (JC)  
☐ American Osteopathic Association (AOA)  
☐ DNV GL  
☐ Center for Improvement in Healthcare Quality (CIHQ)  
☐ Not accredited

---

**11. FIRE SAFETY SURVEY:**

Annual fire safety inspections are required for continued licensure status. Include a copy of a fire inspection report conducted within the last 12 months & a second report conducted within the last 13 to 24 months indicating approval by the local fire authority. **The fire inspector must be certified by the Texas Commission of Fire Protection in order to conduct the inspection.**

---

**12. SIGNATURE AND ATTESTATION:**

I attest that the owner is capable of meeting the requirements of 25 Texas Administrative Code, Chapter 133, Hospital Licensing Rules. I attest that all information contained in this application is true and correct. I attest that all copies submitted with the application are original copies or copies of the original documents. In compliance with Health and Safety Code §241.022(c)(1) and the Hospital Licensing Rules, this is to attest that the physicians on the medical staff of this hospital are currently licensed by the Texas Medical Board and are qualified legally, professionally and ethically for the positions to which they are appointed.

<u>B. Daniels</u>	<u>1/4/19</u>
Chief Executive Officer Signature	Date Signed
Buddy Daniels	Chief Executive Officer
Printed Name of CEO	Title
325-947-6400	Buddy.Daniels@sacmc.com
Telephone Number	Email Address

**13. HOSPITAL ADMINISTRATOR:**

<u>Buddy Daniels</u>	<u>Chief Executive Officer</u>
Onsite Administrator in charge of day-to-day operations	Title
325-947-6400	Buddy.Daniels@sacmc.com
Telephone Number	Email Address



**LICENSE NUMBER:** 000056 \_\_\_\_\_

**OWNERSHIP ADDENDUM**

Complete if the owner is a Partnership or a Corporation. Attach additional pages if necessary.

**The owner is a:**

**N/A** ☐

☒ **Partnership - List each general partner who is an individual.** NOT A PARTNERSHIP  
OF INDIVIDUALS

Print Name: \_\_\_\_\_  
Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name: \_\_\_\_\_  
Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name: \_\_\_\_\_  
Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name: \_\_\_\_\_  
Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name: \_\_\_\_\_  
Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ **Corporation - List any individual who has an ownership interest of 25% or more in the corporation.**

Print Name: \_\_\_\_\_ Percent Ownership \_\_\_\_\_%  
Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name: \_\_\_\_\_ Percent Ownership \_\_\_\_\_%  
Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name: \_\_\_\_\_ Percent Ownership \_\_\_\_\_%  
Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_

**LICENSE NUMBER:** 000056

**SERVICE CODE:** 529201039

**PHYSICIAN OWNERSHIP ADDENDUM**

**N/A** ☐

Complete if the hospital has physician owners. Attach additional pages if necessary.

Print Name: Hector Acton, MD Percent Ownership .335 %

Texas Medical Board License Number: L5969

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Print Name: Darron Atwood, MD Percent Ownership .089 %

Texas Medical Board License Number: M1480

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Print Name: Mohamad Ayass, MD Percent Ownership .559 %

Texas Medical Board License Number: L2116

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Print Name: Michael Blanc, MD Percent Ownership .112 %

Texas Medical Board License Number: L3583

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Print Name: Brian Bradley, MD Percent Ownership .447 %

Texas Medical Board License Number: M3168

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

**LICENSE NUMBER:** 000056

**SERVICE CODE:** 529201039

**PHYSICIAN OWNERSHIP ADDENDUM**

**N/A** ☐

Complete if the hospital has physician owners. Attach additional pages if necessary.

Print Name: Peter Chang, MD Percent Ownership .223 %

Texas Medical Board License Number: G8004

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Print Name: Warren Conway, MD Percent Ownership .045 %

Texas Medical Board License Number: K1993

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Print Name: Donald Cook, MD Percent Ownership .559 %

Texas Medical Board License Number: H8607

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Print Name: Elizabeth Coronado, MD Percent Ownership .045 %

Texas Medical Board License Number: M4743

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Print Name: Daniel Cravy, MD Percent Ownership .045 %

Texas Medical Board License Number: D6994

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

**LICENSE NUMBER:** 000056

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**SERVICE CODE:** 529201039

**PHYSICIAN OWNERSHIP ADDENDUM**

**N/A** ☐

Complete if the hospital has physician owners. Attach additional pages if necessary.

Print Name: Rebecca Crenshaw, MD Percent Ownership .045 %

Texas Medical Board License Number: H7602

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Print Name: Walter Day, MD Percent Ownership .223 %

Texas Medical Board License Number: G3277

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Print Name: Jason Defee, MD Percent Ownership .335 %

Texas Medical Board License Number: L6027

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Print Name: Duncan Fischer, MD Percent Ownership .045 %

Texas Medical Board License Number: H2372

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Print Name: Charles Harzke, MD Percent Ownership .447 %

Texas Medical Board License Number: J2061

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

**LICENSE NUMBER:** 000056

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PUBLIC REDACTED VERSION  
**SERVICE CODE:** 529201039

**PHYSICIAN OWNERSHIP ADDENDUM**

**N/A** ☐

Complete if the hospital has physician owners. Attach additional pages if necessary.

Print Name: Daniel Heimbecker, MD Percent Ownership .223 %

Texas Medical Board License Number: F8153

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Print Name: Clyde Henke, MD Percent Ownership .022 %

Texas Medical Board License Number: E4399

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Print Name: Douglas Kappelmann, MD Percent Ownership .313 %

Texas Medical Board License Number: G4479

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Print Name: Seth Koschak, DDS Percent Ownership .045 %

Texas Medical Board License Number: 12204

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Print Name: Ross McClellan, MD Percent Ownership .335 %

Texas Medical Board License Number: G8268

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

**LICENSE NUMBER:** 000056

**PHYSICIAN OWNERSHIP ADDENDUM**

**N/A** ☐

Complete if the hospital has physician owners. Attach additional pages if necessary.

Print Name: Barbara Montague, MD Percent Ownership .045 %

Texas Medical Board License Number: L9371

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Print Name: Charles Pajestka, MD Percent Ownership .335 %

Texas Medical Board License Number: G8324

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Print Name: Timothy Reynolds, MD Percent Ownership .335 %

Texas Medical Board License Number: K9159

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Print Name: Jane Rider, MD Percent Ownership .045 %

Texas Medical Board License Number: G1250

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Print Name: Joe Robinson, MD Percent Ownership .045 %

Texas Medical Board License Number: H4654

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

**SERVICE CODE: 529201039**

N/A ☐

# EXHIBIT 3

WITHHELD FROM PUBLIC RELEASE  
NON-PUBLIC & CONFIDENTIAL  
FILED UNDER SEAL





# **EXHIBIT 4- SHANNON**

WITHHELD FROM PUBLIC RELEASE  
NON-PUBLIC & CONFIDENTIAL  
FILED UNDER SEAL



# EXHIBIT 4- SAN ANGELO

WITHHELD FROM PUBLIC RELEASE  
NON-PUBLIC & CONFIDENTIAL  
FILED UNDER SEAL



# EXHIBIT 5

Primarily, hospital quality is measured through the CMS Quality Star Rating System and the Leapfrog Group Grade System. The CMS Quality Star Rating for hospitals is based on certain quality measures related to: (1) mortality; (2) safety of care; (3) readmission; (4) patient experience; (5) effectiveness of care; (6) timeliness of care; and (7) efficient use of medical imaging. The Leapfrog grading system looks at publicly available measures of safety, such as among others: (1) outcome measures, including infections, falls and trauma, and preventable complications from surgery; and (2) process/structural measures, including strong nursing leadership and engagement, computerized physician order entry systems, safe medication administration, hand hygiene policies, and the right staffing for the ICU. The underlying metrics utilized by CMS and Leapfrog are standard quality metrics that are generally relied upon in the industry.

Additionally, Shannon has preliminarily identified certain quality metrics related to readmission reductions that Shannon intends to implement at San Angelo post consolidation, including without limitation: (1) the number of discharged patients who attend a Transitional Care Management appointment with primary care within 7-14 days of discharge; (2) the number of ED and inpatient visits before implementation of the Care Coordination Program compared to after completion of the program; and (3) the number of unplanned readmissions for patients in the Transitional Care Program.

