ORIGINAL

Alere Women's and Children's Health, LLC (Hamilton Co)

CN1512-057

DSG Development Support Group

December 7, 2015

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

RE: CON Application Submittal
Alere Women's and Children's Health, LLC--Expansion of Service Area
Chattanooga; Hamilton County

Dear Mrs. Hill:

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

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

Respectfully,

John Wellborn

John Wellborn
Consultant

4219 Hillsboro Road, Suite 203
Nashville, TN 37215

jwdsg@comcast.net

Tel 615.665.2022
Fax 615.665.2042

ALERE WOMEN'S AND CHILDREN'S HEALTH, LLC

HAMILTON COUNTY AGENCY

CERTIFICATE OF NEED APPLICATION TO ADD SERVICE AREA COUNTIES

Submitted December, 2015

PART A

1. Name of Facility, Agency, or Institution

Alere Women's and Children's Health, LLC (of Hamilton County)		
Name		
651 East Fourth Street, Suite 100		Hamilton
Street or Route		*County*
Chattanooga	TN	37403
City	*State*	*Zip Code*

2. Contact Person Available for Responses to Questions

John Wellborn		Consultant	
Name		*Title*	
Development Support Group		jwdsg@comcast.net	
Company Name		*E-Mail Address*	
4219 Hillsboro Road, Suite 210	Nashville	TN	37215
Street or Route	*City*	*State*	*Zip Code*
CON Consultant	615-665-2022	615-665-2042	
Association With Owner	*Phone Number*	*Fax Number*	

3. Owner of the Facility, Agency, or Institution

Alere Women's and Children's Health, LLC		
Name		*Phone Number*
Same as in #1 above		
Street or Route		*County*
Same as in #1 above		
City	*State*	*Zip Code*

4. Type of Ownership or Control (Check One)

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

PUT ALL ATTACHMENTS AT THE BACK OF THE APPLICATION IN ORDER AND REFERENCE THE APPLICABLE ITEM NUMBER ON ALL ATTACHMENTS

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

Name

Street or Route *County*

City *State* *Zip Code*

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

A. Ownership		D. Option to Lease	
B. Option to Purchase		E. Other (Specify):	
C. Lease of: 1 yr, annually renewable	x		

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

A. Hospital (Specify): General		I. Nursing Home	
B. Ambulatory Surgical Treatment Center (ASTC) Multi-Specialty		J. Outpatient Diagnostic Center	
C. ASTC, Single Specialty		K. Recuperation Center	
D. Home Health Agency	x	L. Rehabilitation Center	
E. Hospice		M. Residential Hospice	
F. Mental Health Hospital		N. Non-Residential Methadone	
G. Mental Health Residential Faclity		O. Birthing Center	
H. Mental Retardation Institutional Habilitation Facility (ICF/MR)		P. Other Outpatient Facility (Specify):	
		Q. Other (Specify):	

8. *Purpose of Review (Check as appropriate—more than one may apply*

A. New Institution		G. Change in Bed Complement Please underline the type of Change: Increase, Decrease, Designation, Distribution, Conversion, Relocation	
B. Replacement/Existing Facility		H. Change of Location	
C. Modification/Existing Facility		I. Other (Specify):	x
D. Initiation of Health Care Service as defined in TCA Sec 68-11-1607(4) (Specify) Home Health		Home Health Service Area Expansion, limited to high-risk OB patients, newborns, & infants	
E. Discontinuance of OB Service			
F. Acquisition of Equipment			

9. *Bed Complement Data* *NA*

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

	Current Licensed Beds	CON approved beds (not in service)	Staffed Beds	Beds Proposed (Change)	TOTAL Beds at Completion
A. Medical					
B. Surgical					
C. Long Term Care Hosp.					
D. Obstetrical					
E. ICU/CCU					
F. Neonatal					
G. Pediatric					
H. Adult Psychiatric					
I. Geriatric Psychiatric					
J. Child/Adolesc. Psych.					
K. Rehabilitation					
L. Nursing Facility (non-Medicaid certified)					
M. Nursing Facility Lev. 1 (Medicaid only)					
N. Nursing Facility Lev. 2 (Medicare only)					
O Nursing Facility Lev. 2 (dually certified for Medicare & Medicaid)					
P. ICF/MR					
Q. Adult Chemical Dependency					
R. Child/Adolescent Chemical Dependency					
S. Swing Beds					
T. Mental Health Residential Treatment					
U. Residential Hospice					
TOTAL					

10. Medicare Provider Number:	None
Certification Type:	NA
11. Medicaid Provider Number:	None
Certification Type:	NA

12. & 13. See page 4 ....

A.12. IF THIS IS A NEW FACILITY, WILL CERTIFICATION BE SOUGHT FOR MEDICARE AND/OR MEDICAID?

This is an existing home health agency. It is not eligible to be Medicare-certified because it serves only high-risk pregnant women, none of whom will be 65 or more years of age. It cannot be certified for TennCare because it has no Medicare number (a State requirement). However, the applicant is a major provider of care to TennCare patients by means of service contracts negotiated with all the TennCare MCO's themselves. The MCO's engage and pay Alere to care for many of their high-risk pregnant enrollees because they have found that Alere's "preventive" prenatal services greatly reduce hospital and physician costs that the MCO's would otherwise incur for these patients.

A.13. IDENTIFY ALL TENNCARE MANAGED CARE ORGANIZATIONS / BEHAVIORAL HEALTH ORGANIZATIONS (MCO'S/BHO'S) OPERATING IN THE PROPOSED SERVICE AREA. WILL THIS PROJECT INVOLVE THE TREATMENT OF TENNCARE PARTICIPANTS? Yes IF THE RESPONSE TO THIS ITEM IS YES, PLEASE IDENTIFY ALL MCO'S WITH WHICH THE APPLICANT HAS CONTRACTED OR PLANS TO CONTRACT.

DISCUSS ANY OUT-OF-NETWORK RELATIONSHIPS IN PLACE WITH MCO'S/BHO'S IN THE AREA.

Table One: Contractual Relationships with Service Area MCO's	
Available TennCare MCO's	**Applicant's Relationship**
AmeriGroup or BlueCare	contracted
United Healthcare Community Plan (formerly AmeriChoice)	contracted
TennCare Select	contracted

SECTION B: PROJECT DESCRIPTION

B.I. PROVIDE A BRIEF EXECUTIVE SUMMARY OF THE PROJECT NOT TO EXCEED TWO PAGES. TOPICS TO BE INCLUDED IN THE EXECUTIVE SUMMARY ARE A BRIEF DESCRIPTION OF PROPOSED SERVICES AND EQUIPMENT, OWNERSHIP STRUCTURE, SERVICE AREA, NEED, EXISTING RESOURCES, PROJECT COST, FUNDING, FINANCIAL FEASIBILITY AND STAFFING.

Proposed Services and Equipment

• Alere Women's and Children's Health (Hamilton County office) is a highly specialized home health agency that has served thirteen Southeast Tennessee counties surrounding Chattanooga for many years. It is one of three Alere home health agencies in the State, and is part of a national network of Alere agencies supported by regional clinical centers that electronically monitor health status of Alere patients and participate in their care.

• Alere has a specialized and critically important home care mission. Alere works with, and under the direction of, patients' physicians, to provide clinically state-of-the-art home care exclusively to high-risk obstetrical patients for their antepartum and immediate postpartum needs. Alere does not provide other services, or care for newborns.

• In this application, Alere is proposing to add twenty-three additional Tennessee counties to the service area of its Hamilton County principal office, to be able to serve referring physicians' patients wherever they may live in the eastern half of Tennessee. This application is one of three applications being submitted to expand Alere's three service areas from 34 relatively populous counties to all 95 counties, including the least populous and lowest-income counties. The first, for Middle Tennessee, was unanimously approved in October.

• Alere is supported in its work, and in this application, by TennCare MCO's and other insurers, by perinatal centers in the region, and by numerous referring physicians who view its services and competencies as uniquely needed and beneficial.

Ownership Structure

• The applicant LLC is wholly owned by Alere Health, LLC, which is wholly owned by OptumHealth Care Solutions, Inc., which is ultimately owned by United Health Group (a publicly traded company. Attachment A.4 contains more details, an organization chart for Optum and its subsidiaries, and information on the licensed Tennessee agencies owned by the applicant.

Service Area

• The applicant's current service area consists of 13 Southeast Tennessee counties: Bledsoe, Bradley, Coffee, Grundy, Hamilton, Marion, McMinn, Meigs, Monroe, Polk, Rhea, Sequatchie, and Warren. The applicant proposes to add to its service 23 additional Tennessee counties: Anderson, Blount, Campbell, Carter, Claiborne, Cocke, Grainger, Greene, Hamblen, Hancock, Hawkins, Jefferson, Johnson, Knox, Loudon, Morgan, Roane, Scott, Sevier, Sullivan, Unicoi, Union, and Washington.

Need

• Alere programs protect the lives of physician- or payer-identified, high-risk expectant mothers, and prevent many fetal and newborn health problems that impose high medical and societal costs both during, and after, the pregnancy. Alere interventions reduce costly emergency room visits, maternal hospitalizations, and newborn admissions to Neonatal Intensive Care Units. Alere's positive impacts on restraining costs of care and on increasing high quality outcomes have resulted in strong physician and insurer support, wherever it operates. Approximately 72% of this agency's patients are TennCare mothers; so its services provide special fiscal benefits to State government.

• Tennessee's new Statewide TennCare MCO's need universal availability of Alere's services throughout the State. Physicians, insurers, and patients Statewide need access to the unique levels of care and expertise that Alere staffs provide.

• Approval of this application will result in greater accessibility to care for all high-risk pregnant women in the service area, and especially for TennCare enrollees. These patients are not adequately served today.

• Because of the highly specialized nature of Alere's services, as well as its unique patient population, the impact of this project on other existing providers will be minimal. The agencies now licensed for these counties served 47,598 patients in these twenty-three counties in 2014. The 94 patients Alere would serve in Year Two are less than two-tenths of 1% of those agencies' total caseloads from these counties. And many Alere patients will be women who would otherwise be going to local Emergency Rooms and hospitals for care, rather than being cared for at home.

• Alere believes that its services are uniquely beneficial to home health patients in this area, and that high-risk pregnant women in the proposed service area do not have adequate access to, or choice among, home care services this comprehensive, continuous, and clinically sophisticated.

• There are 49 home health agencies licensed currently to serve one or more of this project's proposed new service area counties. None of them is fully dedicated to the maternal patient population, as is Alere. Many of them do not serve significant numbers of TennCare or female patients under the age of 65. Approximately 72% of Alere's total patients are TennCare enrollees, all of them pregnant women facing problem pregnancies. Alere/Hamilton County's TennCare payor mix (on gross revenues) is 54%, which is matched by only 6 of the 49 area agencies, with 19 of the 49 (39% of them) reporting no TennCare revenues at all.

Project Cost, Funding, Financial Feasibility, and Staffing

• The cost of the project is insignificant. It requires no new offices, no construction, no major medical equipment. The cost of completing a CON review process is the largest cost. The total project cost for CON purposes will not exceed $80,600. Funding of all project costs will be provided by the parent company, United Health Group, through a cash transfer to the applicant LLC. Current and projected financial performance of the applicant agency shows a positive operating margin. The expansion of the Hamilton County office of Alere will require addition of approximately 4.18 FTE equivalents in Year Two.

B.II. PROVIDE A DETAILED NARRATIVE OF THE PROJECT BY ADDRESSING THE FOLLOWING ITEMS AS THEY RELATE TO THE PROPOSAL.

B.II.A. DESCRIBE THE CONSTRUCTION, MODIFICATION AND/OR RENOVATION OF THE FACILITY (EXCLUSIVE OF MAJOR MEDICAL EQUIPMENT COVERED BY T.C.A. 68-11-1601 *et seq.)* INCLUDING SQUARE FOOTAGE, MAJOR OPERATIONAL AREAS, ROOM CONFIGURATION, ETC.

Not applicable. There is no physical facility modification, renovation, or construction involved in this project.

APPLICANTS WITH HOSPITAL PROJECTS (CONSTRUCTION COST IN EXCESS OF $5 MILLION) AND OTHER FACILITY PROJECTS (CONSTRUCTION COST IN EXCESS OF $2 MILLION) SHOULD COMPLETE THE SQUARE FOOTAGE AND COSTS PER SQUARE FOOTAGE CHART.

UTILIZING THE ATTACHED CHART, APPLICANTS WITH HOSPITAL PROJECTS SHOULD COMPLETE PARTS A-E BY IDENTIFYING, AS APPLICABLE, NURSING UNITS, ANCILLARY AREAS, AND SUPPORT AREAS AFFECTED BY THIS PROJECT. PROVIDE THE LOCATION OF THE UNIT/SERVICE WITHIN THE EXISTING FACILITY ALONG WITH CURRENT SQUARE FOOTAGE, WHERE, IF ANY, THE UNIT/SERVICE WILL RELOCATE TEMPORARILY DURING CONSTRUCTION AND RENOVATION, AND THEN THE LOCATION OF THE UNIT/SERVICE WITH PROPOSED SQUARE FOOTAGE. THE TOTAL COST PER SQUARE FOOT SHOULD PROVIDE A BREAKOUT BETWEEN NEW CONSTRUCTION AND RENOVATION COST PER SQUARE FOOT. OTHER FACILITY PROJECTS NEED ONLY COMPLETE PARTS B-E.

Not applicable. There is no construction involved in this project. The proposed services will be managed by personnel in the existing Alere offfice in Chattanooga, which will require no expansion. Field staff (OB RN's who deliver the home care) will operate from their homes in counties within, or adjoining, the service area.

PLEASE ALSO DISCUSS AND JUSTIFY THE COST PER SQUARE FOOT FOR THIS PROJECT.

Not applicable. There is no construction involved in this project.

IF THE PROJECT INVOLVES NONE OF THE ABOVE, DESCRIBE THE DEVELOPMENT OF THE PROPOSAL.

The Applicant

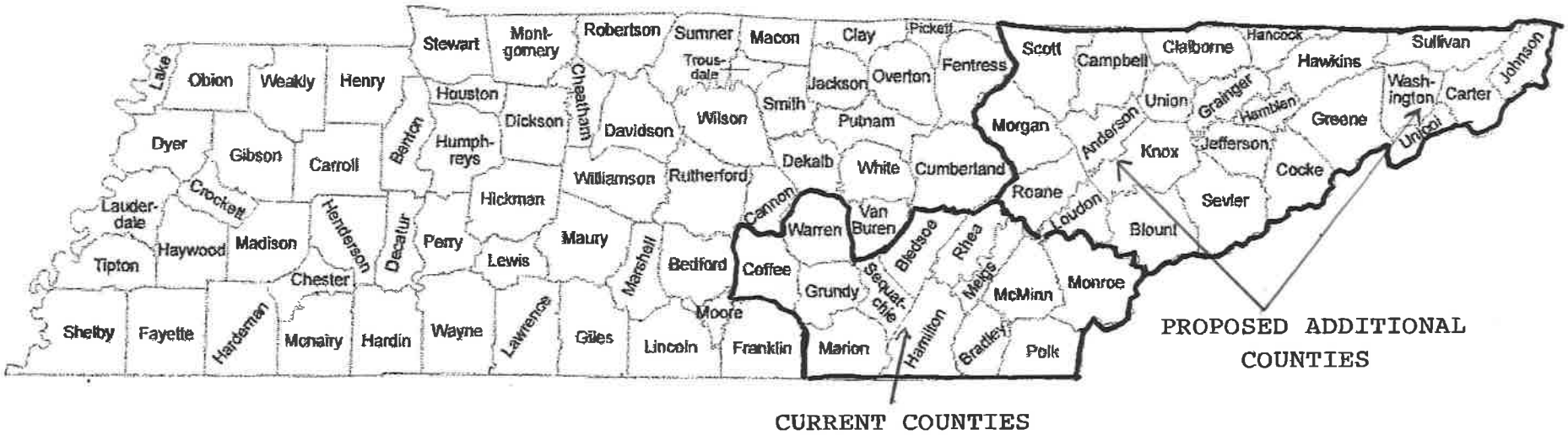
Alere Women's and Children's Health is a national leader in maternal-newborn healthcare management. Responding to physicians who need home care for their patients, Alere offers a full scope of programs from Preconception through Risk Assessment, and OB Case Management. In its more than 28 years of operation, Alere staff have provided care for more than three million pregnancies across America. The company is one of the world's largest employers of obstetrical RN's and obstetrical pharmacists.

Alere has served Tennessee mothers for 17 years, through three separately licensed home care agencies in Davidson, Hamilton, and Shelby Counties (as well as through an Alere medical equipment agency in Knoxville). Last year, the three home care agencies served 612 patients. Of those, 50 were served by Alere's Hamilton County agency.

Service Area

Alere's Hamilton County agency is proposing to expand its thirteen-county Middle Tennessee service area by twenty-three additional counties. They are Anderson, Blount, Campbell, Carter, Claiborne, Cocke, Grainger, Greene, Hamblen, Hancock, Hawkins, Jefferson, Johnson, Knox, Loudon, Morgan, Roane, Scott, Sevier, Sullivan, Unicoi, Union, and Washington Counties.

The expansion will give Alere a 36-county coverage of the eastern half of Tennessee. A map of the expansion follows this response.



ALERE WOMEN'S AND CHILDREN'S HEALTH / HAMILTON COUNTY
CURRENT AND PROPOSED SERVICE AREA

Scope of Services

The services to be provided are those that Alere home health agencies provide currently, and have provided in authorized areas of Tennessee for decades: home care services exclusively for high-risk pregnant women. To clarify that it will not be in significant competition with any general home health agency already authorized in the service area, Alere is requesting CON approval with that condition.