Shannon has also preliminarily identified certain areas of focus for outpatient strategies related to the prevention of illness in healthy populations to ensure long term health in the city and rural counties, which includes, without limitation: (1) pneumonia vaccinations; (2) influenza vaccinations; (3) cervical screening; (4) colorectal screening; and (5) breast screening. Shannon has identified preliminary areas of focus for outpatient strategies related to improving the health of the population living with chronic illnesses, which includes, without limitation: (1) foot exams for diabetic patients; (2) improving A1C control for diabetics; and (3) blood pressure control. Again, these are initial contemplations from Shannon and are subject to modification and further development.

# EXHIBIT 6





The City Of  
**San Angelo, Texas**

**72 West College Avenue, San Angelo, Texas 76903**

3/6/2019

Re: Certificate of Public Advantage  
Texas House of Representatives, 72<sup>nd</sup> District, Drew Darby  
Texas Senate, 28<sup>th</sup> District, Charles Perry

This letter is to express interest and support for State Legislation to assure that decisions impacting healthcare in geographically isolated markets such as Tom Green County, Texas, are made by Texas officials and not federal government agencies in Washington D.C. It is our understanding that federal law provides that States can preempt certain federal control over some hospital affiliations/mergers if the State approves a Certificate of Public Advantage (COPA). For certain communities like Tom Green County that are surrounded by predominately rural areas this is important as rural hospitals in Texas have closed and the uninsured rate rises. Communities like Tom Green County are under increasing pressure to make essential care available to residents within a 25 county service area. It is also our understanding that important safeguards to consumers of health care will continue to be incorporated in State regulations and State oversight associated with this proposed legislation to ensure residents receive the highest quality of care which is affordable and cost effective.

The Texas State's Executive Branch through the Texas Health and Human Services Commission whose Commissioner is appointed by the Governor working in collaboration with the Texas Office of Attorney General can better decide what is best for unique communities like Tom Green County rather than federal government agencies not as familiar with the challenges of preserving rural health care in more remote areas of Texas.

For the reasons listed above, I believe the proposed COPA legislation to be beneficial to the community. It has the opportunity to provide more options to ensure and preserve high quality and cost effective healthcare in rural West Texas.

Sincerely,

A handwritten signature in cursive script, reading "Brenda Gunter".

Brenda Gunter  
Mayor of San Angelo



Re: Certificate of Public Advantage  
Texas House of Representatives, 72<sup>nd</sup> District, Drew Darby  
Texas Senate, 28<sup>th</sup> District, Charles Perry

This letter is to express interest and support for State Legislation to assure that decisions impacting healthcare in geographically isolated markets such as Tom Green County, Texas, are made by Texas officials and not federal government agencies in Washington D.C. It is our understanding that federal law provides that States can preempt certain federal control over some hospital affiliations/mergers if the State approves a Certificate of Public Advantage (COPA). For certain communities like Tom Green County that are surrounded by predominately rural areas, such as Crockett County, this is important as rural hospitals in Texas have closed and the uninsured rate rises. Communities like Tom Green County are under increasing pressure to make essential care available to residents within a 25 county service area. It is also our understanding that important safeguards to consumers of health care will continue to be incorporated in State regulations and State oversight associated with this proposed legislation to ensure residents receive the highest quality of care which is affordable and cost effective.

The Texas State's Executive Branch through the Texas Health and Human Services Commission whose Commissioner is appointed by the Governor working in collaboration with the Texas Office of Attorney General can better decide what is best for unique communities like Tom Green County rather than federal government agencies not as familiar with the challenges of preserving rural health care in more remote areas of Texas.

For the reasons listed above, I believe the proposed COPA legislation to be beneficial to the community. It has the opportunity to provide more options to ensure and preserve high quality and cost effective healthcare in rural West Texas.

Sincerely,  
*Fred Deaton*  
Crockett County Judge



*La Esperanza Clinic, Inc.*

Marc Wimpee, MD  
Chief Medical Officer  
2029 W. Beauregard Ave.  
San Angelo, TX 76901

March 1, 2019

Re: Certificate of Public Advantage  
Texas House of Representatives, 72<sup>nd</sup> District, Drew Darby  
Texas Senate, 28<sup>th</sup> District, Charles Perry

Dear Sirs:

This letter is to express interest and support for State Legislation to assure that decisions impacting healthcare in geographically isolated markets such as Tom Green County, Texas, are made by Texas officials and not federal government agencies in Washington D.C.


Healthcare delivery in the U.S. has become incredibly complex over the last 50 years. Some of the complexities are federal laws that inhibit certain types of health delivery entities from forming affiliations, partnerships, and/or mergers or acquisitions. While the federal laws are very important to protect consumers from anti-trust issues, these same consumers would be better off having oversight of such transactions at the State level in cooperation with federal agencies.

It is our understanding that federal law provides that States can preempt certain federal control over some hospital affiliations/mergers if the State approves a Certificate of Public Advantage (COPA). For certain communities like Tom Green County that are surrounded by predominately rural areas this is important as rural hospitals in Texas have closed and the uninsured rate rises. Communities like Tom Green County are under increasing pressure to make essential care available to residents within a 25 county service area. It is also our understanding that important safeguards to consumers of health care will continue to be incorporated in State regulations and State oversight associated with this proposed legislation to ensure residents receive the highest quality of care which is affordable and cost effective.

The Texas State's Executive Branch through the Texas Health and Human Services Commission whose Commissioner is appointed by the Governor working in collaboration with the Texas Office of Attorney General can better decide what is best for unique communities like Tom Green County rather than federal government agencies not as familiar with the challenges of preserving rural health care in more remote areas of Texas.

For the reasons listed above, I believe the proposed COPA legislation to be beneficial to the community. It has the opportunity to provide more options to ensure and preserve high quality and cost effective healthcare in rural West Texas.

Sincerely,

  
Marc Wimpee, MD, CMO

BILL SPILLER, County Judge  
JIM QUINN, Commissioner Precinct 1  
RANDY DEANS, Commissioner Precinct 2  
JASON BEHRENS, Commissioner Precinct 3  
RICK KEMP, Commissioner Precinct 4  
JOHN DAGEN, Sheriff



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MAGGIE SAWYER, Justice of the Peace  
MARK A. MARSHALL, County Attorney  
MICHELLE PITCOX, District Clerk  
CHRISTINE JONES, County Clerk  
SILVIA CAMPOS, Tax Assessor-Collector  
STEVEN ESTES, County Treasurer

## MCCULLOCH COUNTY

199 COURTHOUSE SQUARE

Brady Texas, 76825

Phone: 325-597-0733

Website: [www.co.mcculloch.tx.us](http://www.co.mcculloch.tx.us)

February 27, 2019

Re: Certificate of Public Advantage  
Texas House of Representatives, 72<sup>nd</sup> District, Drew Darby  
Texas Senate, 28<sup>th</sup> District, Charles Perry

This letter is to express interest and support for State Legislation to assure that decisions impacting healthcare in geographically isolated markets such as Tom Green County, Texas, are made by Texas officials and not federal government agencies in Washington D.C. It is our understanding that federal law provides that States can preempt certain federal control over some hospital affiliations/mergers if the State approves a Certificate of Public Advantage (COPA). For certain communities like Tom Green County that are surrounded by predominately rural areas, such as McCulloch County, this is important as rural hospitals in Texas have closed and the uninsured rate rises. Communities like Tom Green County are under increasing pressure to make essential care available to residents within a 25 county service area. It is also our understanding that important safeguards to consumers of health care will continue to be incorporated in State regulations and State oversight associated with this proposed legislation to ensure residents receive the highest quality of care which is affordable and cost effective.

The Texas State's Executive Branch through the Texas Health and Human Services Commission whose Commissioner is appointed by the Governor working in collaboration with the Texas Office of Attorney General can better decide what is best for unique communities like Tom Green County rather than federal government agencies not as familiar with the challenges of preserving rural health care in more remote areas of Texas.

For the reasons listed above, I believe the proposed COPA legislation to be beneficial to the community. It has the opportunity to provide more options to ensure and preserve high quality and cost effective healthcare in rural West Texas.

Sincerely,

A handwritten signature in black ink, appearing to read "Bill Spiller", is written over a horizontal line.

Bill Spiller  
McCulloch County Judge

## TOM GREEN COUNTY



February 27, 2019

Honorable Drew Darby  
Texas House of Representatives, 72<sup>nd</sup> District  
Room GW.17  
P. O. Box 2910  
Austin, TX 78768

Re: Certificate of Public Advantage

Dear Representative Darby:

This letter is to express interest and support for State Legislation to assure that decisions impacting healthcare in geographically isolated markets such as Tom Green County, Texas, are made by Texas officials and not federal government agencies in Washington D.C. It is our understanding that federal law provides that States can preempt certain federal control over some hospital affiliations/mergers if the State approves a Certificate of Public Advantage (COPA). For certain communities like Tom Green County that are surrounded by predominately rural areas this is important as rural hospitals in Texas have closed and the uninsured rate rises. Communities like Tom Green County are under increasing pressure to make essential care available to residents within a 25 county service area. It is also our understanding that important safeguards to consumers of health care will continue to be incorporated in State regulations and State oversight associated with this proposed legislation to ensure residents receive the highest quality of care which is affordable and cost effective.

The Texas State's Executive Branch through the Texas Health and Human Services Commission whose Commissioner is appointed by the Governor working in collaboration with the Texas Office of Attorney General can better decide what is best for unique communities like Tom Green County rather than federal government agencies not as familiar with the challenges of preserving rural health care in more remote areas of Texas.

For the reasons listed above, I believe the proposed COPA legislation to be beneficial to the community. It has the opportunity to provide more options to ensure and preserve high quality and cost effective healthcare in rural West Texas.

Sincerely,

Bill Ford  
Commissioner, Precinct 4  
Tom Green County, Texas

111 West Beauregard, San Angelo, Texas 76903

# TOM GREEN COUNTY



## Commissioner, Precinct 3

**Rick Bacon**

**111 West Beauregard**

**San Angelo, TX 76903**

**325-659-6513 Cell: 325-234-4261**

**Email: rick.bacon@co.tom-green.tx.us**

February 28, 2019

Re: Certificate of Public Advantage

Texas House of Representatives, 72<sup>nd</sup> District, Drew Darby

This letter is to express interest and support for State Legislation to assure that decisions impacting healthcare in geographically isolated markets such as Tom Green County, Texas, are made by Texas officials and not federal government agencies in Washington D.C. It is our understanding that federal law provides that States can preempt certain federal control over some hospital affiliations/mergers if the State approves a Certificate of Public Advantage (COPA). For certain communities like Tom Green County that are surrounded by predominately rural areas this is important as rural hospitals in Texas have closed and the uninsured rate rises. Communities like Tom Green County are under increasing pressure to make essential care available to residents within a 25 county service area. It is also our understanding that important safeguards to consumers of health care will continue to be incorporated in State regulations and State oversight associated with this proposed legislation to ensure residents receive the highest quality of care which is affordable and cost effective.

The Texas State's Executive Branch through the Texas Health and Human Services Commission whose Commissioner is appointed by the Governor working in collaboration with the Texas Office of Attorney General can better decide what is best for unique communities like Tom Green County rather than federal government agencies not as familiar with the challenges of preserving rural health care in more remote areas of Texas.

For the reasons listed above, I believe the proposed COPA legislation to be beneficial to the community. It has the opportunity to provide more options to ensure and preserve high quality and cost effective healthcare in rural West Texas.

Sincerely,

A handwritten signature in black ink that reads "Rick Bacon". The signature is fluid and cursive, with a long horizontal stroke extending from the end.

Rick

## TOM GREEN COUNTY



February 27, 2019

Honorable Charles Perry  
Texas Senate, 28<sup>th</sup> District  
P. O. Box 12068  
Capitol Station  
Austin, TX 78711

Re: Certificate of Public Advantage

Dear Representative Perry:

This letter is to express interest and support for State Legislation to assure that decisions impacting healthcare in geographically isolated markets such as Tom Green County, Texas, are made by Texas officials and not federal government agencies in Washington D.C. It is our understanding that federal law provides that States can preempt certain federal control over some hospital affiliations/mergers if the State approves a Certificate of Public Advantage (COPA). For certain communities like Tom Green County that are surrounded by predominately rural areas this is important as rural hospitals in Texas have closed and the uninsured rate rises. Communities like Tom Green County are under increasing pressure to make essential care available to residents within a 25 county service area. It is also our understanding that important safeguards to consumers of health care will continue to be incorporated in State regulations and State oversight associated with this proposed legislation to ensure residents receive the highest quality of care which is affordable and cost effective.

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For the reasons listed above, I believe the proposed COPA legislation to be beneficial to the community. It has the opportunity to provide more options to ensure and preserve high quality and cost effective healthcare in rural West Texas.

Sincerely,

Bill Ford  
Commissioner, Precinct 4  
Tom Green County, Texas

# TOM GREEN COUNTY



## Commissioner, Precinct 3

**Rick Bacon**

**111 West Beauregard**

**San Angelo, TX 76903**

**325-659-6513 Cell: 325-234-4261**

Email: rick.bacon@co.tom-green.tx.us

February 28, 2019

Re: Certificate of Public Advantage  
Texas Senate, 28<sup>th</sup> District, Charles Perry

This letter is to express interest and support for State Legislation to assure that decisions impacting healthcare in geographically isolated markets such as Tom Green County, Texas, are made by Texas officials and not federal government agencies in Washington D.C. It is our understanding that federal law provides that States can preempt certain federal control over some hospital affiliations/mergers if the State approves a Certificate of Public Advantage (COPA). For certain communities like Tom Green County that are surrounded by predominately rural areas this is important as rural hospitals in Texas have closed and the uninsured rate rises. Communities like Tom Green County are under increasing pressure to make essential care available to residents within a 25 county service area. It is also our understanding that important safeguards to consumers of health care will continue to be incorporated in State regulations and State oversight associated with this proposed legislation to ensure residents receive the highest quality of care which is affordable and cost effective.

The Texas State's Executive Branch through the Texas Health and Human Services Commission whose Commissioner is appointed by the Governor working in collaboration with the Texas Office of Attorney General can better decide what is best for unique communities like Tom Green County rather than federal government agencies not as familiar with the challenges of preserving rural health care in more remote areas of Texas.

For the reasons listed above, I believe the proposed COPA legislation to be beneficial to the community. It has the opportunity to provide more options to ensure and preserve high quality and cost effective healthcare in rural West Texas.

Sincerely,

A handwritten signature in black ink that reads "Rick Bacon". The signature is fluid and cursive, with a long horizontal stroke extending from the end.

Rick





# HEART OF TEXAS HEALTHCARE SYSTEM

February 27, 2019

Re: Certificate of Public Advantage  
Texas House of Representatives, 72<sup>nd</sup> District, Drew Darby  
Texas Senate, 28<sup>th</sup> District, Charles Perry

This letter is to express interest and support for State Legislation to assure that decisions impacting healthcare in geographically isolated markets such as Tom Green County, Texas, are made by Texas officials and not federal government agencies in Washington D.C. It is our understanding that federal law provides that States can preempt certain federal control over some hospital affiliations/mergers if the State approves a Certificate of Public Advantage (COPA). For certain communities like Tom Green County that are surrounded by predominately rural areas, such as McCulloch County, this is important as rural hospitals in Texas have closed and the uninsured rate rises. Communities like Tom Green County are under increasing pressure to make essential care available to residents within a 25 county service area. It is also our understanding that important safeguards to consumers of health care will continue to be incorporated in State regulations and State oversight associated with this proposed legislation to ensure residents receive the highest quality of care which is affordable and cost effective.

The Texas State's Executive Branch through the Texas Health and Human Services Commission whose Commissioner is appointed by the Governor working in collaboration with the Texas Office of Attorney General can better decide what is best for unique communities like Tom Green County rather than federal government agencies not as familiar with the challenges of preserving rural health care in more remote areas of Texas.

For the reasons listed above, I believe the proposed COPA legislation to be beneficial to the community. It has the opportunity to provide more options to ensure and preserve high quality and cost effective healthcare in rural West Texas.