The services offered by Alere are discussed in detail in Section B.II.C (Project Need) below. They can be grouped into several major categories:

- Preterm Labor Education With Nursing Surveillance and 17P Administration Service
- Nausea and Vomiting in Pregnancy (NVP)
- Diabetes in Pregnancy
- Managing Hypertension Disorders in Pregnancy
- Coagulation Disorders

These services are provided at the physician's direction to prevent or limit numerous risks to the pregnant woman and the fetus/newborn. Risks include:

- Physical and mental impairment of the newborn:
- Intractable nausea, vomiting, and dehydration of the mother;
- Maternal/infant mortality from uncontrollable blood sugar levels (diabetes);
- Infant morbidity/mortality from uncontrolled hypertension;
- Maternal death from deep vein thrombosis and pulmonary embolism;
- First trimester spontaneous abortions;
- Recurrent preterm birth
- High costs of avoidable NICU and hospital admissions

Care Delivery Model

Physicians request Alere to deliver home care to their obstetrical patients, to provide the best possible care at home, at the lowest cost, and also to avoid when possible

the costly and time-consuming visits to the practice office, visits to the Emergency Department, and hospital admissions that often occur when high-risk pregnant patients do not have a home care resource with Alere's levels of skill and continuous committed 24/7 oversight.

To respond to physicians' requests for services to their patients, Alere utilizes its own employed pool of highly experienced, obstetrical RN's who live in communities that are quickly accessible to the patient's home.

The assigned OB RN performs a comprehensive maternal/fetal home assessment and patient education is begun. The scope of evaluations and education include patient health issues; psychosocial, environmental, and home assessments; fetal movement assessment; and training and education in self-care protocols, nutrition, social habits, and activity requirements, to name a few.

Instruction is provided in the use of supplies and equipment (e.g., insulin pumps). Barriers to care are identified and dealt with (e.g. transportation needs; childcare; ability to comply with scheduled visits). Interdisciplinary resources are identified and organized to be available appropriately, including nurses, pharmacists, and dieticians.

Appropriate daily, weekly, and continuous care management occurs through home visits by the OB RN; telephonic assessments and direction by OB RN's and OB pharmacists; telephonic reporting by the patient (as often as multiple times day and night); and 24/7 telephonic clinical and educational guidance upon request, from Alere's unique national Patient Service Centers, staffed by OB pharmacists and OB RN's.

Equipment for medication infusion is remotely monitored and controlled as needed. Supplies are provided to the home by Federal Express, UPS, and the U.S. mail, as well as during OB RN visits. Patients are diligently supervised for compliance with prescribed services, which is one of the greatest issues for many of these patients. (Pursuit of compliance is the most effective way to optimize good outcomes). Detailed patient records are maintained by the OB Nurse; digitalized records are entered at Agency offices and at the Patient Service Centers; and weekly written reports are made to the referring physician and insurer case manager as requested.

Project Costs and Funding

The project will require only a very small capital expenditure, estimated not to exceed $80,600. No additional office space need be acquired to implement the project; it will be managed from Alere/Hamilton's existing office in Chattanooga.

The cost of the project will be funded entirely in cash, by the applicant's parent company, United Health Group (UHG).

Staffing

Approximately 4.18 *additional* FTE equivalents will be required in Year Two, to serve the 94 new patients per year that Alere expects to serve in these additional counties (based on current Alere/Hamilton County use rates). Of these, 1.26 FTE equivalents will be additional direct patient care OB nurses; the others will be local and regional support staff.

Home care services will be provided by obstetrical nurses employed to work as needed in counties within, or near, the proposed new service area. Alere's plan for ensuring rapid access to patients in the new counties is discussed in more detail in Section B.III.B.1 below.

Alere's staffing and its relationship to the referring physician and Alere consulting staff can be summarized as follows.

The patient's physician is the physician of record and refers the patient to Alere for the service required to manage the specific pregnancy-related condition requiring home care services. Alere works with the physician to develop the patient's plan of care. Alere develops, in consultation with the physician, written orders for home health services that include the specific treatment and modalities to be uses and specific and their amount/frequency and duration. The plan of treatment is reviewed on an ongoing basis as often as the severity of the patient's condition requires. At a minimum of every 62 days, the plan of treatment is sent for physician review and signature.

The OB Pharmacist is available telephonically as a consultant to the physician to assist with questions surrounding medication use in pregnancy, advises on dosages of medication, safety of medications, reviews drug to drug interactions, and makes recommendations on concomitant use of medications. For any Tennessee patient, telephonic guidance by Alere OB Pharmacists at the 24-hour Regional Call Centers is provided only by pharmacists who hold a valid license, and registered nurses who are licensed in the State of Tennessee. These are the only Alere providers serving Alere patients other than the patient's assigned Home Care OB RN.

The Home Care Director at Alere's office is responsible for Home Care Operations and supervision of all nursing and administrative functions associated with the operations of the Home Care facility. The Home Care Director is responsible for maintaining all regulatory and Joint Commission standards, for supervising staff, and for ensuring supervision and competency of staff by performing ongoing assessments. The Director co-travels to a patient's home to observe a visit to ensure each nurse's competency, annually. Directors report to Alere's Governing Board and participate in Quarterly reviews of Policies, Quality and Safety. Alere has an extensive, comprehensive Quality Management program that requires the reporting of all medication errors and all unexpected or adverse events related to patient care and the operation of the Home Care site.

Registered Nurses – Both Patient Educators (nurses that provide direct skilled nursing care in the home), and Perinatal Clinicians (nurses that provide telephonic management of the patient) are nurses with an active license in the state of Tennessee. All Registered Nurses employed by Alere have at least one year of high risk Obstetrical Experience, and all are capable to provide maternal-fetal assessments including the use of dopplers to assess fetal heart tones during the skilled nursing visits. These highly skilled nurses are well educated and versed in the management of the complexities surrounding diagnoses specific to the condition of pregnancy, which require a high level of skill and knowledge.

Alere's nurses provide skilled nursing care in the home, and patients also have 24/7/365 support telephonically from high-risk obstetrical nurses, who answer questions

and provide interventional nursing directions to address the patient's needs. For Tennessee patients, those nurses will hold a Tennessee license. Reports are provided to the patient's physician weekly, and also on an as-needed basis when there is any required change in the patient's plan of care.

Alere works with the physician, patient and OB Pharmacist to manage the patient's pain safely during pregnancy. Alere assesses the patient's pain at every visit and follows up accordingly. Alere does not offer or supervise the provision of pain management pumps.

When infusion pumps are required, Alere follows strict policies relative to safely managing them. The policies include the requirement to validate all pump programming/dosing with two Registered Nurses prior to patient placement. This is done to ensure the dosage is programmed per the plan of treatment. The pumps are programmed with maximum and minimum dosages as well as lock-out settings that prevent the patient from making changes to the pump that could result in the delivery of the wrong dosage of medication.

Alere does not utilize telemedicine to connect the patient with the patient's physician. Referring physicians are kept informed of their patients' conditions and the services being provided; but they rely on Alere staff to treat appropriately within the recognized scope of skilled nursing care. This is not a program to create a virtual physician office at the patient bedside. Physicians have no need or time to be present by telemedicine hookups. In the rare event of exceptional needs beyond the scope of appropriate skilled nursing care, the patient is immediately transported to the hospital or the physician office for physician-provided care.

All Alere personnel comply with the requirements of the Federal HIPAA rules and regulations, in maintaining patient confidentiality. All Alere Home Care employees are required to complete annual HIPAA training and to maintain documentation of all ongoing training and education.

Applicant's Clinical Leadership

Donna Whitsell, RN, is Alere/Hamilton County's Home Care Director. She has 30 years of nursing experience in the field of Obstetrics. She has been an Alere Home Care Director for 5 years and has successfully passed all State Surveys and Joint Commission surveys. This position is equivalent to the Director of Nursing position in other types of agencies.

Donna Whitsell reports to Laura Milner, RN, who is the Statewide Senior Home Care Director for all three of Alere's Tennessee offices (Nashville, Chattanooga, Memphis), in addition to serving as the Home Care Director for Alere/Davidson County.

Alere home health agencies do not require a local Medical Director because they work under the direction of the patients' physicians, with whom they are in continuous contact. Nationally, the Alere Medical Director is Norman Ryan, MD. His extensive CV is attached at the end of this letter.

Ownership

There are no individuals with membership interests in the applicant LLC. There are no plans to expand its ownership in the future. As stated in the application on page 5 (Executive Summary), Alere Women's and Children's Health, LLC is a wholly owned subsidiary of Alere Health, LLC, which is wholly owned by OptumHealth Care Solutions, Inc., which is ultimately owned by United Health Group, a publicly traded company.

United Health Group is a very large publicly traded company with multiple divisions and services. The only home health care entity it owns directly or indirectly is Alere Women's and Children's Health, LLC. It owns no licensed physical facilities such as hospitals or nursing homes. Alere Women's and Children's Health, LLC has home health agencies licensed in twenty States.

B.II.B. IDENTIFY THE NUMBER AND TYPE OF BEDS INCREASED, DECREASED, CONVERTED, RELOCATED, DESIGNATED, AND/OR REDISTRIBUTED BY THIS APPLICATION. DESCRIBE THE REASONS FOR CHANGE IN BED ALLOCATIONS AND DESCRIBE THE IMPACT THE BED CHANGE WILL HAVE ON EXISTING SERVICES.

Not applicable. This project is for the expansion of an existing home health agency's service area. No facilities are included in the project.

B.II.C. AS THE APPLICANT, DESCRIBE YOUR NEED TO PROVIDE THE FOLLOWING HEALTH CARE SERVICES (IF APPLICABLE TO THIS APPLICATION):

1. **ADULT PSYCHIATRIC SERVICES**
2. **ALCOHOL AND DRUG TREATMENT ADOLESCENTS >28 DAYS**
3. **BIRTHING CENTER**
4. **BURN UNITS**
5. **CARDIAC CATHETERIZATION SERVICES**
6. **CHILD AND ADOLESCENT PSYCHIATRIC SERVICES**
7. **EXTRACORPOREAL LITHOTRIPSY**
8. **HOME HEALTH SERVICES.....**

Special Needs Addressed By This Project

This CON application is being filed to give Alere programs broader availability to TennCare MCO's and private insurance companies that increasingly request Alere services for young women with special needs for pregnancy-related care.

TennCare MCO's will be a prime beneficiary. They are now Statewide organizations with a significant population of low-income women of childbearing age, in both urban and rural counties. Many of these women face pregnancy risks of the type addressed by Alere home care programs. The MCO's are responsible for paying their costs of healthcare. The MCO's and their patients' physicians value high-quality home care partners that can provide all needed interventional services to those women.

With appropriate home care, pregnant at-risk women can be spared significant health problems and their insurers can avoid significant costs.

But without appropriate home care, these young women will either (a) not receive needed care, resulting in increased maternal/fetal morbidity and mortality, or (b) they will have to obtain it from more costly and difficult-to-reach sources such as hospital Emergency Departments, hospital acute care units, neonatal intensive care units, and their physicians' practice offices. Obtaining specialized care at home is a much more cost-effective option, as well as being the option that has better outcomes for maternal/fetal health.

The applicant has identified 49 licensed home care agencies that are authorized to operate in one or more of the counties in the service area. However, Alere's entry into this service area is needed for the following reasons, among others:

- Because of its historical, long-standing focus on *only* problem pregnancies--and because it uses appropriate technology to supervise and provide guidance in the patient's home between personal home visits--Alere's programs provide a scope and effectiveness of care that are not routinely available from existing area agencies. Service area patients should have Alere as one of their home care options because of this expertise alone.

- Alere is one of the most TennCare-accessible agencies in Middle Tennessee, unlike many home health agencies licensed in these 23 counties. Of the 49 licensed agencies, only 6 had a TennCare payor mix as high as Alere/Hamilton's 54% TennCare payor mix. Approximately 72% of Alere/Hamilton's Tennessee patients are TennCare patients.

- Many physicians and insurers want access to Alere's programs of care, because they perceive that Alere provides care programs not available elsewhere. Many home health agencies avoid serving the high-risk population due to risks of litigation and liability should the births not go well. This creates an accessibility problem for some women, regardless of their insurance source and income status.

- Alere also feels that even if another provider does present evidence of providing Alere's type of service, that does not negate the need for this service's approval. First, those other providers may not cover all of the East Tennessee counties proposed in this project. Second, area consumers, physicians, and insurers have a strong interest in having a meaningful choice (i.e., reasonable duplication) among agencies for patients who require high-risk specialized care. Without that choice, providers will never have to engage in healthy competition for optimal quality of care and optimal outcomes. The applicant believes that the HSDA Board will want to strike a balance between creating such beneficial consumer/insurer choices, and avoiding excessive duplication of ordinary home care services. This project is not, obviously, an ordinary home care service.

• The Joint Annual Reports (JAR's) do not record data that document existing home health providers' services to women of childbearing age (15-44 years of age). However, JAR's do record (unspecified) services to the larger age cohort of "pre-Medicare" adult females (age 18-64). The applicant's Tables Ten-A through Ten-D later in this application compile that data and rank agencies in terms of their dependence on pre-Medicare adult female patients locally (i.e., the percent those patients constitute, of the agency's total patients in the proposed counties), and Statewide (i.e., the percent those patients constitute, of the agency's total patients in all counties licensed to that agency). Those rankings show that relatively little home health service of any kind is provided to adult pre-Medicare age women, by agencies for whom women constitute 15% or more of their patient base within these counties.

To "drill down" further to identify if those women being served are high-risk pregnant, Alere use the rankings to telephonically survey a sample of those agencies that (a) cared for more than *one* woman age 18-64 in the proposed counties during 2014, and also (b) had *at least a 15% dependency* on this age group of women within the proposed service area. Only 13 of the agencies met both criteria.

The surveyor, an experienced OB nurse, interviewed spokespersons for all 13 agencies, asking if they serve high-risk pregnant women, including TennCare patients. The survey found that none of the 13 agencies serves high-risk pregnant women and some do not serve TennCare. The survey table on the following pages provides the survey responses and the agencies' dependency statistics. It is Alere's belief that these agencies' unpreparedness to serve high-risk women is representative of all the agencies now functioning in the proposed service area.

SURVEY OF KEY AGENCIES IN ALERE / HAMILTON'S PROPOSED SERVICE AREA COUNTIES

State License Number	Agency Name and Information Provided To Alere OB RN	Estimated 2014 Female Patients Age 18-64 from Proposed Counties	Females Age 18-64 as Percent of Agency's Patients In Alere's Proposed Counties	Females Age 18-64 as Percent of Agency's Patients Statewide
249	Advanced Home Care, Inc., Sullivan Co. 423-378-7330; Erica *Response: They specialize in PT and OT and do not have nurses trained in pregnancy-related conditions.*	358	15.7%	15.7%
86	Advanced Home Care, Inc., Greene Co. 423-783-6501: Connie *Response: They focus on PT. They do not care for pregnant patients unless they need therapy of something they offer. They can not listen to fetal heart rates.*	147	18.0%	18.0%
131	Careall Home Services, Knox Co. 865-531-9988; Kim *Response: They do not have the equipment to take care of fetal surveillance during pregnancy; they do not take TennCare patients.*	109	16.0%	15.9%
1	Clinch River Home Health, Anderson Co. 865-457-4263 *Response: They do not take TennCare patients. (Note: They formerly subcontracted with Alere for pregnancy care but Alere no longer subcontracts with them.)*	75	15.5%	15.5%
42	Elk Valley Health Services, Inc., Davidson Co. 615-360-1116; Allison *Response: None as yet*	15	21.7%	5.1%

320	Hometown Health Care, Inc., Hawkins Co. 423-272-7941; Rita *Response: Do not have equipment to manage high risk pregnancy; cannot listen to fetal heart tones.*	18	19.1%	19.1%
2	Maxim Healthcare Services, Inc., Knox Co. 865-330-2336; Chris *Response: Rarely provide nursing visit to a pregnant patient; unsure if staff have skills to care for pregnant patients.*	27	17.5%	17.5%
269	Medical Center Homecare, Washington Co. 423-392-3510; Jennifer, Vanessa *Response: Do not employ nurses with high risk OB experience. Do not have equipment to assess fetal heart tones. Do not routinely receive referrals for pregnant patients.*	36	19.9%	19.9%
87	ProCare Home Health Services, Greene Co. 423-434-5130; Regina *Response: Do not have OB nurses.*	90	17.2%	17.2%
287	Quality Home Health, Fentress Co. 931-864-6055 *Response: Do not care for patients with pregnancy issues.*	408	23.2%	11.3%
80	Quality Private Duty Care, Fentress Co. 931-752-7699; Myla *Response: Do not have OB nurses and cannot assess fetal heart rates.*	31	16.1%	3.4%

16	Sunbelt Homecare, Campbell Co. 423-784-2452; Theresa Response: Do not have OB nurses and do not routinely care for conditions in pregnant women.	38	15.6%	15.6%
189	Swetwater Hospital Home Health, Monroe Co. 865-213-8508; Geraldine *Response: Do not have OB nurses to care for pregnant women.*	9	17.0%	1.4%

Expertise and the Beneficial Impact of Alere's Care Programs

Alere contends that for high-risk pregnant women and their neonates, its array of staffing, technology, 24/7 care availability, and diligence in attaining patient compliance and good outcomes, is superior on a routine basis to that of any other home health agency in the service area. It is therefore important to introduce it as a care option in these counties--especially for the TennCare population where these needs are so great. On subsequent pages, the applicant provides a description of the main clinical care programs offered to Alere patients (not to newborns in Tennessee). All services described are "skilled nursing services" as defined by law and regulations and by those who reimburse for this care. Alere sends to the patient only OB RN's who are skilled in providing the services described.