Sincerely,

Tim Jones  
CEO  
Heart of Texas Healthcare System

# TOM GREEN COUNTY



## Commissioner, Precinct 3

**Rick Bacon**

**111 West Beauregard**

**San Angelo, TX 76903**

**325-659-6513 Cell: 325-234-4261**

Email: rick.bacon@co.tom-green.tx.us

February 28, 2019

Re: Certificate of Public Advantage

Texas House of Representatives, 72<sup>nd</sup> District, Drew Darby

Texas Senate, 28<sup>th</sup> District, Charles Perry

This letter is to express interest and support for State Legislation to assure that decisions impacting healthcare in geographically isolated markets such as Tom Green County, Texas, are made by Texas officials and not federal government agencies in Washington D.C. It is our understanding that federal law provides that States can preempt certain federal control over some hospital affiliations/mergers if the State approves a Certificate of Public Advantage (COPA). For certain communities like Tom Green County that are surrounded by predominately rural areas this is important as rural hospitals in Texas have closed and the uninsured rate rises. Communities like Tom Green County are under increasing pressure to make essential care available to residents within a 25 county service area. It is also our understanding that important safeguards to consumers of health care will continue to be incorporated in State regulations and State oversight associated with this proposed legislation to ensure residents receive the highest quality of care which is affordable and cost effective.

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For the reasons listed above, I believe the proposed COPA legislation to be beneficial to the community. It has the opportunity to provide more options to ensure and preserve high quality and cost effective healthcare in rural West Texas.

Sincerely,

A handwritten signature in black ink that reads "Rick Bacon". The signature is fluid and cursive, with a long horizontal stroke at the end.

Rick

## TOM GREEN COUNTY



February 26, 2019

Re: Certificate of Public Advantage  
Texas House of Representatives, 72<sup>nd</sup> District, Drew Darby  
Texas Senate, 28<sup>th</sup> District, Charles Perry

This letter is to express interest and support for State Legislation to assure that decisions impacting healthcare in geographically isolated markets such as Tom Green County, Texas, are made by Texas officials and not federal government agencies in Washington D.C. It is our understanding that federal law provides that States can preempt certain federal control over some hospital affiliations/mergers if the State approves a Certificate of Public Advantage (COPA). For certain communities like Tom Green County that are surrounded by predominately rural areas this is important as rural hospitals in Texas have closed and the uninsured rate rises. Communities like Tom Green County are under increasing pressure to make essential care available to residents within a 25 county service area. It is also our understanding that important safeguards to consumers of health care will continue to be incorporated in State regulations and State oversight associated with this proposed legislation to ensure residents receive the highest quality of care which is affordable and cost effective.

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For the reasons listed above, I believe the proposed COPA legislation to be beneficial to the community. It has the opportunity to provide more options to ensure and preserve high quality and cost effective healthcare in rural West Texas.

Sincerely,



Stephen C. Floyd  
County Judge

SCF/slk



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

May 12, 2020

Texas Health and Human Services Commission  
Brown-Heatly Building  
4900 North Lamar Blvd.  
Austin, Texas 76711-3247

Re: Shannon Medical Center Certificate of Public Advantage (COPA)

Dear Executive Commissioner Phil Wilson,

I'm writing to ask you to grant a COPA to Shannon West Texas Memorial Hospital, allowing it to move forward with the acquisition of San Angelo Community Medical Center.

As CEO of the YMCA of San Angelo I understand the impact of healthcare on a community like ours. The Y has had a longtime relationship with Shannon Medical Center staff and patients. Through this relationship we have been able to provide health related services to patients by way of doctor referral and aid in the creation of wellness programs that benefit Shannon Medical staff and faculty. The integration of resources will create opportunity for more patients and staff. Together we can do so much more!

By coming together as one, Shannon and Community Medical Center will collaborate to implement the most effective practices, protocols and programs at each hospital, ultimately creating a stronger combined health system. In order to have a strong, healthy workforce and economy, it is critically important that our community continue to have access to high quality care that leads to improved outcomes and health.

Through this acquisition, our region's healthcare will be overseen by a group of local, highly invested community board members who will ensure our provider are supported and our community gets the care it needs.

I am proud to support Shannon and the work the organization is doing to improve the health and quality of life for all who call San Angelo home. I encourage you to approve this acquisition and preserve our access to the highest-quality of care at the lowest cost in our region.

Sincerely,

AJ Moore  
CEO  
YMCA of San Angelo



FOR YOUTH DEVELOPMENT\*  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

May 12, 2020

Office of the Attorney General of Texas  
300 West 15th Street  
Austin, TX 78701

Re: Shannon Medical Center Certificate of Public Advantage (COPA)

Dear Texas Attorney General W. Kenneth Paxton Jr.,

I'm writing to ask you to grant a COPA to Shannon West Texas Memorial Hospital, allowing it to move forward with the acquisition of San Angelo Community Medical Center.

As CEO of the YMCA of San Angelo I understand the impact of healthcare on a community like ours. The Y has had a longtime relationship with Shannon Medical Center staff and patients. Through this relationship we have been able to provide health related services to patients by way of doctor referral and aid in the creation of wellness programs that benefit Shannon Medical staff and faculty. The integration of resources will create opportunity for more patients and staff. Together we can do so much more!

By coming together as one, Shannon and Community Medical Center will collaborate to implement the most effective practices, protocols and programs at each hospital, ultimately creating a stronger combined health system. In order to have a strong, healthy workforce and economy, it is critically important that our community continue to have access to high quality care that leads to improved outcomes and health.

Through this acquisition, our region's healthcare will be overseen by a group of local, highly invested community board members who will ensure our provider are supported and our community gets the care it needs.

I am proud to support Shannon and the work the organization is doing to improve the health and quality of life for all who call San Angelo home. I encourage you to approve this acquisition and preserve our access to the highest-quality of care at the lowest cost in our region.

Sincerely,

AJ Moore  
CEO  
YMCA of San Angelo

May 11, 2020



Executive Commissioner Phil Wilson  
cc: Victoria Ford, Acting Chief Operating Officer &  
Kristi Jordan, Director, Health Care Quality, Regulatory Services Division  
Texas Health and Human Services Commission  
Brown-Heatly Building  
4900 North Lamar Blvd.  
Austin, Texas 76711-3247

ANGELO STATE UNIVERSITY

Office of the President

Re: Shannon Medical Center Certificate of Public Advantage (COPA)

Dear Executive Commissioner Wilson,

On behalf of Angelo State University in San Angelo, Texas, I would like to express my support for Shannon Medical and San Angelo Community Medical Center's joint application for a Certificate of Public Advantage from the Texas Health and Human Services. In joining together as one, Shannon and Community Medical Center will implement the most effective practices, enhancing availability and quality of healthcare for the various communities served.

Angelo State University has had great experiences partnering with both Shannon and Community Medical Center through our on-campus clinics for sports medicine, women's health and general student health. Providing strong healthcare resources at Angelo State University and in our community is important for recruiting future faculty, staff and students. We are confident that the merger will benefit our employees, residents and students through more coordinated care and clinical integration across all facilities and services in San Angelo.

As one organization, Shannon will have increased ability to support education, training and placement of future healthcare workers. Angelo State University's Archer College for Health and Human Services produces hundreds of healthcare graduates each year. With a strong local health system to gain experience from during their quest for a degree, our graduates will have even greater capacity to succeed and serve.

Thank you for including Angelo State University in your consideration of elevating healthcare in the Concho Valley.

Sincerely,

A handwritten signature in cursive script that reads "Angie Wright". The ink is dark and the signature is fluid.

Angie Wright  
Interim President  
Angelo State University

cc: Victoria Ford  
Kristi Jordan

ASU Station #11007 | San Angelo, Texas 76909-1007  
Phone: (325) 942-2073 | Fax: (325) 942-2038 | [www.angelo.edu](http://www.angelo.edu)

Member, Texas Tech University System | Equal Opportunity Employer



ANGELO STATE UNIVERSITY

Office of the President

May 11, 2020

Texas Attorney General W. Kenneth Paxton Jr.  
cc: Jeffrey Mateer, First Assistant Attorney General  
Office of the Attorney General of Texas  
300 West 15th Street  
Austin, TX 78701

**Re: Shannon Medical Center Certificate of Public Advantage (COPA)**

Dear Attorney General Paxton Jr.,

On behalf of Angelo State University in San Angelo, Texas, I would like to express my support for Shannon Medical and San Angelo Community Medical Center's joint application for a Certificate of Public Advantage from the Texas Health and Human Services. In joining together as one, Shannon and Community Medical Center will implement the most effective practices, enhancing availability and quality of healthcare for the various communities served.