BENEFITS OF ALERE OBSTETRICAL HOMECARE SERVICES

Program: Preterm Labor Education With Nursing Surveillance and 17P Administration Service
Health Condition(s) Addressed: • Physician has diagnosed a maternal risk of preterm labor (at less than 37 weeks gestation). • Physician has diagnosed patient with history of previous preterm birth. Administration of 17p from 16wks to 36 & 6/7 wks gestation is prescribed to reduce incidence of recurrent preterm birth.
Health Risks of Condition: • Premature births are associated with increased physical and mental limitations of the infant, some of which are correctible, and others of which are lifetime afflictions.
Costs of Conditions, Unaddressed: • More emergency room visits and higher cost to the health plan • Longer hospital stays and higher costs for the health plan prior to giving birth • NICU (neonatal intensive care unit) and acute care stays and costs for newborns • Lifetime patient and societal costs of coping with enduring limitations.
Alere Interventions: • Comprehensive maternal/fetal home assessment and education by OB RN • Comprehensive scope of evaluations and education--patient health / psychosocial, environmental, home assessments / assessments of fetal movement / training in self-care protocols, nutrition, social habits, etc. (see detailed list following this section). • Weekly injections of "17P" or "Makena" by OB RN to reduce recurrent preterm births • 24/7 telephonic OB nurse availability
Benefits of Alere Interventions: • Diligent supervision by Alere OB RN's yields 97% Alere patient compliance with weekly injection requirements. Compliance is directly associated with reductions in preterm deliveries. • Elimination of barriers to care (ie. Transportation, childcare issues, missing scheduled visits etc) to improve compliance with weekly injection schedule. 17P reduces preterm birth incidence by 34%. • Reduced costs of ED visits, maternal hospitalizations, NICU care, and future health and societal costs. • A 2006 National Institute of Medicine study of 5,609 Medicaid patients with a history of preterm delivery, who received weekly 17P injections, identified almost a 50% reduction of preterm deliveries, with a Medicaid net savings of $8,090 per birth.

Note: "17P" is abbreviated name of 17 alphahydroxyprogesterone caproate.

Program: Nausea and Vomiting in Pregnancy (NVP)
Health Condition(s) Addressed: • Intractable nausea, vomiting, and dehydration (hyperemesis gravidarum) in pregnancy
Health Risks of Condition: • Severe discomfort and inability to perform activities of daily living • Dehydration • Malnutrition mother/fetus
Costs of Conditions, Unaddressed: • ER visits, 24hr observation stays, hospital admissions of the expectant mother to alleviate symptoms and reduce potential maternal/fetal complications.
Alere Interventions: • Multi-interventional approach including dieticians, perinatal nurse clinicians, high risk obstetrical pharmacist consultation, psychosocial assessment, in home nursing support, and delivery of antiemetic-medication through a subcutaneous micro-infusion pump • Daily telephonic assessments by high risk obstetrical nurse • Dietary consultation to address maternal nutritional needs • Limited IV hydration to stabilize fluid balance and alleviate overall symptoms
Benefits of Alere Interventions: • 78% increase in weight gain of mother or stabilization • 89% reduction in nausea and vomiting • Hospital admissions for such patients: 65.4% reduced to 3.3% • Reduced costs of ED visits, physician office visits, maternal hospitalizations, NICU care, future health and societal costs.

Program: Diabetes in Pregnancy
Health Condition(s) Addressed: • Gestational diabetes (pre-existing or pregnancy-related maternal diabetes)
Health Risks of Condition: • Maternal complications from out-of-control blood sugar levels • Birth complications as a result of Macrosomia (large baby) including increased risk of shoulder dystocia/injury during birtth. • Elevated blood sugar levels of baby post delivery • Maternal/infant morbidity and mortality associated with uncontrolled blood sugar management
Costs of Conditions, Unaddressed: • 3X more likely to require pre- and post-natal hospitalizations of mother and/or newborn than in non-diabetic population; hospitalization cost of $4,000-$4,300 in 2010 prices (5 years ago) • Hospital admissions of this type increased 72%-75% in last decade studied
Alere Interventions: • Intensive programs for both insulin-requiring and non-insulin-requiring mothers, to ensure compliance with the care plan approved by patient's physician • Initial in-home education/counseling regarding nature of diabetes in pregnancy, glucose monitoring, meal planning and physical activity. • Ongoing telephonic management of patients to address blood sugar trends. • Medication management with daily assessment of blood glucose and ketones through telephonic reporting • All needed insulin and supplies are delivered to home • 24/7 OB RN & Certified Diabetic Educators (CDE) access via telephone • When using insulin pump management, ongoing monitoring of patient data and remote adjustments of medication
Benefits of Alere Interventions: • Alere can save an average of $13,000 per pregnancy in total costs of care for mother and neonate • NICU admissions alone can be reduced up to 25% • 2010 Study of pre-gestational diabetes patients (insulin-dependent) showed: --increase in patient compliance from 8.4% on Day 1 to 69.3% on Day 4 --27% reduction in out-of-target blood glucose levels --60% improvement in compliance with blood glucose testing protocols --47% reduction in number of Type 2 diabetes patients with A1C indicator > 6% • 2010 Outcomes Study of Alere Diabetes Program vs. conventional management in the physician's office showed the following improvements in birth complications in diabetic mothers:

--Reduction in macrosomia (large birth weight) from 13.6% to 9.6%
--Reduction in hyperbilirubinemia (increased bilirubin levels) from 17.5% to 9.2%
--Reduction in hypoglycemia from 20% to 5.6%
--Reduction respiratory complications from 6.2% to 4.2%
--Reduction in shoulder dystocia from 1.4% to 0.1% (can lead to permanent nerve damage and long term disability)
--Reduction in NICU admissions from 25% to 8%

Notes, edited and paraphrased from sources indicated:

Fetal Macrosomia: In a newborn, the risks associated with fetal macrosomia increase greatly when birth weight is more than 9 pounds 15 ounces. Fetal macrosomia can complicate vaginal delivery, putting the baby at risk of injury during birth, and at increased risk of health problems after birth. [Mayo Clinic]

Hyperbilirubinemia: Excessive bilirubin in the blood, which can produce *jaundice*, a yellow tint *to a newborn's skin and the white part of the eyes. In newborns, in rare cases, if bilirubin levels stay high and are not treated, this condition can cause brain damage resulting in serious lifelong problems. [Tabor's Cyclopedic Medical Dictionary & WebMD]*

Hypoglycemia: A deficiency of blood sugar--the most common metabolic problem in newborns. The most common symptoms are jitteriness, cyanosis (blue coloring), apnea (stopping breathing), hypothermia (low body temperature), poor body tone, poor feeding, lethargy, and seizures. Major long-term consequences can include neurologic damage resulting in mental retardation, recurrent seizure activity, developmental delay, and personality disorders. Some evidence suggests that severe hypoglycemia may impair cardiovascular function. [Tabor's & Stanford Children's Health]

Dystocia: Difficult labor. It may result from either the size of the fetus or the small size of the pelvic outlet. Shoulder dystocia occurs when a baby's head is delivered but his shoulders get stuck inside the mother's body. This creates risks for both mother and baby. The underlying condition, if not treatable in advance of delivery, can make delivery by cesarean section necessary. [March of Dimes]

Program: Managing Hypertension Disorders in Pregnancy
Health Condition(s) Addressed: • Hypertension • Preeclampsia (formerly called "toxemia") leading to eclampsia, a serious condition that could result in maternal and fetal morbidity and mortality
Health Risks of Condition: • Hypertension late in pregnancy can require the need for induced premature delivery of infant, potentially leading to increased neonatal cost and infant morbidity/mortality • High (25%) risk of preeclampsia with hypertension. Mothers with preeclampsia may experience rapid weight gain, abdominal pain, headaches, changes in reflexes, dizziness, vomiting, nausea, and vision changes. Uncontrolled PIH can lead to development of eclampsia/seizures.
Costs of Conditions, Unaddressed: • Longer hospital stays for mother both pre and post-partum, resulting in higher total costs of care • NICU stays for infants due to prematurity and other complications as a result of mother's condition • Damage to organs of mother and fetus (preeclampsia)
Alere Interventions: • Initial in-home assessment and education pertaining to Pregnancy Induced Hypertension (PIH), education on use of equipment for daily blood pressure monitoring. • Intensive surveillance and support for patients at high risk of, or with, mild preeclampsia in the outpatient setting. • Identifies changes in condition that may indicate progression of hypertension with the need to re-admit to the hospital. • Daily weight, measurement of protein in urine, patient assessment/education • Twice daily fetal kick count • 24/7 OB nurse availability for telemetric monitoring of blood pressures and patient assessments as needed.
Benefits of Alere Interventions: • 2006 Study found that Alere reduced costs associated with hypertensive disorders--shortening hospital stays by 1.2 days and reducing patient costs from $10,327 to $4,888.

Program: Coagulation Disorders
Health Condition(s) Addressed: • Deep vein thrombosis (DVT), Factor V Leiden, Antiphospholipid Antibodies, Pulmonary Embolus, Prothrombin Mutations, Von Willebrand Disease
Health Risks of Condition: • Can cause first trimester spontaneous abortions • Untreated clotting disorders can result in deep vein thrombosis and pulmonary embolism that could result in maternal death.
Costs of Conditions, Unaddressed: • NA
Alere Interventions: • Obstetrical Pharmacist in Regional Clinical Center manages and monitors dosing of heparin to specific patient parameters • OB RN provides and reinforces patient education regarding coagulation disorders and their various complications • Provides 24/7 opportunity for patient to triage with OB RN
Benefits of Alere Interventions: • Reduces risks of maternal morbidity & mortality

Accessibility

Tennessee does not compile clinically detailed data on home health agency patients. But what is reported publicly in the Joint Annual Reports suggests that for high-risk pregnant women, there may be accessibility issues--especially for TennCare enrollees. Alere feels that one reason for this is that many home care companies are reluctant to serve them for fear of lawsuits and liabilities when pregnancies result in harm to the mother and/or the baby. Such a fear is not irrational, if the agency is not deeply experienced with this type of care.

Section C(I)5 (Utilization) later in the application contains detailed tables on the utilization of agencies in this area. In that section, Table Nine-B ranks area agencies by their percent of gross charges to TennCare patients; and Table Ten-C ranks them by the percentage of their services to women of childbearing age.

The first issue raised by the data is whether pregnant women in or out of TennCare in this service area have sufficient access to these agencies when high-risk situations develop. The JAR's do not provide data on home care patients ages 15-44; but they do provide data on patients ages 18-64--a range that covered all of Alere/Hamilton's pregnant patients in 2014. Although a gender breakdown of patients 18-64 years of age is not provided in the JAR's, it is reasonable to apply a 50% assumption to generally estimate the number of female patients served in that age cohort. Using that assumption, Table Ten-C in Section C(I)5 shows that in 2014 the 5,550 service area women in this age bracket who received home care for any condition totaled only 11.7% of the 47,598 patients served. Agencies' service levels to these women varied between 0% and 23% (excluding one agency which served only 2 area patients in total). That in itself demonstrates the great variation of access that younger women have to these agencies. The table shows that 46 (93.8%) of the 49 licensed agencies had 20% or less of their area patients in this gender age group. Alere feels that a major reason for this low female service percentage at so many agencies is that they do not offer the specialized services required to serve women whose pregnancies present serious health challenges.

The second issue is that the TennCare table suggests that there is a broad lack of TennCare access to most authorized agencies in the proposed area. Approximately 20%

of the area's population is enrolled in TennCare. However, 35 of the 49 area home care agencies (71.4%) have a TennCare payor mix of only 0-10% (and 19 have zero TennCare revenues). This cannot be fully explained by reference to the large proportion of Medicare patients served relative to younger adults. In fact, of all 49 area agencies, only 6 match or exceed Alere/Hamilton's TennCare payor mix of 54%--which reflects Alere's 72% TennCare population. These facts suggest that the market needs, and can accommodate, an exceptionally TennCare-accessible provider like Alere, that addresses a very small section of the total population and does not compete for most of its patients with most other home care providers.

Alere is completely accessible to TennCare patients. As explained in the application, Alere does not meet the requirements for a Medicare provider number. This results from the fact that Alere treats young, pregnant women exclusively and does not consistently maintain the minimum average patient census needed to participate in Medicare. The lack of a Medicare provider number, however, does not limit Alere's ability to work with the TennCare MCOs. No exemption or waiver from TennCare was necessary for Alere because the TennCare regulations requiring participation in Medicare in order to obtain reimbursement from TennCare do not apply to Alere.

Unlike all (or virtually all) other home health providers in Tennessee, Alere is not paid using either the TennCare or Medicare fee schedules. Indeed, many of the highly specialized services provided by Alere are not covered by either the TennCare or Medicare fee schedules. Nonetheless, the TennCare MCOs want to make these services available to their members due to the demonstrated health benefits and the significant cost savings that Alere's services make possible through sharply reduced maternal and NICU hospitalizations. To accomplish this, the TennCare MCOs independently contract with Alere on a fee-for-service basis using a negotiated fee schedule that is separate and distinct from either the TennCare or Medicare fee schedules. Under this arrangement, the MCOs pay Alere out of their own funds and do not seek reimbursement for Alere's services from TennCare. Simply stated, Alere is not paid with TennCare dollars. Nor do the MCOs submit encounter data regarding Alere's services to TennCare.

To repeat, the MCOs do not pay Alere using the TennCare or Medicare fee schedules and do not seek reimbursement for Alere's services from TennCare. In this

manner, TennCare enrollees are able to receive Alere's assistance in any county for which Alere is licensed.

A third point to note is that the low percentage of pre-Medicare adult women in the area's home health caseloads indicates that Alere's entry into these counties will not adversely impact the financial viability of existing providers as a group.

In 2014, these 49 agencies served 47,598 area patients. An estimated 11,099 were probably adult women 18-64 years of age. Alere/Hamilton projects serving only 94 service area women annually in this area. Alere believes that many of these patients would not otherwise be receiving its type of home care from any existing agency. But even in the implausible event that all 94 would be taken from existing agency caseloads, that impact would equate to *less than two-tenths of one percent* of all agencies' combined area patients in 2014. This could not reasonably be viewed as a significant impact, from an areawide planning perspective.

Support from Referral Sources

When Alere/Hamilton was granted CON approval in 1998 to expand from a home medical equipment provider to a home health agency for high-risk pregnant women, physicians and insurors wrote strong letters of support for Alere, citing its high quality, high dependability, and the area's need for Alere's services. Alere is currently requesting letters of support from physicians and insurers whose patients in the proposed service area have these home care needs. Support letters received as of the time of this filing are in the "Letters of Support" section in the Attachments to the application. They include UT Medical Center's OB/GYN Resident Clinic, BlueCare Tennessee, and Amerigroup.

B.II.D. DESCRIBE THE NEED TO CHANGE LOCATION OR REPLACE AN EXISTING FACILITY.

Not applicable.

B.II.E. DESCRIBE THE ACQUISITION OF ANY ITEM OF MAJOR MEDICAL EQUIPMENT (AS DEFINED BY THE AGENCY RULES AND THE STATUTE) WHICH EXCEEDS A COST OF $2.0 MILLION; AND/OR IS A MAGNETIC RESONANCE IMAGING SCANNER (MRI), POSITRON EMISSION TOMOGRAPHY (PET) SCANNER, EXTRACORPOREAL LITHOTRIPTER AND/OR LINEAR ACCELERATOR BY RESPONDING TO THE FOLLOWING:

1. For fixed site major medical equipment (not replacing existing equipment):
- **a. Describe the new equipment, including:**
  - **1. Total Cost (As defined by Agency Rule);**
  - **2. Expected Useful Life;**
  - **3. List of clinical applications to be provided; and**
  - **4. Documentation of FDA approval.**
- **b. Provide current and proposed schedule of operations.**

2. For mobile major medical equipment:
- **a. List all sites that will be served;**
- **b. Provide current and/or proposed schedule of operations;**
- **c. Provide the lease or contract cost;**
- **d. Provide the fair market value of the equipment; and**
- **e. List the owner for the equipment.**

3. Indicate applicant's legal interest in equipment (e.g., purchase, lease, etc.) In the case of equipment purchase, include a quote and/or proposal from an equipment vendor, or in the case of an equipment lease provide a draft lease or contract that at least includes the term of the lease and the anticipated lease payments.

Not applicable. The project contains no major medical equipment.

B.III.A. ATTACH A COPY OF THE PLOT PLAN OF THE SITE ON AN 8-1/2" X 11" SHEET OF WHITE PAPER WHICH MUST INCLUDE:

1. **SIZE OF SITE (IN ACRES);**
2. **LOCATION OF STRUCTURE ON THE SITE;**
3. **LOCATION OF THE PROPOSED CONSTRUCTION; AND**
4. **NAMES OF STREETS, ROADS OR HIGHWAYS THAT CROSS OR BORDER THE SITE.**

PLEASE NOTE THAT THE DRAWINGS DO NOT NEED TO BE DRAWN TO SCALE. PLOT PLANS ARE REQUIRED FOR ALL PROJECTS.

A site plan is not applicable. This application requests additional counties for the service area of an existing home health agency.

B.III.B.1. DESCRIBE THE RELATIONSHIP OF THE SITE TO PUBLIC TRANSPORTATION ROUTES, IF ANY, AND TO ANY HIGHWAY OR MAJOR ROAD DEVELOPMENTS IN THE AREA. DESCRIBE THE ACCESSIBILITY OF THE PROPOSED SITE TO PATIENTS/CLIENTS.

For home care, the site of service is the patient's home. The sites for this project will be in twenty-three proposed East Tennessee counties. Alere/Hamilton will assure accessibility to care by employing OB RN's who reside in, or within reasonable drive times of, these proposed counties.

Table Two on the following page shows the principal cities in each proposed county, and identifies one or more *alternative* counties that are accessible to each proposed county. Alere field staff may be recruited in either the proposed county or the listed alternative accessible counties.

Table Three on the second following page shows drive times from principal cities in the *alternative accessible* counties, to principal cities in the proposed counties. (Drive times between points within the proposed counties themselves are not included because good access can be assumed within any one county.)

Alere's staffing chart in a later section of this application projects only a few additional nursing FTE's to care for a small annual patient population. The staffing chart projects the total cumulative FTE's that will be used, while also noting the total number of individual nurses who will be under contract and available when called upon. The OB RN pool will be structured to ensure backup OB RN availability for the times when the OB RN closest to a patient's residence becomes temporarily unavailable.