Angelo State University has had great experiences partnering with both Shannon and Community Medical Center through our on-campus clinics for sports medicine, women's health and general student health. Providing strong healthcare resources at Angelo State University and in our community is important for recruiting future faculty, staff and students. We are confident that the merger will benefit our employees, residents and students through more coordinated care and clinical integration across all facilities and services in San Angelo.

As one organization, Shannon will have increased ability to support education, training and placement of future healthcare workers. Angelo State University's Archer College for Health and Human Services produces hundreds of healthcare graduates each year. With a strong local health system to gain experience from during their quest for a degree, our graduates will have even greater capacity to succeed and serve.

Thank you for including Angelo State University in your consideration of elevating healthcare in the Concho Valley.

Sincerely,

Angie Wright  
Interim President  
Angelo State University

cc: Jeffrey Mateer

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www.p-led.com

(325) 227-4577

3490 Venture Drive, San Angelo, Texas 76905

info@p-led.com

## Memo

**To:** Phil Wilson, Executive Commissioner  
**cc:** Victoria Ford, Acting Chief Operating Officer  
Kristi Jordan, Director, Health Care Quality, Regulatory Services Division  
*Texas Health and Human Services Commission  
Brown-Heatly Building  
4900 North Lamar Blvd.  
Austin, Texas 76711-3247*  
**From:** J. Bryan Vincent, Ph.D., *Managing Partner*  
**Date:** 5/13/2020  
**Re:** Shannon Medical Center Certificate of Public Advantage (COPA)

My name is J. Bryan Vincent and I am the CEO of Principal Lighting Group headquartered in San Angelo, TX. We are the largest provider of electrical components to the illuminated sign industry in North America. Our company has over 100 employees and we depend upon high quality medical care in San Angelo. Best-in-class health care not only allows us to have a healthy workforce but helps our company recruit talent nationally. I am writing to express my support for the recent acquisition of San Angelo Community Medical Center by Shannon West Texas Memorial Hospital.

As a long-time San Angeloan, I have had the pleasure of knowing many members of the board of directors and executive management team at Shannon. What I can say unequivocally is that Shane Plymell and the entire Shannon leadership are of the highest integrity and committed to providing the best patient care at the lowest cost to deliver. This team is truly vested in our community. In addition to pricing protections not in place today, this acquisition will certainly lead to additional investments that will make an even greater impact on our community and the surrounding area.

Shannon is a shining star in our community and is a critical piece to making San Angelo a healthy and desirable community to work and live. I encourage you to approve this acquisition without reservation.

Best Regards,

J. Bryan Vincent, Ph.D., CEO





www.p-led.com

(325) 227-4577

3490 Venture Drive, San Angelo, Texas 76905

info@p-led.com

## Memo

**To:** W. Kenneth Paxton Jr., Texas Attorney General  
**cc:** Jeffrey Mateer, First Assistant Attorney General  
*Office of the Attorney General of Texas*  
*300 West 15th Street*  
*Austin, TX 78701*  
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Best Regards,

J. Bryan Vincent, Ph.D., CEO



May 12, 2020

Executive Commissioner Phil Wilson  
cc: Victoria Ford, Acting Chief Operating Officer & Kristi Jordan, Director, Health Care Quality,  
Regulatory Services Division  
Texas Health and Human Services Commission  
Brown-Heatly Building  
4900 North Lamar Blvd.  
Austin, Texas 76711-3247

Re: Shannon Medical Center Certificate of Public Advantage (COPA)

I've been a Physician in San Angelo for the past 22 years. In my role, I've seen firsthand some of the significant challenges people in our community and region face as it relates to health and well-being. In order to have a strong, healthy workforce and economy, it is critically important that our community continue to have access to high quality care that leads to improved outcomes and health.

It is for this reason that I am writing to express my support for the proposed acquisition of San Angelo Community Medical Center by Shannon West Texas Memorial Hospital.

Far too often, people in rural communities both in Texas and across the country experience poor health outcomes because care is more difficult to access and healthcare providers lack resources to invest in new technology. Our community, and the greater West Texas region, has been fortunate to have both San Angelo Community Medical Center and Shannon, and it is important that they continue to have a robust healthcare system in the future.

Through this acquisition, our community will have pricing protections not in place today, and San Angelo Community Medical Center will be overseen by a group of local, highly invested community board members who will ensure our providers are supported and our community gets the care it needs. In addition, Shannon will be able to invest in new technology that will make healthcare more accessible to thousands of people living further out.

I believe granting a COPA is a once in a generation opportunity as it will help us avoid the fate of many other closed rural community hospitals and leave us stronger than ever. I encourage your support.

Warmest regards,

Chris Barnett, MD  
Chief Medical Officer  
Shannon Medical Center  
120 East Harris Avenue  
San Angelo, TX 76903



May 12, 2020

Texas Attorney General W. Kenneth Paxton Jr.  
cc: Jeffrey Mateer, First Assistant Attorney General  
Office of the Attorney General of Texas  
300 West 15th Street  
Austin, TX 78701

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Chris Barnett, MD  
Chief Medical Officer  
Shannon Medical Center  
120 East Harris Avenue  
San Angelo, TX 76903

May 21, 2020

Executive Commissioner Phil Wilson

cc: Victoria Ford, Acting Chief Operating Officer & Kristi Jordan, Director,  
Health Care Quality, Regulatory Services Division

Texas Health and Human Services Commission

Brown-Healy Building

4900 North Lamar Blvd.

Austin, Texas 76711-3247

Re: Shannon Medical Center Certificate of Public Advantage (COPA)

Dear Executive Commissioner Wilson,

I am writing to express my support for the granting of a COPA to Shannon West Texas Memorial Hospital for the acquisition of San Angelo Community Medical Center. As the Medical Director of the San Angelo State Supported Living Center, I strongly believe we must ensure a broad range of healthcare services are available for all populations in our community.

The San Angelo State Supported Living Center is home to close to 200 people with intellectual and developmental disabilities who are medically fragile or who have behavioral problems. Our Center serves a 38-county area and employs more than 900 full time positions.

Shannon is our primary hospital provider to provide medical care for our patients that are considered among the state's most vulnerable populations. Our patients are medically complicated and fragile. Dysphagia, aspiration pneumonia, seizure disorders and gastrointestinal malfunctions are not uncommon. Our patients are hospitalized and utilize medical services more often than would a "normal" ambulatory population. Therefore, treating them is inevitably less profitable. Nonetheless, Shannon has consistently welcomed them.

Through this acquisition, Shannon can have an even more significant impact on addressing the health needs of our community. As the healthcare safety net that serves a large rural region of West Texas, it is critically important that our community continue to have access to high quality care that leads to improved outcomes and health.

I believe Shannon has the best interest of our community in mind, and I encourage you to approve their acquisition of San Angelo Community Medical Center.

Respectfully,

David A. Jolivet, M.D.

Director of Medical Services

San Angelo State Supported Living Center

May 21, 2020

Texas Attorney General W. Kenneth Paxton Jr.

cc: Jeffrey Mateer, First Assistant Attorney General

Office of the Attorney General of Texas

300 West 15th Street

Austin, TX 78701

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Respectfully,

David A. Jolivet, M.D.

Director of Medical Services

San Angelo State Supported Living Center



FOR AGENCY USE ONLY  
PUBLIC REDACTED VERSION

36 E. TWOHIG #600 SAN ANGELO TEXAS 76903

May 13, 2020

Executive Commissioner Phil Wilson

cc: Victoria Ford, Acting Chief Operating Officer & Kristi Jordan, Director, Health Care Quality,  
Regulatory Services Division

Texas Health and Human Services Commission

Brown-Heatly Building

4900 North Lamar Blvd.

Austin, Texas 76711-3247

Re: Shannon Medical Center Certificate of Public Advantage (COPA)

Dear Executive Commissioner Phil Wilson,

I'm writing to ask you to grant a COPA to Shannon West Texas Memorial Hospital, allowing it to move forward with the acquisition of San Angelo Community Medical Center. We are expressing our support because we believe a strong and robust healthcare system is essential to our community's success.