Table Two: Alere Field Staff Accessibility to Proposed Service Area		
Proposed Counties In Which Field Staff Exist* or May be Recruited		**Alternative Accessible Counties Where Field Staff Exist or May be Recruited**
County	**Principal City**	**Counties**
Anderson	Oak Ridge	Knox*, Campbell
Blount*	Maryville	Knox*
Campbell*	LaFollette	Knox*
Carter	Elizabethton	Washington
Claiborne	Tazewell	Campbell*
Cocke	Newport	Knox*, Greene
Grainger	Rutledge	Greene
Greene	Greeneville	Washington
Hamblen	Morristown	Greene
Hancock	Sneedville	Greene
Hawkins	Rogersville	Greene
Jefferson	Jefferson City	Greene
Johnson	Mountain City	Washington
Knox*	Knoxville	Blount*
Loudon	Loudon	Knox*, McMinn, Blount*
Morgan	Wartburg	Campbell*, Cumberland
Roane	Rockwood	Knox*, McMinn, Cumberland
Scott	Oneida	Campbell*
Sevier	Sevierville	Knox*, Blount*
Sullivan	Kingsport	Washington
Unicoi	Erwin	Washington, Greene
Union	Maynardville	Knox*, Campbell*
Washington	Johnson City	Washington, Greene

Source: Alere/Hamilton management.

Note: Alere/Hamilton may recruit field staff residing in the proposed service area counties (first column in table) and/or field staff residing in accessible nearby counties (third column). Asterisks denote counties where staff are already identified as available to Alere from past work experience.

The accessibility in drive time between potential staff locations and the principal city in each proposed county is shown in the following table.

Table Three: Mileage and Drive Times Between Alere Field Staff and Major Communities in the 22-County Primary Service Area			
Principal Cities in Proposed New Service Area Counties	**Alternative Accessible Cities Where Field Staff Already Exist or May be Recruited**	**Distance in Miles**	**Drive Time in Minutes**
Oak Ridge (Anderson)	Knoxville (Knox)	28.4	36 min.
Maryville (Blount)	Knoxville (Knox)	17.8	26 min.
LaFollette (Campbell)	Knoxville (Knox)	38.9	43 min.
Elizabethton (Carter)	Johnson City (Washington)	9.6	20 min.
Tazewell (Claiborne)	LaFollette (Campbell)	39.4	43 min.
Newport (Cocke)	Greeneville (Greene)	25.4	34 min.
Rutledge (Grainger)	Greeneville (Greene)	33.7	40 min.
Greeneville (Greene)	Johnson City (Washington)	31.4	49 min.
Morristown (Hamblen)	Greeneville (Greene)	30.2	38 min.
Sneedville (Hancock)	Greeneville (Greene)	60.8	74 min.
Rogersville (Hawkins)	Greeneville (Greene)	30.1	41 min
Jefferson City (Jefferson)	Greeneville (Greene)	42.2	52 min.
Mountain City (Johnson)	Johnson City (Washington)	41.8	62 min.
Knoxville (Knox)	Maryville (Blount)	17.6	25 min.
Loudon (Loudon)	Knoxville (Knox)	38.4	36 min.
Wartburg (Morgan)	Crossville (Cumberland)	34.8	49 min.
Rockwood (Roane)	Knoxville (Knox)	47.5	60 min.
Oneida (Scott)	LaFollette (Campbell)	38.5	49 min.
Sevierville (Sevier)	Knoxville (Knox)	24.7	38 min.
Kingsport (Sullivan)	Johnson City (Washington)	25.2	29 min.
Erwin (Unicoi)	Johnson City (Washington)	15.4	18 min.
Maynardville (Union)	LaFollette (Campbell)	28.3	41 min.
Johnson City (Washington)	Greeneville (Greene)	31.6	51 min.

Source: Google Maps, November 2015

Note: Alere/Hamilton may recruit field staff within the proposed service area counties (first column in table) or, as an alternative, within an accessible nearby county (second column).

B.IV. ATTACH A FLOOR PLAN DRAWING FOR THE FACILITY WHICH INCLUDES PATIENT CARE ROOMS (NOTING PRIVATE OR SEMI-PRIVATE), ANCILLARY AREAS, EQUIPMENT AREAS, ETC.

See attachment B.IV.

IV. FOR A HOME CARE ORGANIZATION, IDENTIFY

1. **EXISTING SERVICE AREA (BY COUNTY);**
2. **PROPOSED SERVICE AREA (BY COUNTY);**
3. **A PARENT OR PRIMARY SERVICE PROVIDER;**
4. **EXISTING BRANCHES AND/OR SUB-UNITS; AND**
5. **PROPOSED BRANCHES AND/OR SUBUNITS.**

Not applicable. The application is not for a home care organization.

C(I) NEED

C(I).1. DESCRIBE THE RELATIONSHIP OF THIS PROPOSAL TO THE IMPLEMENTATION OF THE STATE HEALTH PLAN AND TENNESSEE'S HEALTH: GUIDELINES FOR GROWTH.

A. PLEASE PROVIDE A RESPONSE TO EACH CRITERION AND STANDARD IN CON CATEGORIES THAT ARE APPLICABLE TO THE PROPOSED PROJECT. DO NOT PROVIDE RESPONSES TO GENERAL CRITERIA AND STANDARDS (PAGES 6-9) HERE.

B. APPLICATIONS THAT INCLUDE A CHANGE OF SITE FOR A HEALTH CARE INSTITUTION, PROVIDE A RESPONSE TO GENERAL CRITERION AND STANDARDS (4)(a-c).

Guidelines for Growth 2000: Project-Specific Guidelines
Home Health Services

1. The need for home health agencies/services shall be determined on a county by county basis.
2. In a given county, 1.5 percent of the total population will be considered as the need estimate for home health services that county. The 1.5 percent formula will be applied as a general guideline, as a means of comparison within the proposed service area.
3. Using recognized population sources, projections for four years into the future will be used.
4. The use rate of existing home health agencies in the county will be determined by examining the latest utilization rate as calculated in the Joint Annual Report of existing home health agencies in the service area.

This projection is now done by the Tennessee Department of Health (TDH). The most current version is a 2014-2019 projection of need, by county. The TDH projections for the proposed service area are attached on the following page. None of these 23 counties is projected to have an unmet need for additional home healthcare services.

However, that projection is not relevant to this project. The projection methodology is for all types of home health needs and it uses a 1.5% planning factor for an entire county population. By contrast, this Alere project deals with only the female population of childbearing age, and within that group only the high-risk pregnancies.

Joint Annual Report of Home Health Agencies - 2014 Final*
Comparison of Population Based Need Projection vs. Actual Utilization (2019 vs. 2014)**

Service Area	Agencies Licensed to Serve	Agencies Report Serving	Total Patients Served	Estimated 2014 Pop.	Use Rate	Projected 2019 Pop.	Projected Capacity	Projected Need (.015 x 2019 Pop.)	Need or (Surplus) for 2019
Anderson	20	20	2,618	76,881	0.0340526268	78,731	2,681	1,181	(1,500)
Blount	17	18	2,274	129,901	0.0175056389	138,116	2,418	2,072	(346)
Campbell	18	19	1,492	41,245	0.0361740817	41,721	1,509	626	(883)
Carter	8	10	1,960	57,945	0.0338251790	58,328	1,973	875	(1,098)
Claiborne	18	18	1,728	33,282	0.0519199567	34,496	1,791	517	(1,274)
Cocke	16	15	1,280	36,578	0.0349937121	37,510	1,313	563	(750)
Grainger	16	17	798	23,500	0.0339574468	24,407	829	366	(463)
Greene	16	17	2,300	71,346	0.0322372663	74,149	2,390	1,112	(1,278)
Hamblen	17	17	2,763	64,435	0.0428804221	66,616	2,857	999	(1,857)
Hancock	10	10	650	6,910	0.0940665702	6,996	658	105	(553)
Hawkins	17	18	2,028	58,183	0.0348555420	59,553	2,076	893	(1,182)
Jefferson	16	17	1,537	54,322	0.0282942454	57,733	1,634	866	(768)
Johnson	6	6	848	18,628	0.0455228688	19,032	866	285	(581)
Knox	22	23	8,802	454,895	0.0193495202	483,425	9,354	7,251	(2,103)
Loudon	23	23	1,606	52,378	0.0306617282	57,017	1,748	855	(893)
Morgan	19	18	561	22,934	0.0244614982	24,071	589	361	(228)
Roane	22	22	2,215	55,194	0.0401311737	56,152	2,253	842	(1,411)
Scott	16	15	963	22,674	0.0424715533	23,145	983	347	(636)
Sevier	17	17	1,956	97,427	0.0200765701	106,657	2,141	1,600	(541)
Sullivan	11	14	5,229	158,366	0.0330184509	159,584	5,269	2,394	(2,875)
Unicoi	9	9	516	18,685	0.0276157345	19,082	527	286	(241)
Union	15	15	418	19,662	0.0212592819	20,228	430	303	(127)
Washington	13	14	3,861	130,206	0.0296530114	139,160	4,127	2,087	(2,039)
Service Area		**372**	**48,403**	**1,705,577**		**1,785,909**	**50,416**	**26,786**	**(23,627)**

*Most recent year of Joint Annual Report data for Home Health Agencies
Data is projected four years from the year the Home Health data was **finalized, not the actual year of Home Health data.

Population Data Source: The University of Tennessee Center for Business and Economic Research (UTCBER) Projection Data Files, reassembled by the Tennessee Department of Health, Division of Policy, Planning and Assessment.

Note: Population data will not match the UTCBER data exactly due to rounding.

The State Health Plan and the Guidelines for Growth appropriately focus on home health needs in general, for an entire population; but this project should not be reviewed only under an irrelevant criterion. Other criteria in the Guidelines recognize the need to give weight to local physician expressions of need and to types of care that are not otherwise available to the entire service area.

5. Documentation from referral sources:

a. The applicant shall provide letters of intent from physicians and other referral sources pertaining to patient referral.

Please see the "Letters of Support" Attachment to this application. After submittal of this application, the applicant will seek to provide additional letters of referral support from physicians and nurses who make home health referrals, as well as from insurer organizations.

b. The applicant shall provide information indicating the types of cases physicians would refer to the proposed home health agency and the projected number of cases by service category to be provided in the initial year of operation.

Table Four below provides Alere's estimate of its Year One case composition from a clinical perspective.

Table Four: Estimated Year One Composition of Cases By Clinical Need
Alere Women's and Children's Health / Hamilton County

Type of Patient	Number of Patients
Preterm Education, Nursing Surveillance, & 17P Administration	43
Nausea and Vomiting in Pregnance	7
Diabetes in Pregnancy	6
Hypertension Disorders in Pregnancy	3
Coagulation Disorders in Pregnancy	1
Total Projected Patients, Year One	60 (100%)

Source: Alere management.

c. The applicant shall provide letters from potential patients or providers in the proposed service area that state they have attempted to find appropriate home health services but have not been able to secure such services.

These are being gathered by the applicant for submission under separate cover.

d. The applicant shall provide information concerning whether a proposed agency would provide services different from those services offered by existing agencies.

This information is discussed above in Section B.II.C. The applicant is a national leader in the provision of comprehensive and specialized care to high-risk pregnant women and their fetuses/newborns. The expertise, continuity, and effectiveness of Alere's prenatal maternal care programs are not equaled by any other provider. There is no other provider now in the service area with such a focused or experienced care program for this very vulnerable patient population. Few of the currently authorized providers are as accessible to high-risk pregnant patients--particularly TennCare patients--as is Alere.

6. The proposed charges shall be reasonable in comparison with those of other similar facilities in the service area or in adjoining service areas.

a. The average cost per visit by service category shall be listed.

b. The average cost per patient based upon the projected number of visits per patients shall be listed.

Table Five-A below provides information on the average costs and charges by hours and visits, as reported by a random sampling of home care agencies who now operate in this service area. However, they do not allow a meaningful comparison to Alere's cost and charge structure. Alere negotiates with all its insurers, including Medicaid MCO's, a comprehensive "bundled" rate that covers all Alere services. Those negotiated rates vary; they are proprietary and confidential. Alere does not have separate costs, or charges, that are identifiable for "hours" or "visits". The Alere information in Table Five-B below is Alere/Hamilton's calculated average gross charge per patient, derived from the Projected Data Chart of the applicant. Alere's only field staff are OB RN's and their services are skilled nursing under the JAR format.

Table Five-A: 2014 Costs & Charges (Gross Revenues) of Selected Agencies in the Service Area For All Disciplines (Except Cost/Visit Data)				
Agency*	Cost Per Visit SNF ONLY	Gross Revenue Per Unduplicated Patient	Gross Revenue Per Visit	Gross Revenue Per Hour
1	$111	$2,563	$151.63	NA
2	$110	$2,965	$151.06	NA
3	$91	$3,115	$213.84	$65.24
4	$153	$5,900	$150.55	NA
5	NA	$94,022	$772.64	NA
6	$125	$1,655	$37.80	NA
7	$58	$111,470	$19,031.47	$35.10
8	$145	$4,349	$233.41	NA
9	$89	$14,983	$633.24	$39.88
10	$106	$8,579	$247.17	$109.71
11	NA	$16,584	NA	$22.79
12	$84	$4,831	$98.41	NA
13	$161	$4,385	$152.84	NA
Alere/ Hamilton Year One	NR	$6,811	NR	NR

Source: 2014 Joint Annual Reports; and Alere management.

*Key to Agencies:

1. Advanced Home Care, Inc., Sullivan County
2. Advanced Home Care, Inc., Greene County
3. Careall Home Service, Knox County
4. Clinch River Home Health, Anderson County
5. Elk Valley Health Services, Inc., Davidson County
6. Hometown Health Care, Inc., Hawkins County
7. Maxim Healthcare Services, Inc., Knox County
8. Medical Center Homecare of Kingsport, Washington County
9. ProCare Home Health Services, Greene County
10. Quality Home Care, Fentress County
11. Quality Private Duty Care, Fentress County
12. Sunbelt Homecare, Campbell County
13. Sweetwater Hospital Home Health, Monroe County

Table Five-B: Alere/Hamilton's Average Charges (Gross Revenue) Per Unduplicated Patient (All Counties)		
	CY 2014	Year Two
Total Gross Revenue	$379,702	$1,014,839
Patients	51	149
Total Gross Revenue Per Patient	$7,445	$6,811

Source: Alere management.

The Framework for Tennessee's Comprehensive State Health Plan

Five Principles for Achieving Better Health

The following Five Principles for Achieving Better Health serve as the basic framework for the State Health Plan. After each principle, the applicant states how this CON application supports the principle, if applicable.

1. Healthy Lives

The purpose of the State Health Plan is to improve the health of Tennesseans.
Every person's health is the result of the interaction of individual behaviors, society, the environment, economic factors, and our genetic endowment. The State Health Plan serves to facilitate the collaboration of organizations and their ideas to help address health at these many levels.

The purpose of this project is to provide specialized health services to high-risk pregnant women, under the medical direction of patient physicians. The coordinated efforts of Alere's specialized OB RN's with the patients' physicians will reduce the suffering and costs of maternal and fetal/newborn health problems in the project service area.

2. Access to Care

Every citizen should have reasonable access to health care.
Many elements impact one's access to health care, including existing health status, employment, income, geography, and culture. The State Health Plan can provide standards for reasonable access, offer policy direction to improve access, and serve a coordinating role to expand health care access.

The project will increase the access of service area women, including TennCare enrollees, to cost-effective specialized services that enhance the health of mothers and babies and reduce the costs of their care during high-risk pregnancies.

3. Economic Efficiencies

The state's health care resources should be developed to address the needs of Tennesseans while encouraging competitive markets, economic efficiencies and the continued development of the state's health care system. **The State Health Plan should work to identify opportunities to improve the efficiency of the state's health care system and to encourage innovation and competition.**

The project is intended to provide broader accessibility to Alere's cost-effective and health-enhancing programs of maternal/fetal home care. The project will provide leadership in setting standards of care for pregnant women in the service area. It will improve efficiency of care by reducing the need for distressed pregnant women to seek

care in expensive emergency rooms or hospital beds, when that can be avoided by skillful home care incorporating 24/7 telephonic support and constant monitoring by skilled clinicians.

4. Quality of Care

Every citizen should have confidence that the quality of health care is continually monitored and standards are adhered to by health care providers. **Health care providers are held to certain professional standards by the state's licensure system. Many health care stakeholders are working to improve their quality of care through adoption of best practices and data-driven evaluation.**

The applicant is licensed in Tennessee and is fully Joint-Commission accredited. Alere has earned the Joint Commission's Gold Seal ranking for the excellence of its programs.

5. Health Care Workforce

The state should support the development, recruitment, and retention of a sufficient and quality health care workforce. **The state should consider developing a comprehensive approach to ensure the existence of a sufficient, qualified health care workforce, taking into account issues regarding the number of providers at all levels and in all specialty and focus areas, the number of professionals in teaching positions, the capacity of medical, nursing, allied health and other educational institutions, state and federal laws and regulations impacting capacity programs, and funding.**

The project is a home care service, not a facility; as such it is not involved in the rotational training of health professionals.