West Texas Counseling & Guidance (WTCG) is a nonprofit counseling center that provides professional counseling on a sliding scale that starts at \$0. WTCG has recently partnered with Shannon Hospital to provide outpatient suicide prevention services through the Zero Suicide program. Shannon Hospital has always been a great partner and willing to collaborate in order to serve the community.

We believe our community will be stronger because Shannon will increase its investments in community health, continue to use its Community Health Needs Assessment to develop community strategies and work closely with community partners like us to make an even greater impact on the health of our community. By leveraging the best practices, the organizations will be able to elevate the standard of healthcare locally. By working together, local residents will benefit from more coordinated care and clinical integration across facilities and services in the community.

I encourage you to grant Shannon a Certificate of Public Advantage as they continue to work towards improving the health and quality of life for our community and region.

Respectfully,

A handwritten signature in black ink, appearing to read 'Dusty McCoy', followed by the text 'LPC-S'.

Dusty McCoy, LPC-S  
Executive Director





FOR AGENCY USE ONLY  
PUBLIC REDACTED VERSION

36 E. TWOHIG #600 • SAN ANGELO, TEXAS 76903

May 13, 2020

Texas Attorney General W. Kenneth Paxton Jr.  
cc: Jeffrey Mateer, First Assistant Attorney General  
Office of the Attorney General of Texas  
300 West 15th Street  
Austin, TX 78701

Re: Shannon Medical Center Certificate of Public Advantage (COPA)

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I encourage you to grant Shannon a Certificate of Public Advantage as they continue to work towards improving the health and quality of life for our community and region.

Respectfully,

A handwritten signature in black ink, appearing to read 'Dusty McCoy', is written over a large, stylized 'X' mark.

Dusty McCoy, LPC-S  
Executive Director

Jason Felger, MD  
Shannon Clinic Thoracic and Cardiovascular Surgery  
PO Box 1979  
San Angelo TX 76902

May 13, 2020

Executive Commissioner Phil Wilson  
cc: Victoria Ford, Acting Chief Operating Officer & Kristi Jordan, Director, Health Care Quality,  
Regulatory Services Division  
Texas Health and Human Services Commission  
Brown-Heatly Building  
4900 North Lamar Blvd.  
Austin, Texas 76711-3247

**Re: Shannon Medical Center Certificate of Public Advantage (COPA)**

Dear Executive Commissioner Wilson,

I have been a Thoracic and Cardiovascular surgeon in San Angelo, Texas for the past 16 years. In my role, I have seen the significant health challenges people in our community and region face. Access to high quality health care is a fundamental necessity for a community to have a strong, healthy workforce and vibrant economy. High quality care leads to improved outcomes and overall lesser healthcare costs. The proposed acquisition of San Angelo Community Medical Center by Shannon West Texas Memorial Hospital will promote the maintenance and persistence of consistent high quality health care in this underserved region of West Texas.

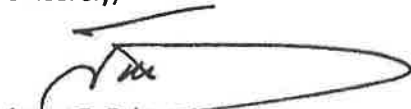
People in rural communities, both in Texas and across the country, experience poor health outcomes because access to healthcare is poor. Furthermore, healthcare providers in rural areas lack resources to invest in new technologies and advancements in medicine. Through my 16 years in San Angelo, I have worked at both San Angelo Community Medical Center and Shannon West Texas Memorial Hospital. The medical professionals are highly trained and aggressively provide robust healthcare. I currently am affiliated with Shannon Medical Center.

Through the last 16 years, Shannon has provided quality cardiovascular care. Shannon was named "IBM Watson Top 50 Hospitals" in the US, one of three in the state of Texas. Our Transcatheter Aortic Valve Replacement (TAVR) program is the first in the region. The cardiovascular team initiated a CMS "rules change" to allow medium-size hospitals to perform TAVR so underserved areas of Texas have access to this life-saving modality. These cardiovascular advancements and others in public health, orthopedics, neurosurgery and vascular surgery would not have occurred without the commitment from a local and highly invested community board. This board responds to the needs of the community to provide capital investment in physical infrastructure and medical equipment in order to advance medical care locally and the surrounding region.

Through this acquisition, the people of our community will have pricing protections that are not in place today. The community board will oversee San Angelo Community Medical Center and ensure healthcare providers are supported. Shannon will continue to invest in new technology and infrastructure to make healthcare more accessible to the growing region. High quality, high value care will continue to be our highest goal.

Granting Shannon West Texas Memorial Hospital a Certificate of Public Advantage will help avoid the fate of many other closed rural community hospitals. The COPA will preserve and promote access to high quality care in the region. I encourage your support.

Sincerely,

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Jason E. Felger, M.D.

Thoracic and Cardiovascular Surgery  
Shannon West Texas Memorial Hospital

Jason Felger, MD  
Shannon Clinic Thoracic and Cardiovascular Surgery  
PO Box 1979  
San Angelo TX 76902

May 13, 2020

Texas Attorney General W. Kenneth Paxton Jr.  
cc: Jeffrey Mateer, First Assistant Attorney General  
Office of the Attorney General of Texas  
300 West 15th Street  
Austin, TX 78701

**Re: Shannon Medical Center Certificate of Public Advantage (COPA) or**

Dear Attorney General Paxton, Jr,

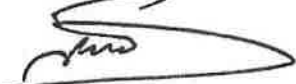
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Sincerely,

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Jason E. Felger, M.D.  
Thoracic and Cardiovascular Surgery  
Shannon West Texas Memorial Hospital

5/13/2020

Executive Commissioner Phil Wilson  
cc: Victoria Ford, Acting Chief Operating Officer & Kristi Jordan, Director, Health Care Quality,  
Regulatory Services Division  
Texas Health and Human Services Commission  
Brown-Heatly Building  
4900 North Lamar Blvd.  
Austin, Texas 76711-3247

**Re: Shannon Medical Center Certificate of Public Advantage (COPA)**

Dear Executive Commissioner Wilson,

I'm writing to ask you to grant a COPA to Shannon Medical Center, allowing it to move forward with the acquisition of San Angelo Community Medical Center.

As President and CEO of Foster Communications Co, Inc. and media partner in the Children's Miracle Network effort since its inception in San Angelo, I understand the impact of healthcare on a community like ours.

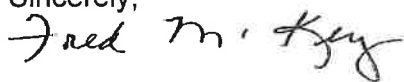
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Additionally, this move enables Shannon to invest more into new technology and equipment locally to benefit even more residents. Shannon is also uniquely positioned to invest in the local workforce, which has become increasingly important in light of the current economic climate across the United States and throughout Texas.

Looking forward, there's an opportunity to do even more. I am encouraged about what this means for the quality of, and access to, healthcare in our region. Shannon has the ability to make significant headway in addressing the health needs of our local population and I'm inspired by Shannon's vision to shape the future of healthcare here in West Texas.

I'm proud to support Shannon and the work the organization is doing to improve the health and quality of life for all who call San Angelo home. I encourage you to approve this acquisition and preserve our access to the highest-quality of care at the lowest cost in our region.

Sincerely,



Fred M. Key  
President/CEO  
Foster Communications Co., Inc.

5/13/2020

Texas Attorney General W. Kenneth Paxton Jr.  
cc: Jeffrey Mateer, First Assistant Attorney General  
Office of the Attorney General of Texas  
300 West 15th Street  
Austin, TX 78701

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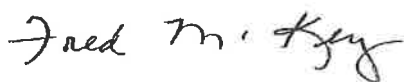
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Sincerely,



Fred M. Key  
President/CEO  
Foster Communications Co., Inc.



# COUNTY OF CROCKETT

May 11, 2020

Executive Commissioner Phil Wilson  
cc: Victoria Ford, Acting Chief Operating Officer & Kristi Jordan, Director, Health Care Quality,  
Regulatory Services Division  
Texas Health and Human Services Commission  
Brown-Heatly Building  
4900 North Lamar Blvd.  
Austin, Texas 76711-3247  
Re: Shannon Medical Center Certificate of Public Advantage (COPA)

I'm writing to share my support for the acquisition of San Angelo Community Medical Center by Shannon West Texas Memorial Hospital.