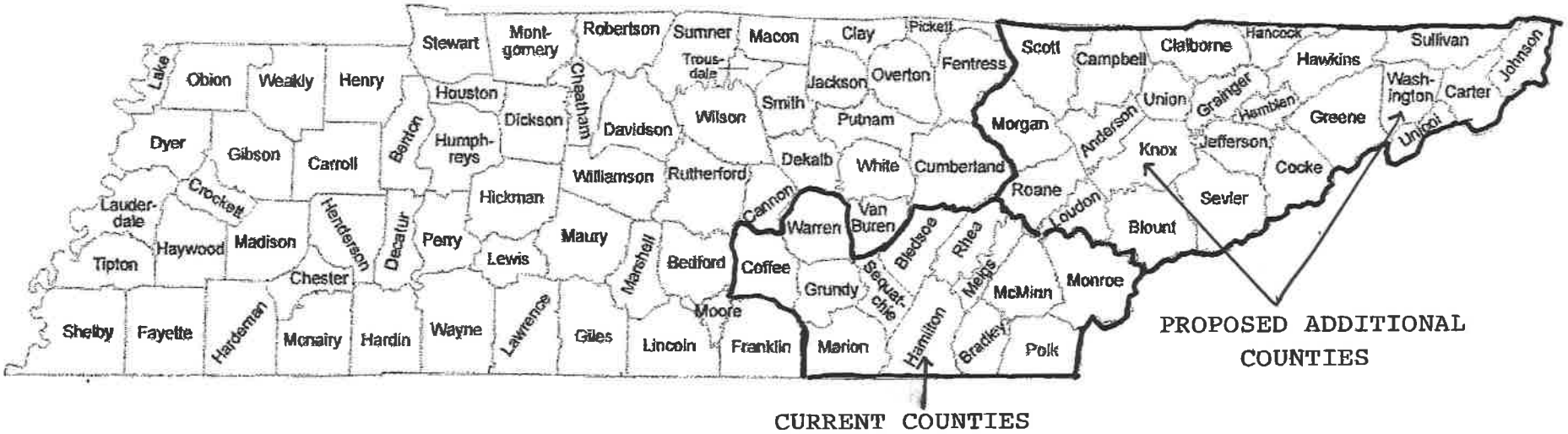
C(I).2. DESCRIBE THE RELATIONSHIP OF THIS PROJECT TO THE APPLICANT'S LONG-RANGE DEVELOPMENT PLANS, IF ANY.

Alere hopes to expand into all Tennessee counties, including the least populous and lowest-income counties. This application, if successful, will authorize Alere to serve all of the Eastern Grand Division of Tennessee.

C(I).3. IDENTIFY THE PROPOSED SERVICE AREA AND JUSTIFY THE REASONABLENESS OF THAT PROPOSED AREA. SUBMIT A COUNTY-LEVEL MAP INCLUDING THE STATE OF TENNESSEE CLEARLY MARKED TO REFLECT THE SERVICE AREA. PLEASE SUBMIT THE MAP ON A 8-1/2" X 11" SHEET OF WHITE PAPER MARKED ONLY WITH INK DETECTABLE BY A STANDARD PHOTOCOPIER (I.E., NO HIGHLIGHTERS, PENCILS, ETC.).

The proposed service area consists of 23 East and Upper East Tennessee counties. They are Anderson, Blount, Campbell, Carter, Claiborne, Cocke, Grainger, Greene, Hamblen, Hancock, Hawkins, Jefferson, Johnson, Knox, Loudon, Morgan, Roane, Scott, Sevier, Sullivan, Unicoi, Union, and Washington Counties.

A service area map showing the location of the service within the State of Tennessee is provided after this page, and also in Attachment C, Need--3 at the back of the application.



ALERE WOMEN'S AND CHILDREN'S HEALTH / HAMILTON COUNTY
CURRENT AND PROPOSED SERVICE AREA

C(I).4.A DESCRIBE THE DEMOGRAPHICS OF THE POPULATION TO BE SERVED BY THIS PROPOSAL.

Please see Table Six following this page.

The service area population is more aged than the State, having a median age of 41.7 years compared to the State's 38.0 years.

The service area's population of women of childbearing age (15-44) is 18.3% of its total population. By 2019, this gender age cohort is projected to increase by 1.1%, although its percentage of the total population in that period will decrease slightly from 18.3% to 17.8%.

The service area counties' median household income is approximately 16% lower than the Tennessee State average: $37,140 compared to $44,298. The service area's TennCare enrollment is 20% of total population, compared to 22% Statewide. Its percent of population living below the poverty line is the same as the Statewide average of 17.6%.

Table Six: Demographic Characteristics of Project Service Area
Alere Hamilton County--Proposed Additional Counties
2015-2019

Primary Service Area	Demographic Characteristics													
County	Median Age 2010 Census	Female 15-44 Population 2015	Female 15-44 Population 2019	Female 15-44 Population % Change 2015 - 2019	Total Population 2015	Total Population 2019	Total Population % Change 2015 - 2019	Female 15-44 Population % of Total Population 2015	Female 15-44 Population % of Total Population 2019	Median Household Income	TennCare Enrollees Sep 2015	Percent of 2015 Population Enrolled in TennCare	Persons Below Poverty Level 2015	Persons Below Poverty Level as % of Population US Census
Anderson	42.6	13,170	13,405	1.8%	76,949	78,123	1.5%	17.1%	17.2%	$43,620	16,325	21.2%	14,005	18.2%
Blount	41.4	23,712	25,162	6.1%	129,973	137,058	5.5%	18.2%	18.4%	$45,991	22,337	17.2%	17,806	13.7%
Campbell	41.7	7,666	7,865	2.6%	41,783	42,792	2.4%	18.3%	18.4%	$31,943	13,311	31.9%	9,944	23.8%
Carter	42.2	10,403	10,262	-1.4%	57,359	57,828	0.8%	18.1%	17.7%	$31,842	13,242	23.1%	13,135	22.9%
Claiborne	41.1	6,174	6,192	0.3%	32,765	33,449	2.1%	18.8%	18.5%	$33,229	9,376	28.6%	7,503	22.9%
Cocke	42.9	6,879	7,569	10.0%	37,207	39,101	5.1%	18.5%	19.4%	$30,573	11,582	31.1%	9,711	26.1%
Grainger	42.1	4,074	4,332	6.3%	23,236	23,850	2.6%	17.5%	18.2%	$32,364	5,994	25.8%	4,740	20.4%
Greene	42.6	12,449	12,789	2.7%	70,520	71,989	2.1%	17.7%	17.8%	$35,545	15,417	21.9%	15,514	22.0%
Hamblen	39.6	11,833	12,343	4.3%	64,438	65,952	2.3%	18.4%	18.7%	$39,596	4,824	7.5%	12,372	19.2%
Hancock	42.9	1,121	1,130	0.8%	6,645	6,663	0.3%	16.9%	17.0%	$23,892	2,359	35.5%	2,047	30.8%
Hawkins	42.1	9,319	8,418	-9.7%	57,741	58,241	0.9%	16.1%	14.5%	$37,357	13,858	24.0%	9,354	16.2%
Jefferson	40.8	10,088	10,717	6.2%	54,482	57,707	5.9%	18.5%	18.6%	$39,745	12,442	22.8%	9,970	18.3%
Johnson	43.3	2,686	2,751	2.4%	18,090	18,175	0.5%	14.8%	15.1%	$29,609	4,529	25.0%	4,776	26.4%
Knox	37.2	92,312	92,763	0.5%	459,124	481,044	4.8%	20.1%	19.3%	$47,694	76,364	16.6%	67,032	14.6%
Loudon	46.0	7,909	7,857	-0.7%	51,495	53,741	4.4%	15.4%	14.6%	$51,074	9,028	17.5%	8,291	16.1%
Morgan	39.8	3,537	3,549	0.3%	21,870	22,076	0.9%	16.2%	16.1%	$37,631	4,808	22.0%	4,549	20.8%
Roane	44.9	8,803	8,714	-1.0%	54,079	54,631	1.0%	16.3%	16.0%	$42,223	11,614	21.5%	8,112	15.0%
Scott	38.1	4,080	4,165	2.1%	21,915	22,021	0.5%	18.6%	18.9%	$28,401	8,028	36.6%	6,202	28.3%
Sevier	40.9	17,369	18,370	5.8%	96,116	101,929	6.0%	18.1%	18.0%	$43,649	19,948	20.8%	13,937	14.5%
Sullivan	43.6	25,310	23,254	-8.1%	159,494	161,707	1.4%	15.9%	14.4%	$39,479	33,190	20.8%	29,187	18.3%
Unicoi	44.9	3,121	3,183	2.0%	18,419	18,558	0.8%	16.9%	17.2%	$32,292	4,111	22.3%	3,997	21.7%
Union	40.1	3,380	3,427	1.4%	19,347	19,677	1.7%	17.5%	17.4%	$34,399	5,120	26.5%	4,566	23.6%
Washington	39.3	26,026	26,520	1.9%	132,599	140,184	5.7%	19.6%	18.9%	$42,075	23,805	18.0%	24,266	18.3%
Primary Serv. Area	41.7	311,421	314,737	1.1%	1,705,646	1,766,496	3.6%	18.3%	17.8%	$37,140	341,612	20.0%	301,016	17.6%
State of Tennessee	38.0	1,306,684	1,337,422	2.4%	6,649,438	6,894,997	3.7%	19.7%	19.4%	$44,298	1,461,025	22.0%	1,170,301	17.6%

Sources: TDH Population Projections, May 2013; U.S. Census QuickFacts; TennCare Bureau.
PSA data is unweighted average, or total, of county data.

C(I).4.B. DESCRIBE THE SPECIAL NEEDS OF THE SERVICE AREA POPULATION, INCLUDING HEALTH DISPARITIES, THE ACCESSIBILITY TO CONSUMERS, PARTICULARLY THE ELDERLY, WOMEN, RACIAL AND ETHNIC MINORITIES, AND LOW-INCOME GROUPS. DOCUMENT HOW THE BUSINESS PLANS OF THE FACILITY WILL TAKE INTO CONSIDERATION THE SPECIAL NEEDS OF THE SERVICE AREA POPULATION.

Pregnancy risks have a higher incidence rate among low-income women than among all women of that age group. So financial accessibility to care becomes an important issue for women whose pregnancies put them and their babies at risk. The applicant, Alere/Hamilton County, is completly accessible to low-income TennCare mothers. In 2014, 72% of its Tennessee patients were TennCare enrollees. The Alere agency's 54% TennCare payor mix (2014 JAR) was much higher than the average TennCare payor mix of 23.7% for the 49 home care agencies working in this service area. Thirty-five of them (71.4%) had a 10% or lower TennCare payor mix--and 19 of those 35 had zero TennCare revenues. To put that in perspective, approximately one in five of the area's residents are currently enrolled in TennCare.

Alere will also remedy a common problem among home care agencies, which is a reluctance to serve many (or any) high-risk pregnant patients regardless of patient insurance--due to limited expertise in this highly specialized field and due to the heightened legal liability that can be involved with treating such patients. Due to its exclusive focus on this one type of patient, its years of experience with their special needs, and its excellent history of success in delivering effective care that reduces bad outcomes for mothers and babies at risk, Alere is uniquely positioned to handle these cases. It will vigorously pursue service to this underserved segment of the population, to the benefit not only of patients but also to those who pay the costs of care for their pregnancies and their newborns.

C(I).5. DESCRIBE THE EXISTING OR CERTIFIED SERVICES, INCLUDING APPROVED BUT UNIMPLEMENTED CON'S, OF SIMILAR INSTITUTIONS IN THE SERVICE AREA. INCLUDE UTILIZATION AND/OR OCCUPANCY TRENDS FOR EACH OF THE MOST RECENT THREE YEARS OF DATA AVAILABLE FOR THIS TYPE OF PROJECT. BE CERTAIN TO LIST EACH INSTITUTION AND ITS UTILIZATION AND/OR OCCUPANCY INDIVIDUALLY....

The applicant has prepared the following tables showing utilization of home care providers that are currently licensed in one or more of the proposed service area counties. Some are provided immediately after this page. Others that are very long, or are "base tables" used in preparing other tables, are in the "Miscellaneous" attachment at the back of the application as noted below.

Tables Seven-A & B: The agencies currently licensed for one or more of this project's proposed service area counties, by State ID (Seven-A) and by agency name (Seven-B).

Table Seven-C ***(See Attachments)***: By State ID number and county--The agencies that are licensed to serve *each* of the 23 project service area counties.

Tables Eight-A & B: Each licensed agency's 2012-2014 patient utilization, 2014 patients served in project service area counties, and licensure data, by State ID (Eight-A) and by Agency Name (Eight-B).

Tables Nine-A, B, & C: Each licensed agency's TennCare payor mix, by State ID (Nine-A), by Agency Name (Nine-B), and by payor mix percentage (Nine-C).

Table Ten-A, B, C, & D: Each licensed agency's dependence on the counties in the project service area, from three perspectives: agency dependence on all patients from those counties; and agency dependence (locally and Statewide) on *women of childbearing age* in those counties. For example, an agency with a large geographic service area may derive 22% of its utilization *within this service area* from the area's women of childbearing age --but at the same time those service area women may amount to only 5% of the agency's total patients Statewide (i.e., in all its authorized counties).

Base Tables 1-2 (***See Attachments***): Provides the agency utilization statistics and county-level utilization data used to compile statistics in the other Tables.

Table Seven-A: HHA's Licensed to Serve in Additional Area Requested by Alere Hamilton County -- BY STATE ID		
Health Statistics ID	**Agency County**	**Agency**
01032	Anderson	Clinch River Home Health
01042	Anderson	Professional Case Management of Tennessee
05012	Blount	Blount Memorial Hospital Home Health Services
06063	Bradley	Home Health Care of East Tennessee, Inc.
07032	Campbell	Sunbelt Homecare
10031	Carter	Amedisys Home Health Care
13022	Claiborne	Amedisys Home Health of Tennessee
13032	Claiborne	Suncrest Home Health (Claiborne Home Health)
15032	Cocke	Smoky Mountain Home Health and Hospice, Inc.
19494	Davidson	Elk Valley Health Services, Inc.
19544	Davidson	Home Care Solutions, Inc. (LHC)
25034	Fentress	Quality Private Duty Care
25044	Fentress	Quality Home Health
30021	Greene	Advanced Home Care, Inc.
30041	Greene	Laughlin Home Health Agency
30051	Greene	Procare Home Health Services
32102	Hamblen	Amedisys Home Health Care
32122	Hamblen	Univ of TN Med Center Home Health Services
32132	Hamblen	Premier Support Services
33103	Hamilton	Amedisys Home Health
34011	Hancock	Hancock County Home Health Agency
37021	Hawkins	Hometown Home Health Care, Inc.
46031	Johnson	Johnson County Home Health
47012	Knox	NHC Homecare
47042	Knox	Gentiva Health Services
47062	Knox	Camellia Home Health of East Tennessee, LLC
47092	Knox	Tennova Home Health (Mercy Home Hlth Svcs)
47132	Knox	Univ of TN Med Center Home Care Svcs - Home Health
47182	Knox	Gentiva Hlth Svcs (Girling Health Care, Inc., Knoxville)
47202	Knox	Amedisys Home Health Care
47222	Knox	East Tennessee Children's Hospital Home Health Care
47232	Knox	CareAll Home Care Services
47372	Knox	The Home Option By Harden Hlth Care (Girling Hlth Care Svcs of KV)
47402	Knox	Covenant Homecare
47432	Knox	Maxim Healthcare Services, Inc.
52024	Lincoln	Deaconess Homecare
54043	McMinn	NHC Homecare
62052	Monroe	Intrepid USA Healthcare Services

Table Seven-A: HHA's Licensed to Serve in Additional Area Requested by Alere Hamilton County -- BY STATE ID		
Health Statistics ID	**Agency County**	**Agency**
62062	Monroe	Sweetwater Hospital Home Health
67024	Overton	Amedisys Home Health
75024	Rutherford	NHC Homecare
76032	Scott	Elk Valley Home Health Care Agency, LLC (Deaconess)
82051	Sullivan	Advanced Home Care, Inc.
82061	Sullivan	Gentiva Health Services
90081	Washington	Medical Center Homecare, Kingsport
90091	Washington	Medical Center Homecare Services
90121	Washington	Amedysis Home Health
90131	Washington	NHC Homecare
96030	Other	Professional Home Health Care Agency, Inc. (London, KY)

Source: HSDA Registry, from Department of Health Licensure - 9/12/2014 (Updated 4/7/2015)

Table Seven-B: HHA's Licensed to Serve in Additional Area Requested by Alere Hamilton County --BY NAME		
Health Statistics ID	Agency County	Agency
30021	Greene	Advanced Home Care, Inc.
82051	Sullivan	Advanced Home Care, Inc.
33103	Hamilton	Amedisys Home Health
67024	Overton	Amedisys Home Health
10031	Carter	Amedisys Home Health Care
32102	Hamblen	Amedisys Home Health Care
47202	Knox	Amedisys Home Health Care
13022	Claiborne	Amedisys Home Health of Tennessee
90121	Washington	Amedysis Home Health
05012	Blount	Blount Memorial Hospital Home Health Services
47062	Knox	Camellia Home Health of East Tennessee, LLC
47232	Knox	CareAll Home Care Services
01032	Anderson	Clinch River Home Health
47402	Knox	Covenant Homecare
52024	Lincoln	Deaconess Homecare
47222	Knox	East Tennessee Children's Hospital Home Health Care
19494	Davidson	Elk Valley Health Services, Inc.
76032	Scott	Elk Valley Home Health Care Agency, LLC (Deaconess)
47042	Knox	Gentiva Health Services
82061	Sullivan	Gentiva Health Services
47182	Knox	Gentiva Hlth Svcs (Girling Health Care, Inc., Knoxville)
34011	Hancock	Hancock County Home Health Agency
19544	Davidson	Home Care Solutions, Inc. (LHC)
06063	Bradley	Home Health Care of East Tennessee, Inc.
37021	Hawkins	Hometown Home Health Care, Inc.
62052	Monroe	Intrepid USA Healthcare Services
46031	Johnson	Johnson County Home Health
30041	Greene	Laughlin Home Health Agency
47432	Knox	Maxim Healthcare Services, Inc.
90091	Washington	Medical Center Homecare Services
90081	Washington	Medical Center Homecare, Kingsport
47012	Knox	NHC Homecare
54043	McMinn	NHC Homecare
75024	Rutherford	NHC Homecare
90131	Washington	NHC Homecare
32132	Hamblen	Premier Support Services
30051	Greene	Procare Home Health Services
01042	Anderson	Professional Case Management of Tennessee
96030	Other	Professional Home Health Care Agency, Inc. (London, KY)
25044	Fentress	Quality Home Health

Table Seven-B: HHA's Licensed to Serve in Additional Area Requested by Alere Hamilton County --BY NAME		
Health Statistics ID	**Agency County**	**Agency**
25034	Fentress	Quality Private Duty Care
15032	Cocke	Smoky Mountain Home Health and Hospice, Inc.
07032	Campbell	Sunbelt Homecare
13032	Claiborne	Suncrest Home Health (Claiborne Home Health)
62062	Monroe	Sweetwater Hospital Home Health
47092	Knox	Tennova Home Health (Mercy Home Hlth Svcs)
47372	Knox	The Home Option By Harden Hlth Care (Girling Hlth Care Svcs of KV)
47132	Knox	Univ of TN Med Center Home Care Svcs - Home Health
32122	Hamblen	Univ of TN Med Center Home Health Services

Source: HSDA Registry, from Department of Health Licensure - 9/12/2014 (Updated 4/7/2015)

Table Seven-C: Home Health Agencies Licensed To Serve Alere/Hamilton's Requested Counties (By State ID, within Each County Requested)				
Health Statistics ID	Agency County	Agency	Type	Patient County
01032	Anderson	Clinch River Home Health	Home	Anderson
01042	Anderson	Professional Case Management of Tennessee	Home	Anderson
05012	Blount	Blount Memorial Hospital Home Health Services	Home	Anderson
07032	Campbell	Sunbelt Homecare	Home	Anderson
19494	Davidson	Elk Valley Health Services Inc	Home	Anderson
19544	Davidson	Home Care Solutions, Inc	Home	Anderson
25044	Fentress	Quality Home Health	Home	Anderson
32102	Hamblen	Amedisys Home Health Care	Home	Anderson
32132	Hamblen	Premier Support Services, Inc	Home	Anderson
32122	Hamblen	Univ. of TN Med. Ctr Home Health/Hospice Service	Both	Anderson
33103	Hamilton	Amedisys Home Health	Home	Anderson
47202	Knox	Amedisys Home Health Care	Home	Anderson
47062	Knox	Camellia Home Health of East Tennessee	Home	Anderson
47402	Knox	Covenant Homecare	Both	Anderson
47222	Knox	East Tennessee Children's Hospital Home Health	Home	Anderson
47042	Knox	Gentiva Health Services	Home	Anderson
47182	Knox	Gentiva Health Services 2 (Girling Health Care)	Home	Anderson
47432	Knox	Maxim Healthcare Services, Inc	Home	Anderson
47012	Knox	NHC Homecare	Home	Anderson
47092	Knox	Tennova Healthcare Home Health	Home	Anderson
47132	Knox	UTMCK-Home Care Services: Hospice & Home Care	Both	Anderson
62052	Monroe	Intrepid USA Healthcare Services	Home	Anderson
96030	Other	Professional Home Health Care Agency	Home	Anderson
		Anderson County Total Agencies	**23**	
05012	Blount	Blount Memorial Hospital Home Health Services	Home	Blount
19494	Davidson	Elk Valley Health Services Inc	Home	Blount
19544	Davidson	Home Care Solutions, Inc	Home	Blount
25044	Fentress	Quality Home Health	Home	Blount
32132	Hamblen	Premier Support Services, Inc	Home	Blount
32122	Hamblen	Univ. of TN Med. Ctr Home Health/Hospice Service	Both	Blount
33103	Hamilton	Amedisys Home Health	Home	Blount
47202	Knox	Amedisys Home Health Care	Home	Blount
47062	Knox	Camellia Home Health of East Tennessee	Home	Blount
47232	Knox	Careall Home Care Services	Home	Blount
47402	Knox	Covenant Homecare	Both	Blount
47222	Knox	East Tennessee Children's Hospital Home Health	Home	Blount
47042	Knox	Gentiva Health Services	Home	Blount
47182	Knox	Gentiva Health Services 2 (Girling Health Care)	Home	Blount
47432	Knox	Maxim Healthcare Services, Inc	Home	Blount
47012	Knox	NHC Homecare	Home	Blount
47092	Knox	Tennova Healthcare Home Health	Home	Blount
47132	Knox	UTMCK-Home Care Services: Hospice & Home Care	Both	Blount
62052	Monroe	Intrepid USA Healthcare Services	Home	Blount
		Blount County Total Agencies	**19**	
01032	Anderson	Clinch River Home Health	Home	Campbell
01042	Anderson	Professional Case Management of Tennessee	Home	Campbell
05012	Blount	Blount Memorial Hospital Home Health Services	Home	Campbell
07032	Campbell	Sunbelt Homecare	Home	Campbell
13022	Claiborne	Amedisys Home Health of Tennessee	Home	Campbell
13032	Claiborne	Suncrest Home Health & Hospice	Both	Campbell
19494	Davidson	Elk Valley Health Services Inc	Home	Campbell
19544	Davidson	Home Care Solutions, Inc	Home	Campbell
32102	Hamblen	Amedisys Home Health Care	Home	Campbell
32132	Hamblen	Premier Support Services, Inc	Home	Campbell
32122	Hamblen	Univ. of TN Med. Ctr Home Health/Hospice Service	Both	Campbell
47202	Knox	Amedisys Home Health Care	Home	Campbell
47062	Knox	Camellia Home Health of East Tennessee	Home	Campbell
47402	Knox	Covenant Homecare	Both	Campbell
47222	Knox	East Tennessee Children's Hospital Home Health	Home	Campbell
47042	Knox	Gentiva Health Services	Home	Campbell
47182	Knox	Gentiva Health Services 2 (Girling Health Care)	Home	Campbell
47432	Knox	Maxim Healthcare Services, Inc	Home	Campbell
47012	Knox	NHC Homecare	Home	Campbell

Table Eight-A: Patients Served By Home Health Agencies Licensed in Alere Hamilton's Proposed Counties -- BY STATE ID

Health Statistics ID Number	County of Parent Office	Home Health Agency Name	Agency License Number	Date Agency Licensed	2012 JAR Total Patients Served in TN	2013 JAR Total Patients Served in TN	2014 JAR Total Patients Served in TN	2014 Total Patients Served in Alere's Proposed 22-County Service Area
01032	Anderson	Clinch River Home Health	1	10/26/76	468	461	481	481
01042	Anderson	Professional Case Management of Tennessee	620	1/30/08	182	164	173	166
05012	Blount	Blount Memorial Hospital Home Health Services	213	6/6/84	1,308	1,224	1,281	1,192
06063	Bradley	Home Health Care of East Tennessee, Inc.	14	3/14/84	4,755	3,318	2,680	451
07032	Campbell	Sunbelt Homecare	16	8/10/84	260	261	243	243
10031	Carter	Amedisys Home Health Care	23	1/20/84	1,147	1,171	937	935
13022	Claiborne	Amedisys Home Health of Tennessee	25	5/2/84	2,074	1,830	1,547	761
13032	Claiborne	Suncrest Home Health (Claiborne Home Health)	93	9/14/84	581	852	1,008	1,008
15032	Cocke	Smoky Mountain Home Health and Hospice, Inc.	27	11/9/89	1,535	1,296	1,102	1,102
19494	Davidson	Elk Valley Health Services, Inc.	42	7/17/84	245	277	293	69
19544	Davidson	Home Care Solutions, Inc. (LHC)	56	9/7/88	2,080	1,930	1,689	307
25034	Fentress	Quality Private Duty Care	80	10/28/83	703	879	894	189
25044	Fentress	Quality Home Health	287	3/7/84	4,012	3,404	3,591	1,754
30021	Greene	Advanced Home Care, Inc.	86	8/31/83	526	762	817	817
30041	Greene	Laughlin Home Health Agency	88	6/26/84	547	655	737	737
30051	Greene	Procare Home Health Services	87	7/8/82	384	433	522	522
32102	Hamblen	Amedisys Home Health Care	91	12/13/82	3,675	3,896	3,210	3,210
32122	Hamblen	Univ of TN Med Center Home Health Services	153	12/18/84	1,244	1,327	751	751
32132	Hamblen	Premier Support Services	10	5/16/84	900	1,169	1,372	1,372
33103	Hamilton	Amedisys Home Health	113	7/1/81	3,343	2,878	2,564	94
34011	Hancock	Hancock County Home Health Agency	117	7/23/75	323	463	488	488
37021	Hawkins	Hometown Home Health Care, Inc.	320	1/9/95	0	89	94	94
46031	Johnson	Johnson County Home Health	130	6/29/84	396	446	492	492
47012	Knox	NHC Homecare	143	6/10/77	567	613	883	882
47042	Knox	Gentiva Health Services	142	11/28/77	870	779	413	408
47062	Knox	Camellia Home Health of East Tennessee, LLC	144	9/7/78	1,556	1,716	1,732	1,146
47092	Knox	Tennova Home Health (Mercy Home Hlth Svcs)	51	2/29/80	3,188	3,063	3,240	3,240
47132	Knox	Univ of TN Med Center Home Care Svcs - Home Health	156	7/20/83	3,264	3,439	771	746
47182	Knox	Gentiva Hlth Svcs (Girling Health Care, Inc., Knoxville)	149	8/15/84	1,031	1,467	1,815	1,768
47202	Knox	Amedisys Home Health Care	150	8/2/84	5,420	5,354	4,391	4,390
47222	Knox	East Tennessee Children's Hospital Home Health Care	1332	9/13/84	559	586	600	581
47232	Knox	CareAll Home Care Services	131	8/21/89	278	510	686	680
47372	Knox	The Home Option By Harden Hlth Care (Girling Hlth Care Svcs of KV)	148	12/13/84	1	29	72	72
47402	Knox	Covenant Homecare	133	7/14/78	3,946	3,953	4,792	4,652
47432	Knox	Maxim Healthcare Services, Inc.	2	6/20/84	150	159	154	154
52024	Lincoln	Deaconess Homecare	161	2/25/76	704	842	1,294	234
54043	McMinn	NHC Homecare	166	2/13/84	183	239	358	31
62052	Monroe	Intrepid USA Healthcare Services	190	9/10/84	259	358	355	312
62062	Monroe	Sweetwater Hospital Home Health	189	8/20/84	569	613	625	50
67024	Overton	Amedisys Home Health	191	1/17/84	1,277	1,453	949	71
75024	Rutherford	NHC Homecare	208	5/17/76	3,269	3,776	4,180	2
76032	Scott	Elk Valley Home Health Care Agency, LLC (Deaconess)	211	9/20/85	352	394	603	568
82051	Sullivan	Advanced Home Care, Inc.	249	4/9/85	2,583	2,245	2,276	2,276
82061	Sullivan	Gentiva Health Services	251	11/3/83	979	936	612	611
90081	Washington	Medical Center Homecare, Kingsport	269	11/4/83	1,628	1,960	1,846	1,845
90091	Washington	Medical Center Homecare Services	271	5/4/84	3,118	3,503	3,714	3,714
90121	Washington	Amedysis Home Health	273	7/6/84	2,384	1,821	1,460	1,460
90131	Washington	NHC Homecare	267	3/22/78	264	259	465	465
96030	Other	Professional Home Health Care Agency, Inc. (London, KY)	298	9/2/77	9	13	5	5
		TOTALS			69,096	69,265	65,257	47,598

Source: TDH; 2014 Joint Annual Reports of Home Health Agencies

Table Eight-B: Patients Served By Home Health Agencies Licensed in Alere Hamilton's Proposed Counties -- BY NAME								
Health Statistics ID Number	County of Parent Office	Home Health Agency Name	Agency License Number	Date Agency Licensed	2012 JAR Total Patients Served in TN	2013 JAR Total Patients Served in TN	2014 JAR Total Patients Served in TN	2014 Total Patients Served in Alere's Proposed 22-County Service Area
30021	Greene	Advanced Home Care, Inc.	86	8/31/83	526	762	817	817
82051	Sullivan	Advanced Home Care, Inc.	249	4/9/85	2,583	2,245	2,276	2,276
33103	Hamilton	Amedisys Home Health	113	7/1/81	3,343	2,878	2,564	94
67024	Overton	Amedisys Home Health	191	1/17/84	1,277	1,453	949	71
10031	Carter	Amedisys Home Health Care	23	1/20/84	1,147	1,171	937	935
32102	Hamblen	Amedisys Home Health Care	91	12/13/82	3,675	3,896	3,210	3,210
47202	Knox	Amedisys Home Health Care	150	8/2/84	5,420	5,354	4,391	4,390
13022	Claiborne	Amedisys Home Health of Tennessee	25	5/2/84	2,074	1,830	1,547	761
90121	Washington	Amedysis Home Health	273	7/6/84	2,384	1,821	1,460	1,460
05012	Blount	Blount Memorial Hospital Home Health Services	213	6/6/84	1,308	1,224	1,281	1,192
47062	Knox	Camellia Home Health of East Tennessee, LLC	144	9/7/78	1,556	1,716	1,732	1,146
47232	Knox	CareAll Home Care Services	131	8/21/89	278	510	686	680
01032	Anderson	Clinch River Home Health	1	10/26/76	468	461	481	481
47402	Knox	Covenant Homecare	133	7/14/78	3,946	3,953	4,792	4,652
52024	Lincoln	Deaconess Homecare	161	2/25/76	704	842	1,294	234
47222	Knox	East Tennessee Children's Hospital Home Health Care	1332	9/13/84	559	586	600	581
19494	Davidson	Elk Valley Health Services, Inc.	42	7/17/84	245	277	293	69
76032	Scott	Elk Valley Home Health Care Agency, LLC (Deaconess)	211	9/20/85	352	394	603	568
47042	Knox	Gentiva Health Services	142	11/28/77	870	779	413	408
82061	Sullivan	Gentiva Health Services	251	11/3/83	979	936	612	611
47182	Knox	Gentiva Hlth Svcs (Girling Health Care, Inc., Knoxville)	149	8/15/84	1,031	1,467	1,815	1,768
34011	Hancock	Hancock County Home Health Agency	117	7/23/75	323	463	488	488
19544	Davidson	Home Care Solutions, Inc. (LHC)	56	9/7/88	2,080	1,930	1,689	307
06063	Bradley	Home Health Care of East Tennessee, Inc.	14	3/14/84	4,755	3,318	2,680	451
37021	Hawkins	Hometown Home Health Care, Inc.	320	1/9/95	0	89	94	94
62052	Monroe	Intrepid USA Healthcare Services	190	9/10/84	259	358	355	312
46031	Johnson	Johnson County Home Health	130	6/29/84	396	446	492	492
30041	Greene	Laughlin Home Health Agency	88	6/26/84	547	655	737	737
47432	Knox	Maxim Healthcare Services, Inc.	2	6/20/84	150	159	154	154
90091	Washington	Medical Center Homecare Services	271	5/4/84	3,118	3,503	3,714	3,714
90081	Washington	Medical Center Homecare, Kingsport	269	11/4/83	1,628	1,960	1,846	1,845
47012	Knox	NHC Homecare	143	6/10/77	567	613	883	882
54043	McMinn	NHC Homecare	166	2/13/84	183	239	358	31
75024	Rutherford	NHC Homecare	208	5/17/76	3,269	3,776	4,180	2
90131	Washington	NHC Homecare	267	3/22/78	264	259	465	465
32132	Hamblen	Premier Support Services	10	5/16/84	900	1,169	1,372	1,372
30051	Greene	Procare Home Health Services	87	7/8/82	384	433	522	522
01042	Anderson	Professional Case Management of Tennessee	620	1/30/08	182	164	173	166
96030	Other	Professional Home Health Care Agency, Inc. (London, KY)	298	9/2/77	9	13	5	5
25044	Fentress	Quality Home Health	287	3/7/84	4,012	3,404	3,591	1,754
25034	Fentress	Quality Private Duty Care	80	10/28/83	703	879	894	189
15032	Cocke	Smoky Mountain Home Health and Hospice, Inc.	27	11/9/89	1,535	1,296	1,102	1,102
07032	Campbell	Sunbelt Homecare	16	8/10/84	260	261	243	243
13032	Claiborne	Suncrest Home Health (Claiborne Home Health)	93	9/14/84	581	852	1,008	1,008
62062	Monroe	Sweetwater Hospital Home Health	189	8/20/84	569	613	625	50
47092	Knox	Tennova Home Health (Mercy Home Hlth Svcs)	51	2/29/80	3,188	3,063	3,240	3,240
47372	Knox	The Home Option By Harden Hlth Care (Girling Hlth Care Svcs of KV)	148	12/13/84	1	29	72	72
47132	Knox	Univ of TN Med Center Home Care Svcs - Home Health	156	7/20/83	3,264	3,439	771	746
32122	Hamblen	Univ of TN Med Center Home Health Services	153	12/18/84	1,244	1,327	751	751
		TOTALS			69,096	69,265	65,257	47,598

Source: TDH; 2014 Joint Annual Reports of Home Health Agencies

Table Nine-A: 2014 TennCare Payor Mix of Home Health Agencies Licensed in Alere Hamilton's Proposed Counties
BY STATE ID