Crockett County is located approximately one hour from San Angelo. We have a population of 3,499. Ozona is the largest town in Crockett County. Shannon currently partners with us in a clinic here locally. In some instances, our residents need a higher level of care. Thus, we frequently transfer patients from Ozona to San Angelo. We rely on having a strong health care system available in San Angelo to serve our residents.

Many rural communities are facing difficult challenges, like the closure of hospitals and essential services—which lead to even steeper economic decline. Since 2010, 20 rural Texas hospitals have closed – more than any other state. Furthermore, 63 counties in Texas don't have a hospital at all. This acquisition ensures the residents of our region will continue to have access to the healthcare services they need for generations to come.

In order to have a strong, healthy workforce and economy, it is critically important that our county continue to have access to high quality care that leads to improved outcomes and health.

I'm proud to support Shannon and the work the organization is doing to improve the health and quality of life for all those they serve in our region. I encourage you to approve this acquisition and preserve our access to the highest-quality of care at the lowest cost in our region.

Sincerely,

A handwritten signature in black ink that reads "Fred Deaton". The signature is fluid and cursive.

Judge Fred Deaton  
Crockett County Texas  
909 Avenue D.  
P.O. Box 1857  
Ozona, TX 76943





# COUNTY OF CROCKETT

May 11, 2020

Texas Attorney General W. Kenneth Paxton Jr.  
cc: Jeffrey Mateer, First Assistant Attorney General  
Office of the Attorney General of Texas  
300 West 15th Street  
Austin, TX 78701

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I'm proud to support Shannon and the work the organization is doing to improve the health and quality of life for all those they serve in our region. I encourage you to approve this acquisition and preserve our access to the highest-quality of care at the lowest cost in our region.

Sincerely,

A handwritten signature in black ink that reads "Fred Deaton". The signature is written in a cursive, flowing style.

Judge Fred Deaton  
Crockett County Texas  
909 Avenue D.  
P.O. Box 1857  
Ozona, TX 76943



TRUSTEES OF SHANNON  
WEST TEXAS MEMORIAL HOSPITAL

May 13, 2020

Executive Commissioner Phil Wilson

cc: Victoria Ford, Acting Chief Operating Officer & Kristi Jordan, Director, Health Care Quality, Regulatory Services Division

Texas Health and Human Services Commission

Brown-Heatly Building

4900 North Lamar Blvd.

Austin, Texas 76711-3247

Re: Shannon Medical Center Certificate of Public Advantage (COPA)

Dear Executive Commissioner Wilson,

I'm writing to share my support for the acquisition of San Angelo Community Medical Center by Shannon West Texas Memorial Hospital.

Across the country rural communities are desperate for access to high-quality healthcare. Rural hospitals nationwide continue to face significant financial challenges which have been compounded by the recent COVID-19 pandemic. In Texas we have seen a rash of rural hospital closures. Since 2010 twenty rural Texas hospitals have closed – more than any state. And furthermore 63 counties in Texas do not have a hospital at all. This acquisition ensures our region will continue to have access to quality healthcare services.

I'm proud to be affiliated with Shannon and the work the organization is doing to improve the health and quality of life for west Texans. Within the last few years, Shannon was ranked by Nerdwallet as the most affordable hospital in the state.

As a combined organization, Shannon will be able to make more significant impacts on many health issues in our region including heart disease, diabetes and cancer. This is especially significant for our regional patients who travel many hours for care. This combination enables Shannon to invest more in technology and equipment to benefit our residents. Shannon is uniquely positioned to increase employment of the local workforce. This aspect has become increasingly important in light of the current economic climate across the United States and throughout Texas. In the future there are opportunities to do even more. I am encouraged about what this means for the quality of, and access to, healthcare in our region. Shannon has the ability to make significant headway in addressing the health needs of our local population; and I'm inspired by Shannon's vision to shape the future of healthcare here in the region.

I encourage you to approve this acquisition and preserve our access to the highest-quality of care at the lowest cost in our region.

Sincerely,

Len P. Mertz  
Managing Trustee

OFFICES: 36 WEST BEAUREGARD, SUITE 700

P.O. BOX 49

SAN ANGELO, TEXAS 76902

325-655-8974

FAX: 325-659-4666



TRUSTEES OF SHANNON  
WEST TEXAS MEMORIAL HOSPITAL

May 13, 2020

Texas Attorney General W. Kenneth Paxton Jr.  
cc: Jeffrey Mateer, First Assistant Attorney General  
Office of the Attorney General of Texas  
300 West 15th Street  
Austin, TX 78701

Re: Shannon Medical Center Certificate of Public Advantage (COPA)

Dear Attorney General Paxton Jr.,

I'm writing to share my support for the acquisition of San Angelo Community Medical Center by Shannon West Texas Memorial Hospital.

Across the country rural communities are desperate for access to high-quality healthcare. Rural hospitals nationwide continue to face significant financial challenges which have been compounded by the recent COVID-19 pandemic. In Texas we have seen a rash of rural hospital closures. Since 2010 twenty rural Texas hospitals have closed - more than any state. And furthermore 63 counties in Texas do not have a hospital at all. This acquisition ensures our region will continue to have access to quality healthcare services.

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FAX: 325-659-4666



The City Of  
**San Angelo, Texas**

72 West College Avenue, San Angelo, Texas 76903

May 27, 2020

Executive Commissioner Phil Wilson

cc: Victoria Ford, Acting Chief Operating Officer & Kristi Jordan, Director, Health Care Quality,

Regulatory Services Division

Texas Health and Human Services Commission

Brown-Heatly Building

4900 North Lamar Blvd.

Austin, Texas 76711-3247

Re: Shannon Medical Center Certificate of Public Advantage (COPA)

Dear Executive Commissioner Phil Wilson,

Healthcare in America continues to be a major issue. In rural West Texas even more of an issue. As many small towns lose their hospitals or clinics it becomes an even more important issue. San Angelo serves a 17 county area so our health care system is vital to the citizens of this community. San Angelo is a regional health care community. With that being said it is important that healthcare become affordable and extensive in terms of the services and technology available. We all know that consolidation can and should provide savings and efficacies that benefit the communities. We also believe it should make health care more affordable and reliable. When a healthcare system can focus on quality of care, affordability of care everyone wins.

As a community we also know that our ability to recruit and maintain growth in businesses as well as our universities and school system depends on our ability to ensure great health care. Healthcare is an economic driver of a community. Healthcare is important to sustaining a community. Without affordable healthcare then communities dry up because no one wants to live in a city without a great health care system.

As mayor of the city of San Angelo I support the need to simplify our healthcare in San Angelo by consolidating the healthcare providers. We need to know that citizens do not need to leave this community to get the affordable healthcare they deserve.

With respect,

A handwritten signature in cursive script, reading "Brenda Gunter".

Brenda Gunter

Mayor of San Angelo.



The City Of

# San Angelo, Texas

72 West College Avenue, San Angelo, Texas 76903

May 27, 2020

Texas Attorney General W. Kenneth Paxton Jr.  
cc: Jeffrey Mateer, First Assistant Attorney General  
Office of the Attorney General of Texas  
300 West 15th Street  
Austin, TX 78701

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With respect,

A handwritten signature in cursive script, appearing to read "Brenda Gunter".

Brenda Gunter  
Mayor of San Angelo.

# TOM GREEN COUNTY



## Commissioner, Precinct 3

**Rick Bacon**

**111 West Beauregard  
San Angelo, TX 76903**

**325-659-6513 Cell: 325-234-4261**

Email: rick.bacon@co.tom-green.tx.us

May 13, 2020

Executive Commissioner Phil Wilson

cc: Victoria Ford, Acting Chief Operating Officer & Kristi Jordan, Director, Health Care Quality, Regulatory Services Division

Texas Health and Human Services Commission

Brown-Heatly Building

4900 North Lamar Blvd.

Austin, Texas 76711-3247

Re: Shannon Medical Center Certificate of Public Advantage (COPA)

Dear Executive Commissioner Phil Wilson,

I am writing to ask you to grant a COPA to Shannon West Texas Memorial Hospital, allowing it to move forward with the acquisition of San Angelo Community Medical Center. I understand the impact of healthcare on a community like ours. Across the country, rural communities are desperate for access to high-quality healthcare. Since 2010, 20 rural Texas hospitals have closed – more than any other state. Furthermore, 63 counties in Texas do not have a hospital at all. This acquisition ensures the residents of West Texas will continue to have access to the healthcare services they need for generations to come.

As one organization, Shannon will be able to make an even bigger impact on some of the biggest health issues in our region including heart disease, diabetes and cancer – especially for some of Community's cancer patients, who are traveling many hours for care. Additionally, this move enables Shannon to invest more into new technology and equipment locally to benefit even more residents. Shannon is uniquely positioned to invest in the local workforce, which has become increasingly important in light of the current economic climate across the United States and throughout Texas.

Looking forward, there is an opportunity to do even more. I am encouraged about what this means for the quality of, and access to, healthcare in our region. Shannon has the ability to make significant headway in addressing the health needs of our local population and I am inspired to see how Shannon's vision will shape the future of healthcare in West Texas.

I am proud to support Shannon and the work the organization is doing to improve the health and quality of life for all who call San Angelo home. I encourage you to approve this acquisition and preserve our access to the highest quality of care at the lowest cost in our region.

Sincerely,

A handwritten signature in dark ink, appearing to read "Rick Bacon", is written over a horizontal line.

# TOM GREEN COUNTY



## Commissioner, Precinct 3

**Rick Bacon**

**111 West Beauregard**

**San Angelo, TX 76903**

**325-659-6513 Cell: 325-234-4261**

Email: rick.bacon@co.tom-green.tx.us

May 13, 2020

Texas Attorney General W. Kenneth Paxton Jr.  
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Office of the Attorney General of Texas  
300 West 15th Street  
Austin, TX 78701

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Sincerely,

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05/13/2020

Executive Commissioner Phil Wilson  
cc: Victoria Ford, Acting Chief Operating Officer & Kristi Jordan, Director, Health Care Quality,  
Regulatory Services Division  
Texas Health and Human Services Commission  
Brown-Heatly Building  
4900 North Lamar Blvd  
Austin, Texas 76711-3247

Re: Shannon Medical Center Certificate of Public Advantage (COPA)

Dear Executive Commissioner Phil Wilson,

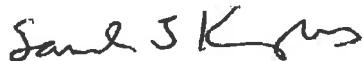
I am writing to share my support for the acquisition of San Angelo Community Medical Center by Shannon Medical Center. As a physician with 27 years of experience in wound care and emergency medicine, I have seen firsthand some of the challenges that people of our community face as it relates to their health and wellbeing.

Oftentimes, people in rural communities in both Texas and across the country continue to face challenges created by limited access to healthcare services, the shortage of health professionals and the toll of chronic disease. Shannon has the ability to make significant headway in addressing the health needs of our local population. As one organization, Shannon will have the ability to make a greater impact on some of the most pressing health issues in our region. In addition, this acquisition will provide the opportunity to invest in new technology that will have a lasting impact on the health and quality of life of the community.

By coming together as one, Shannon and Community Medical Center will collaborate to implement the most effective practices, protocols and programs at each hospital, ultimately creating a stronger combined health system. By leveraging the best practices, the organizations will be able to elevate the standard of care locally. By working together, local residents will benefit from more coordinated care and clinical integration across facilities and services in the community that will lead to improved outcomes and health.

I encourage you to approve this acquisition and preserve our access to the highest-quality of care at the lowest cost in our region.

Sincerely,



Samuel J. Kasberg, M.D., FACEP  
Medical Director  
Wound Care and Hyperbaric Services  
San Angelo Community Medical Center



05/13/2020

Texas Attorney General W. Kenneth Paxton Jr.  
cc: Jeffrey Mateer, First Assistant Attorney General  
Office of the Attorney General of Texas  
300 West 15<sup>th</sup> Street  
Austin, TX 78701

Re: Shannon Medical Center Certificate of Public Advantage (COPA)

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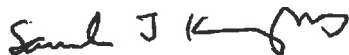
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Samuel J. Kasberg, M.D., FACEP  
Medical Director  
Wound Care and Hyperbaric Services  
San Angelo Community Medical Center



# HEART OF TEXAS HEALTHCARE SYSTEM

May 15, 2020

Executive Commissioner Phil Wilson

cc: Victoria Ford, Acting Chief Operating Officer & Kristi Jordan, Director, Health Care Quality,  
Regulatory Services Division  
Texas Health and Human Services Commission  
Brown-Heatly Building  
4900 North Lamar Blvd.  
Austin, Texas 76711-3247

Re: Shannon Medical Center Certificate of Public Advantage (COPA)

Dear Executive Commissioner Phil Wilson,

The Board of Directors of the Heart of Texas Healthcare System supports the acquisition of San Angelo Community Medical Center by Shannon Medical Center. As the CEO in Brady for over 16 years I have seen firsthand some of the challenges that people of our community encounter receiving high quality healthcare close to home. By joining organizations, patient access will be improved and the integration of services and resources will lead to more effective coordination of care. The merger will improve the opportunities to strengthen specialty care in the areas of heart disease, diabetes, and cancer which is the region's most significant healthcare concerns. As part of the acquisition, Shannon will be able to invest in new technology, upgrade Community's facilities, and continue a strong workforce in the healthcare fields.

It is for these reasons that we support the acquisition by Shannon Medical Center. We believe this will put in place protections for the regions healthcare future in a very uncertain climate.

Sincerely,

Tim Jones  
CEO/Board Member  
Heart of Texas Healthcare System



# HEART OF TEXAS HEALTHCARE SYSTEM

May 15, 2020

Texas Attorney General W. Kenneth Paxton Jr.  
cc: Jeffrey Mateer, First Assistant Attorney General  
Office of the Attorney General of Texas  
300 West 15th Street  
Austin, TX 78701

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Tim Jones  
CEO/Board Member  
Heart of Texas Healthcare System

5/26/2020

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cc: Victoria Ford, Acting Chief Operating Officer & Kristi Jordan, Director, Health Care Quality,  
Regulatory Services Division  
Texas Health and Human Services Commission  
Brown-Heatly Building  
4900 North Lamar Blvd.  
Austin, Texas 76711-3247

**Re: Shannon Medical Center Certificate of Public Advantage (COPA)**

Dear Executive Commissioner Wilson,

I am communicating my support for the authorization of a COPA to Shannon West Texas Memorial Hospital for the acquisition of San Angelo Community Medical Center. I have resided in San Angelo for 35 years. I attended Angelo State University, and after a short leave outside of San Angelo, I returned to make it my permanent home. While not on a major interstate, San Angelo is the hub of primary/critical/preventative care West of I-35 in Southwest Texas. It is pivotal that this community continue to grow and serve the rural areas within 150 miles of San Angelo. San Angelo must continue to provide premier healthcare to this section of the state.

Shannon's social obligation to the community is unmatched by any business in the area, much less any health service provider. Decades of service has earned them a trust factor from the surrounding population. The consolidation will allow Shannon to invest in new technology, upgrades to Community Hospital's facility, and expanding services. These two hospitals serve a vast region of people in West Texas, many of which drive for our hours for their care.

In addition to the care these two hospitals provide, these facilities are significant employers in our community. Shannon's growth plan will attract new healthcare professionals to our community, and it will better position us to attract the very best talent—critical to our long-term success.

While I watched the effects of COVID-19 on the nation, and how difficult it was for communities to manage, my position on the City Council of San Angelo allowed me unfiltered visibility into the interlocal relationship between Shannon and the community. To this day, San Angelo's management of the crisis is outstanding. A large part of that success is owed to Shannon. In summary, I would strongly suggest for the authorization of a COPA for the acquisition of SACMC.

Sincerely,

Tom Thompson  
Single Member District Two (SMD2)  
City Council, San Angelo, TX

May 26, 2020

Texas Attorney General W. Kenneth Paxton Jr.  
cc: Jeffrey Mateer, First Assistant Attorney General  
Office of the Attorney General of Texas  
300 West 15th Street  
Austin, TX 78701

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