Health Statistics ID Number	County of Parent Office	Home Health Agency Name	Agency License Number	Date Agency Licensed	2014 Total Gross Revenues	2014 TennCare Gross Revenues	2014 TennCare Percent of Total Gross Revenues
01032	Anderson	Clinch River Home Health	1	10/26/76	$2,837,699	$0	0.0%
01042	Anderson	Professional Case Management of Tennessee	620	1/30/08	$18,094,116	$0	0.0%
05012	Blount	Blount Memorial Hospital Home Health Services	213	6/6/84	$4,323,417	$106,573	2.5%
06063	Bradley	Home Health Care of East Tennessee, Inc.	14	3/14/84	$21,171,043	$8,574,927	40.5%
07032	Campbell	Sunbelt Homecare	16	8/10/84	$1,174,041	$124,210	10.6%
10031	Carter	Amedisys Home Health Care	23	1/20/84	$3,647,402	$0	0.0%
13022	Claiborne	Amedisys Home Health of Tennessee	25	5/2/84	$8,108,706	$0	0.0%
13032	Claiborne	Suncrest Home Health (Claiborne Home Health)	93	9/14/84	$3,636,740	$52,199	1.4%
15032	Cocke	Smoky Mountain Home Health and Hospice, Inc.	27	11/9/89	$3,826,986	$29,576	0.8%
19494	Davidson	Elk Valley Health Services, Inc.	42	7/17/84	$27,548,490	$17,659,060	64.1%
19544	Davidson	Home Care Solutions, Inc. (LHC)	56	9/7/88	$10,299,102	$0	0.0%
25034	Fentress	Quality Private Duty Care	80	10/28/83	$14,826,186	$7,965,559	53.7%
25044	Fentress	Quality Home Health	287	3/7/84	$30,808,782	$8,163,845	26.5%
30021	Greene	Advanced Home Care, Inc.	86	8/31/83	$2,422,611	$43,514	1.8%
30041	Greene	Laughlin Home Health Agency	88	6/26/84	$1,797,884	$249,855	13.9%
30051	Greene	Procare Home Health Services	87	7/8/82	$7,821,168	$6,213,949	79.5%
32102	Hamblen	Amedisys Home Health Care	91	12/13/82	$14,128,961	$0	0.0%
32122	Hamblen	Univ of TN Med Center Home Health Services	153	12/18/84	$5,548,831	$37,298	0.7%
32132	Hamblen	Premier Support Services	10	5/16/84	$9,048,752	$4,997,204	55.2%
33103	Hamilton	Amedisys Home Health	113	7/1/81	$9,877,048	$0	0.0%
34011	Hancock	Hancock County Home Health Agency	117	7/23/75	$2,266,557	$1,264,320	55.8%
37021	Hawkins	Hometown Home Health Care, Inc.	320	1/9/95	$155,554	$0	0.0%
46031	Johnson	Johnson County Home Health	130	6/29/84	$1,477,122	$51,486	3.5%
47012	Knox	NHC Homecare	143	6/10/77	$2,887,128	$0	0.0%
47042	Knox	Gentiva Health Services	142	11/28/77	$1,621,097	$0	0.0%
47062	Knox	Camellia Home Health of East Tennessee, LLC	144	9/7/78	$18,455,024	$9,251,718	50.1%
47092	Knox	Tennova Home Health (Mercy Home Hlth Svcs)	51	2/29/80	$8,344,698	$408,358	4.9%
47132	Knox	Univ of TN Med Center Home Care Svcs - Home Health	156	7/20/83	$7,432,326	$268,446	3.6%
47182	Knox	Gentiva Hlth Svcs (Girling Health Care, Inc., Knoxville)	149	8/15/84	$9,636,209	$0	0.0%
47202	Knox	Amedisys Home Health Care	150	8/2/84	$16,836,113	$0	0.0%
47222	Knox	East Tennessee Children's Hospital Home Health Care	1332	9/13/84	$16,630,543	$10,610,425	63.8%
47232	Knox	CareAll Home Care Services	131	8/21/89	$2,136,733	$1,057,304	49.5%
47372	Knox	The Home Option By Harden Hlth Care (Girling Hlth Care Svcs of KV)	148	12/13/84	$2,344,594	$0	0.0%
47402	Knox	Covenant Homecare	133	7/14/78	$14,925,332	$68,948	0.5%
47432	Knox	Maxim Healthcare Services, Inc.	2	6/20/84	$17,166,386	$15,919,725	92.7%
52024	Lincoln	Deaconess Homecare	161	2/25/76	$2,830,159	$465,409	16.4%
54043	McMinn	NHC Homecare	166	2/13/84	$1,253,289	$0	0.0%
62052	Monroe	Intrepid USA Healthcare Services	190	9/10/84	$1,372,205	$451	0.0%
62062	Monroe	Sweetwater Hospital Home Health	189	8/20/84	$2,740,886	$223,863	8.2%
67024	Overton	Amedisys Home Health	191	1/17/84	$4,345,087	$0	0.0%
75024	Rutherford	NHC Homecare	208	5/17/76	$16,844,138	$0	0.0%
76032	Scott	Elk Valley Home Health Care Agency, LLC (Deaconess)	211	9/20/85	$1,877,380	$172,609	9.2%
82051	Sullivan	Advanced Home Care, Inc.	249	4/9/85	$5,833,905	$129,337	2.2%
82061	Sullivan	Gentiva Health Services	251	11/3/83	$2,249,687	$0	0.0%
90081	Washington	Medical Center Homecare, Kingsport	269	11/4/83	$4,617,558	$580,965	12.6%
90091	Washington	Medical Center Homecare Services	271	5/4/84	$8,028,454	$338,391	4.2%
90121	Washington	Amedysis Home Health	273	7/6/84	$5,060,362	$0	0.0%
90131	Washington	NHC Homecare	267	3/22/78	$2,350,881	$0	0.0%
96030	Other	Professional Home Health Care Agency, Inc. (London, KY)	298	9/2/77	$18,154,278	$14,913	0.1%
		TOTALS			$400,821,650	$95,044,437	23.7%

Source: TDH; 2014 Joint Annual Reports of Home Health Agencies

Table Nine-B: 2014 TennCare Payor Mix of Home Health Agencies Licensed in Alere Hamilton's Proposed Counties
BY NAME

Health Statistics ID Number	County of Parent Office	Home Health Agency Name	Agency License Number	Date Agency Licensed	2014 Total Gross Revenues	2014 TennCare Gross Revenues	2014 TennCare Percent of Total Gross Revenues
82051	Sullivan	Advanced Home Care, Inc.	249	4/9/85	$5,833,905	$129,337	2.2%
30021	Greene	Advanced Home Care, Inc.	86	8/31/83	$2,422,611	$43,514	1.8%
33103	Hamilton	Amedisys Home Health	113	7/1/81	$9,877,048	$0	0.0%
67024	Overton	Amedisys Home Health	191	1/17/84	$4,345,087	$0	0.0%
10031	Carter	Amedisys Home Health Care	23	1/20/84	$3,647,402	$0	0.0%
32102	Hamblen	Amedisys Home Health Care	91	12/13/82	$14,128,961	$0	0.0%
47202	Knox	Amedisys Home Health Care	150	8/2/84	$16,836,113	$0	0.0%
13022	Claiborne	Amedisys Home Health of Tennessee	25	5/2/84	$8,108,706	$0	0.0%
90121	Washington	Amedysis Home Health	273	7/6/84	$5,060,362	$0	0.0%
05012	Blount	Blount Memorial Hospital Home Health Services	213	6/6/84	$4,323,417	$106,573	2.5%
47062	Knox	Camellia Home Health of East Tennessee, LLC	144	9/7/78	$18,455,024	$9,251,718	50.1%
47232	Knox	CareAll Home Care Services	131	8/21/89	$2,136,733	$1,057,304	49.5%
01032	Anderson	Clinch River Home Health	1	10/26/76	$2,837,699	$0	0.0%
47402	Knox	Covenant Homecare	133	7/14/78	$14,925,332	$68,948	0.5%
52024	Lincoln	Deaconess Homecare	161	2/25/76	$2,830,159	$465,409	16.4%
47222	Knox	East Tennessee Children's Hospital Home Health Care	1332	9/13/84	$16,630,543	$10,610,425	63.8%
19494	Davidson	Elk Valley Health Services, Inc.	42	7/17/84	$27,548,490	$17,659,060	64.1%
76032	Scott	Elk Valley Home Health Care Agency, LLC (Deaconess)	211	9/20/85	$1,877,380	$172,609	9.2%
47042	Knox	Gentiva Health Services	142	11/28/77	$1,621,097	$0	0.0%
82061	Sullivan	Gentiva Health Services	251	11/3/83	$2,249,687	$0	0.0%
47182	Knox	Gentiva Hlth Svcs (Girling Health Care, Inc., Knoxville)	149	8/15/84	$9,636,209	$0	0.0%
34011	Hancock	Hancock County Home Health Agency	117	7/23/75	$2,266,557	$1,264,320	55.8%
19544	Davidson	Home Care Solutions, Inc. (LHC)	56	9/7/88	$10,299,102	$0	0.0%
06063	Bradley	Home Health Care of East Tennessee, Inc.	14	3/14/84	$21,171,043	$8,574,927	40.5%
37021	Hawkins	Hometown Home Health Care, Inc.	320	1/9/95	$155,554	$0	0.0%
62052	Monroe	Intrepid USA Healthcare Services	190	9/10/84	$1,372,205	$451	0.0%
46031	Johnson	Johnson County Home Health	130	6/29/84	$1,477,122	$51,486	3.5%
30041	Greene	Laughlin Home Health Agency	88	6/26/84	$1,797,884	$249,855	13.9%
47432	Knox	Maxim Healthcare Services, Inc.	2	6/20/84	$17,166,386	$15,919,725	92.7%
90091	Washington	Medical Center Homecare Services	271	5/4/84	$8,028,454	$338,391	4.2%
90081	Washington	Medical Center Homecare, Kingsport	269	11/4/83	$4,617,558	$580,965	12.6%
47012	Knox	NHC Homecare	143	6/10/77	$2,887,128	$0	0.0%
54043	McMinn	NHC Homecare	166	2/13/84	$1,253,289	$0	0.0%
75024	Rutherford	NHC Homecare	208	5/17/76	$16,844,138	$0	0.0%
90131	Washington	NHC Homecare	267	3/22/78	$2,350,881	$0	0.0%
32132	Hamblen	Premier Support Services	10	5/16/84	$9,048,752	$4,997,204	55.2%
30051	Greene	Procare Home Health Services	87	7/8/82	$7,821,168	$6,213,949	79.5%
01042	Anderson	Professional Case Management of Tennessee	620	1/30/08	$18,094,116	$0	0.0%
96030	Other	Professional Home Health Care Agency, Inc. (London, KY)	298	9/2/77	$18,154,278	$14,913	0.1%
25044	Fentress	Quality Home Health	287	3/7/84	$30,808,782	$8,163,845	26.5%
25034	Fentress	Quality Private Duty Care	80	10/28/83	$14,826,186	$7,965,559	53.7%
15032	Cocke	Smoky Mountain Home Health and Hospice, Inc.	27	11/9/89	$3,826,986	$29,576	0.8%
07032	Campbell	Sunbelt Homecare	16	8/10/84	$1,174,041	$124,210	10.6%
13032	Claiborne	Suncrest Home Health (Claiborne Home Health)	93	9/14/84	$3,636,740	$52,199	1.4%
62062	Monroe	Sweetwater Hospital Home Health	189	8/20/84	$2,740,886	$223,863	8.2%
47092	Knox	Tennova Home Health (Mercy Home Hlth Svcs)	51	2/29/80	$8,344,698	$408,358	4.9%
47372	Knox	The Home Option By Harden Hlth Care (Girling Hlth Care Svcs of KV)	148	12/13/84	$2,344,594	$0	0.0%
47132	Knox	Univ of TN Med Center Home Care Svcs - Home Health	156	7/20/83	$7,432,326	$268,446	3.6%
32122	Hamblen	Univ of TN Med Center Home Health Services	153	12/18/84	$5,548,831	$37,298	0.7%
		TOTALS			$400,821,650	$95,044,437	23.7%

Source: TDH; 2014 Joint Annual Reports of Home Health Agencies

Table Nine-C: 2014 TennCare Payor Mix of Home Health Agencies Licensed in Alere Hamilton's Proposed Counties
BY RANKING

Health Statistics ID Number	County of Parent Office	Home Health Agency Name	Agency License Number	Date Agency Licensed	2014 Total Gross Revenues	2014 TennCare Gross Revenues	2014 TennCare Percent of Total Gross Revenues
47432	Knox	Maxim Healthcare Services, Inc.	2	6/20/84	$17,166,386	$15,919,725	92.7%
30051	Greene	Procare Home Health Services	87	7/8/82	$7,821,168	$6,213,949	79.5%
19494	Davidson	Elk Valley Health Services, Inc.	42	7/17/84	$27,548,490	$17,659,060	64.1%
47222	Knox	East Tennessee Children's Hospital Home Health Care	1332	9/13/84	$16,630,543	$10,610,425	63.8%
34011	Hancock	Hancock County Home Health Agency	117	7/23/75	$2,266,557	$1,264,320	55.8%
32132	Hamblen	Premier Support Services	10	5/16/84	$9,048,752	$4,997,204	55.2%
25034	Fentress	Quality Private Duty Care	80	10/28/83	$14,826,186	$7,965,559	53.7%
47062	Knox	Camellia Home Health of East Tennessee, LLC	144	9/7/78	$18,455,024	$9,251,718	50.1%
47232	Knox	CareAll Home Care Services	131	8/21/89	$2,136,733	$1,057,304	49.5%
06063	Bradley	Home Health Care of East Tennessee, Inc.	14	3/14/84	$21,171,043	$8,574,927	40.5%
25044	Fentress	Quality Home Health	287	3/7/84	$30,808,782	$8,163,845	26.5%
52024	Lincoln	Deaconess Homecare	161	2/25/76	$2,830,159	$465,409	16.4%
30041	Greene	Laughlin Home Health Agency	88	6/26/84	$1,797,884	$249,855	13.9%
90081	Washington	Medical Center Homecare, Kingsport	269	11/4/83	$4,617,558	$580,965	12.6%
07032	Campbell	Sunbelt Homecare	16	8/10/84	$1,174,041	$124,210	10.6%
76032	Scott	Elk Valley Home Health Care Agency, LLC (Deaconess)	211	9/20/85	$1,877,380	$172,609	9.2%
62062	Monroe	Sweetwater Hospital Home Health	189	8/20/84	$2,740,886	$223,863	8.2%
47092	Knox	Tennova Home Health (Mercy Home Hlth Svcs)	51	2/29/80	$8,344,698	$408,358	4.9%
90091	Washington	Medical Center Homecare Services	271	5/4/84	$8,028,454	$338,391	4.2%
47132	Knox	Univ of TN Med Center Home Care Svcs - Home Health	156	7/20/83	$7,432,326	$268,446	3.6%
46031	Johnson	Johnson County Home Health	130	6/29/84	$1,477,122	$51,486	3.5%
05012	Blount	Blount Memorial Hospital Home Health Services	213	6/6/84	$4,323,417	$106,573	2.5%
82051	Sullivan	Advanced Home Care, Inc.	249	4/9/85	$5,833,905	$129,337	2.2%
30021	Greene	Advanced Home Care, Inc.	86	8/31/83	$2,422,611	$43,514	1.8%
13032	Claiborne	Suncrest Home Health (Claiborne Home Health)	93	9/14/84	$3,636,740	$52,199	1.4%
15032	Cocke	Smoky Mountain Home Health and Hospice, Inc.	27	11/9/89	$3,826,986	$29,576	0.8%
32122	Hamblen	Univ of TN Med Center Home Health Services	153	12/18/84	$5,548,831	$37,298	0.7%
47402	Knox	Covenant Homecare	133	7/14/78	$14,925,332	$68,948	0.5%
96030	Other	Professional Home Health Care Agency, Inc. (London, KY)	298	9/2/77	$18,154,278	$14,913	0.1%
62052	Monroe	Intrepid USA Healthcare Services	190	9/10/84	$1,372,205	$451	0.03%
33103	Hamilton	Amedisys Home Health	113	7/1/81	$9,877,048	$0	0.0%
67024	Overton	Amedisys Home Health	191	1/17/84	$4,345,087	$0	0.0%
10031	Carter	Amedisys Home Health Care	23	1/20/84	$3,647,402	$0	0.0%
32102	Hamblen	Amedisys Home Health Care	91	12/13/82	$14,128,961	$0	0.0%
47202	Knox	Amedisys Home Health Care	150	8/2/84	$16,836,113	$0	0.0%
13022	Claiborne	Amedisys Home Health of Tennessee	25	5/2/84	$8,108,706	$0	0.0%
90121	Washington	Amedysis Home Health	273	7/6/84	$5,060,362	$0	0.0%
01032	Anderson	Clinch River Home Health	1	10/26/76	$2,837,699	$0	0.0%
47042	Knox	Gentiva Health Services	142	11/28/77	$1,621,097	$0	0.0%
82061	Sullivan	Gentiva Health Services	251	11/3/83	$2,249,687	$0	0.0%
47182	Knox	Gentiva Hlth Svcs (Girling Health Care, Inc., Knoxville)	149	8/15/84	$9,636,209	$0	0.0%
19544	Davidson	Home Care Solutions, Inc. (LHC)	56	9/7/88	$10,299,102	$0	0.0%
37021	Hawkins	Hometown Home Health Care, Inc.	320	1/9/95	$155,554	$0	0.0%
47012	Knox	NHC Homecare	143	6/10/77	$2,887,128	$0	0.0%
54043	McMinn	NHC Homecare	166	2/13/84	$1,253,289	$0	0.0%
75024	Rutherford	NHC Homecare	208	5/17/76	$16,844,138	$0	0.0%
90131	Washington	NHC Homecare	267	3/22/78	$2,350,881	$0	0.0%
01042	Anderson	Professional Case Management of Tennessee	620	1/30/08	$18,094,116	$0	0.0%
47372	Knox	The Home Option By Harden Hlth Care (Girling Hlth Care Svcs of KV)	148	12/13/84	$2,344,594	$0	0.0%
		TOTALS			$400,821,650	$95,044,437	23.7%

Source: TDH; 2014 Joint Annual Reports of Home Health Agencies

Table Ten-A: Agency Dependence on Total and Childbearing-Age Female Patients in Alere Hamilton's Proposed Counties--BY STATE ID

TDH ID	AGENCY NAME	Total Agency Patients in TN	Total Agency Patients From Alere's Proposed Counties	Percent of Agency Dependence on Alere's Proposed Counties	Agency Total Patients Age 18-64 in Alere's Proposed Counties	Agency Female Patients Age 18-64 in Alere's Proposed Counties (Estimated @ 50%)	Local Dependence: Agency's Female Patients Age 18-64 in Proposed Counties as Percent of All Its Patients in Proposed Counties	Statewide Dependence: Agency's Female Patients Age 18-64 in Proposed Counties as Percent of All Its Patients Statewide
01032	Clinch River Home Health	481	481	100%	149	75	15.5%	15.5%
01042	Professional Case Management of Tennessee	173	166	96%	19	10	5.7%	5.5%
05012	Blount Memorial Hospital Home Health Services	1,281	1,192	93%	246	123	10.3%	9.6%
06063	Home Health Care of East Tennessee, Inc.	2,680	451	17%	129	65	14.3%	2.4%
07032	Sunbelt Homecare	243	243	100%	76	38	15.6%	15.6%
10031	Amedisys Home Health Care	937	935	100%	232	116	12.4%	12.4%
13022	Amedisys Home Health of Tennessee	1,547	761	49%	113	57	7.4%	3.7%
13032	Suncrest Home Health (Claiborne Home Health)	1,008	1,008	100%	226	113	11.2%	11.2%
15032	Smoky Mountain Home Health and Hospice, Inc.	1,102	1,102	100%	177	89	8.0%	8.0%
19494	Elk Valley Health Services, Inc.	293	69	24%	30	15	21.7%	5.1%
19544	Home Care Solutions, Inc. (LHC)	1,689	307	18%	68	34	11.1%	2.0%
25034	Quality Private Duty Care	894	189	21%	61	31	16.1%	3.4%
25044	Quality Home Health	3,591	1,754	49%	815	408	23.2%	11.3%
30021	Advanced Home Care, Inc.	817	817	100%	294	147	18.0%	18.0%
30041	Laughlin Home Health Agency	737	737	100%	142	71	9.6%	9.6%
30051	Procare Home Health Services	522	522	100%	180	90	17.2%	17.2%
32102	Amedisys Home Health Care	3,210	3,210	100%	451	226	7.0%	7.0%
32122	Univ of TN Med Center Home Health Services	751	751	100%	139	70	9.3%	9.3%
32132	Premier Support Services	1,372	1,372	100%	356	178	13.0%	13.0%
33103	Amedisys Home Health	2,564	94	4%	14	7	7.4%	0.3%
34011	Hancock County Home Health Agency	488	488	100%	136	68	13.9%	13.9%
37021	Hometown Home Health Care, Inc.	94	94	100%	36	18	19.1%	19.1%
46031	Johnson County Home Health	492	492	100%	140	70	14.2%	14.2%
47012	NHC Homecare	883	882	100%	150	75	8.5%	8.5%
47042	Gentiva Health Services	413	408	99%	79	40	9.7%	9.6%
47062	Camellia Home Health of East Tennessee, LLC	1,732	1,146	66%	320	160	14.0%	9.2%
47092	Tennova Home Health (Mercy Home Hlth Svcs)	3,240	3,240	100%	761	381	11.7%	11.7%
47132	Univ of TN Med Center Home Care Svcs - Home Health	771	746	97%	207	104	13.9%	13.4%
47182	Gentiva Hlth Svcs (Girling Health Care, Inc., Knoxville)	1,815	1,768	97%	172	86	4.9%	4.7%
47202	Amedisys Home Health Care	4,391	4,390	100%	525	263	6.0%	6.0%
47222	East Tennessee Children's Hospital Home Health Care	600	581	97%	0	0	0.0%	0.0%
47232	CareAll Home Care Services	686	680	99%	218	109	16.0%	15.9%
47372	The Home Option By Harden Hlth Care (Girling Hlth Care Svcs of KV)	72	72	100%	5	3	3.5%	3.5%
47402	Covenant Homecare	4,792	4,652	97%	1,108	554	11.9%	11.6%
47432	Maxim Healthcare Services, Inc.	154	154	100%	54	27	17.5%	17.5%
52024	Deaconess Homecare	1,294	234	18%	0	0	0.0%	0.0%
54043	NHC Homecare	358	31	9%	5	3	8.1%	0.7%
62052	Intrepid USA Healthcare Services	355	312	88%	32	16	5.1%	4.5%
62062	Sweetwater Hospital Home Health	625	50	8%	17	9	17.0%	1.4%
67024	Amedisys Home Health	949	71	7%	13	7	9.2%	0.7%
75024	NHC Homecare	4,180	2	0%	2	1	50.0%	0.0%
76032	Elk Valley Home Health Care Agency, LLC (Deaconess)	603	568	94%	136	68	12.0%	11.3%
82051	Advanced Home Care, Inc.	2,276	2,276	100%	716	358	15.7%	15.7%
82061	Gentiva Health Services	612	611	100%	93	47	7.6%	7.6%
90081	Medical Center Homecare, Kingsport	1,846	1,845	100%	735	368	19.9%	19.9%
90091	Medical Center Homecare Services	3,714	3,714	100%	1,284	642	17.3%	17.3%
90121	Amedysis Home Health	1,460	1,460	100%	157	79	5.4%	5.4%
90131	NHC Homecare	465	465	100%	80	40	8.6%	8.6%
96030	Professional Home Health Care Agency, Inc.	5	5	100%	1	1	10.0%	10.0%
	TOTALS	65,257	47,598	73%	11,099	5,550	11.7%	8.5%

Sources: 2014 Joint Annual Reports

Table Ten-B: Agency Dependence on Total and Childbearing-Age Female Patients in Alere Hamilton's Proposed Counties--BY NAME								
TDH ID	AGENCY NAME	Total Agency Patients in TN	Total Agency Patients From Alere's Proposed Counties	Percent of Agency Dependence on Alere's Proposed Counties	Agency Total Patients Age 18-64 in Alere's Proposed Counties	Agency Female Patients Age 18-64 in Alere's Proposed Counties (Estimated @ 50%)	Local Dependence: Agency's Female 18-64 Patients in Proposed Counties as Percent of All Its Patients in Proposed Counties	Statewide Dependence: Agency's Female 18-64 Patients in Proposed Counties as Percent of All Its Patients Statewide
30021	Advanced Home Care, Inc.	817	817	100%	294	147	18.0%	18.0%
82051	Advanced Home Care, Inc.	2,276	2,276	100%	716	358	15.7%	15.7%
33103	Amedisys Home Health	2,564	94	4%	14	7	7.4%	0.3%
67024	Amedisys Home Health	949	71	7%	13	7	9.2%	0.7%
10031	Amedisys Home Health Care	937	935	100%	232	116	12.4%	12.4%
32102	Amedisys Home Health Care	3,210	3,210	100%	451	226	7.0%	7.0%
47202	Amedisys Home Health Care	4,391	4,390	100%	525	263	6.0%	6.0%
13022	Amedisys Home Health of Tennessee	1,547	761	49%	113	57	7.4%	3.7%
90121	Amedysis Home Health	1,460	1,460	100%	157	79	5.4%	5.4%
05012	Blount Memorial Hospital Home Health Services	1,281	1,192	93%	246	123	10.3%	9.6%
47062	Camellia Home Health of East Tennessee, LLC	1,732	1,146	66%	320	160	14.0%	9.2%
47232	CareAll Home Care Services	686	680	99%	218	109	16.0%	15.9%
01032	Clinch River Home Health	481	481	100%	149	75	15.5%	15.5%
47402	Covenant Homecare	4,792	4,652	97%	1,108	554	11.9%	11.6%
52024	Deaconess Homecare	1,294	234	18%	0	0	0.0%	0.0%
47222	East Tennessee Children's Hospital Home Health Care	600	581	97%	0	0	0.0%	0.0%
19494	Elk Valley Health Services, Inc.	293	69	24%	30	15	21.7%	5.1%
76032	Elk Valley Home Health Care Agency, LLC (Deaconess)	603	568	94%	136	68	12.0%	11.3%
47042	Gentiva Health Services	413	408	99%	79	40	9.7%	9.6%
82061	Gentiva Health Services	612	611	100%	93	47	7.6%	7.6%
47182	Gentiva Hlth Svcs (Girling Health Care, Inc., Knoxville)	1,815	1,768	97%	172	86	4.9%	4.7%
34011	Hancock County Home Health Agency	488	488	100%	136	68	13.9%	13.9%
19544	Home Care Solutions, Inc. (LHC)	1,689	307	18%	68	34	11.1%	2.0%
06063	Home Health Care of East Tennessee, Inc.	2,680	451	17%	129	65	14.3%	2.4%
37021	Hometown Home Health Care, Inc.	94	94	100%	36	18	19.1%	19.1%
62052	Intrepid USA Healthcare Services	355	312	88%	32	16	5.1%	4.5%
46031	Johnson County Home Health	492	492	100%	140	70	14.2%	14.2%
30041	Laughlin Home Health Agency	737	737	100%	142	71	9.6%	9.6%
47432	Maxim Healthcare Services, Inc.	154	154	100%	54	27	17.5%	17.5%
90091	Medical Center Homecare Services	3,714	3,714	100%	1,284	642	17.3%	17.3%
90081	Medical Center Homecare, Kingsport	1,846	1,845	100%	735	368	19.9%	19.9%
47012	NHC Homecare	883	882	100%	150	75	8.5%	8.5%
54043	NHC Homecare	358	31	9%	5	3	8.1%	0.7%
75024	NHC Homecare	4,180	2	0%	2	1	50.0%	0.0%
90131	NHC Homecare	465	465	100%	80	40	8.6%	8.6%
32132	Premier Support Services	1,372	1,372	100%	356	178	13.0%	13.0%
30051	Procare Home Health Services	522	522	100%	180	90	17.2%	17.2%
01042	Professional Case Management of Tennessee	173	166	96%	19	10	5.7%	5.5%
96030	Professional Home Health Care Agency, Inc.	5	5	100%	1	1	10.0%	10.0%
25044	Quality Home Health	3,591	1,754	49%	815	408	23.2%	11.3%
25034	Quality Private Duty Care	894	189	21%	61	31	16.1%	3.4%
15032	Smoky Mountain Home Health and Hospice, Inc.	1,102	1,102	100%	177	89	8.0%	8.0%
07032	Sunbelt Homecare	243	243	100%	76	38	15.6%	15.6%
13032	Suncrest Home Health (Claiborne Home Health)	1,008	1,008	100%	226	113	11.2%	11.2%
62062	Sweetwater Hospital Home Health	625	50	8%	17	9	17.0%	1.4%
47092	Tennova Home Health (Mercy Home Hlth Svcs)	3,240	3,240	100%	761	381	11.7%	11.7%
47372	The Home Option By Harden Hlth Care (Girling Hlth Care Svcs of KV)	72	72	100%	5	3	3.5%	3.5%
47132	Univ of TN Med Center Home Care Svcs - Home Health	771	746	97%	207	104	13.9%	13.4%
32122	Univ of TN Med Center Home Health Services	751	751	100%	139	70	9.3%	9.3%
	TOTALS	65,257	47,598	73%	11,099	5,550	11.7%	8.5%

Sources: 2014 Joint Annual Reports

Table Ten-C: Agency Dependence, WITHIN ALERE PSA, on Total and Childbearing-Age Female Patients in Alere Hamilton's Proposed Counties--BY RANKING

TDH ID	AGENCY NAME	Total Agency Patients in TN	Total Agency Patients From Alere's Proposed Counties	Percent of Agency Dependence on Alere's Proposed Counties	Agency Total Patients Age 18-64 in Alere's Proposed Counties	Agency Female Patients Age 18-64 in Alere's Proposed Counties (Estimated @ 50%)	Local Dependence: Agency's Female 18-64 Patients in Proposed Counties as Percent of All Its Patients in Proposed Counties	Statewide Dependence: Agency's Female 18-64 Patients in Proposed Counties as Percent of All Its Patients Statewide
75024	NHC Homecare	4,180	2	0%	2	1	**50.0%**	0.0%
25044	Quality Home Health	3,591	1,754	49%	815	408	**23.2%**	11.3%
19494	Elk Valley Health Services, Inc.	293	69	24%	30	15	**21.7%**	5.1%
90081	Medical Center Homecare, Kingsport	1,846	1,845	100%	735	368	**19.9%**	19.9%
37021	Hometown Home Health Care, Inc.	94	94	100%	36	18	**19.1%**	19.1%
30021	Advanced Home Care, Inc.	817	817	100%	294	147	**18.0%**	18.0%
47432	Maxim Healthcare Services, Inc.	154	154	100%	54	27	**17.5%**	17.5%
90091	Medical Center Homecare Services	3,714	3,714	100%	1,284	642	**17.3%**	17.3%
30051	Procare Home Health Services	522	522	100%	180	90	**17.2%**	17.2%
62062	Sweetwater Hospital Home Health	625	50	8%	17	9	**17.0%**	1.4%
25034	Quality Private Duty Care	894	189	21%	61	31	**16.1%**	3.4%
47232	CareAll Home Care Services	686	680	99%	218	109	**16.0%**	15.9%
82051	Advanced Home Care, Inc.	2,276	2,276	100%	716	358	**15.7%**	15.7%
07032	Sunbelt Homecare	243	243	100%	76	38	**15.6%**	15.6%
01032	Clinch River Home Health	481	481	100%	149	75	**15.5%**	15.5%
06063	Home Health Care of East Tennessee, Inc.	2,680	451	17%	129	65	**14.3%**	2.4%
46031	Johnson County Home Health	492	492	100%	140	70	**14.2%**	14.2%
47062	Camellia Home Health of East Tennessee, LLC	1,732	1,146	66%	320	160	**14.0%**	9.2%
34011	Hancock County Home Health Agency	488	488	100%	136	68	**13.9%**	13.9%
47132	Univ of TN Med Center Home Care Svcs - Home Health	771	746	97%	207	104	**13.9%**	13.4%
32132	Premier Support Services	1,372	1,372	100%	356	178	**13.0%**	13.0%
10031	Amedisys Home Health Care	937	935	100%	232	116	**12.4%**	12.4%
76032	Elk Valley Home Health Care Agency, LLC (Deaconess)	603	568	94%	136	68	**12.0%**	11.3%
47402	Covenant Homecare	4,792	4,652	97%	1,108	554	**11.9%**	11.6%
47092	Tennova Home Health (Mercy Home Hlth Svcs)	3,240	3,240	100%	761	381	**11.7%**	11.7%
13032	Suncrest Home Health (Claiborne Home Health)	1,008	1,008	100%	226	113	**11.2%**	11.2%
19544	Home Care Solutions, Inc. (LHC)	1,689	307	18%	68	34	**11.1%**	2.0%
05012	Blount Memorial Hospital Home Health Services	1,281	1,192	93%	246	123	**10.3%**	9.6%
96030	Professional Home Health Care Agency, Inc.	5	5	100%	1	1	**10.0%**	10.0%
47042	Gentiva Health Services	413	408	99%	79	40	**9.7%**	9.6%
30041	Laughlin Home Health Agency	737	737	100%	142	71	**9.6%**	9.6%
32122	Univ of TN Med Center Home Health Services	751	751	100%	139	70	**9.3%**	9.3%
67024	Amedisys Home Health	949	71	7%	13	7	**9.2%**	0.7%
90131	NHC Homecare	465	465	100%	80	40	**8.6%**	8.6%
47012	NHC Homecare	883	882	100%	150	75	**8.5%**	8.5%
54043	NHC Homecare	358	31	9%	5	3	**8.1%**	0.7%
15032	Smoky Mountain Home Health and Hospice, Inc.	1,102	1,102	100%	177	89	**8.0%**	8.0%
82061	Gentiva Health Services	612	611	100%	93	47	**7.6%**	7.6%
33103	Amedisys Home Health	2,564	94	4%	14	7	**7.4%**	0.3%
13022	Amedisys Home Health of Tennessee	1,547	761	49%	113	57	**7.4%**	3.7%
32102	Amedisys Home Health Care	3,210	3,210	100%	451	226	**7.0%**	7.0%
47202	Amedisys Home Health Care	4,391	4,390	100%	525	263	**6.0%**	6.0%
01042	Professional Case Management of Tennessee	173	166	96%	19	10	**5.7%**	5.5%
90121	Amedysis Home Health	1,460	1,460	100%	157	79	**5.4%**	5.4%
62052	Intrepid USA Healthcare Services	355	312	88%	32	16	**5.1%**	4.5%
47182	Gentiva Hlth Svcs (Girling Health Care, Inc., Knoxville)	1,815	1,768	97%	172	86	**4.9%**	4.7%
47372	The Home Option By Harden Hlth Care (Girling Hlth Care Svcs of KV)	72	72	100%	5	3	**3.5%**	3.5%
52024	Deaconess Homecare	1,294	234	18%	0	0	**0.0%**	0.0%
47222	East Tennessee Children's Hospital Home Health Care	600	581	97%	0	0	**0.0%**	0.0%
	TOTALS	65,257	47,598	73%	11,099	5,550	**11.7%**	8.5%

Sources: 2014 Joint Annual Reports

Table Ten-D: Agency Dependence, STATEWIDE, on Total and Childbearing-Age Female Patients in Alere Hamilton's Proposed Counties--BY RANKING

TDH ID	AGENCY NAME	Total Agency Patients in TN	Total Agency Patients From Alere's Proposed Counties	Percent of Agency Dependence on Alere's Proposed Counties	Agency Total Patients Age 18-64 in Alere's Proposed Counties	Agency Female Patients Age 18-64 in Alere's Proposed Counties (Estimated @ 50%)	Local Dependence: Agency's Female 18-64 Patients in Proposed Counties as Percent of All Its Patients in Proposed Counties	Statewide Dependence: Agency's Female 18-64 Patients in Proposed Counties as Percent of All Its Patients Statewide
90081	Medical Center Homecare, Kingsport	1,846	1,845	100%	735	368	19.9%	**19.9%**
37021	Hometown Home Health Care, Inc.	94	94	100%	36	18	19.1%	**19.1%**
30021	Advanced Home Care, Inc.	817	817	100%	294	147	18.0%	**18.0%**
47432	Maxim Healthcare Services, Inc.	154	154	100%	54	27	17.5%	**17.5%**
90091	Medical Center Homecare Services	3,714	3,714	100%	1,284	642	17.3%	**17.3%**
30051	Procare Home Health Services	522	522	100%	180	90	17.2%	**17.2%**
47232	CareAll Home Care Services	686	680	99%	218	109	16.0%	**15.9%**
82051	Advanced Home Care, Inc.	2,276	2,276	100%	716	358	15.7%	**15.7%**
07032	Sunbelt Homecare	243	243	100%	76	38	15.6%	**15.6%**
01032	Clinch River Home Health	481	481	100%	149	75	15.5%	**15.5%**
46031	Johnson County Home Health	492	492	100%	140	70	14.2%	**14.2%**
34011	Hancock County Home Health Agency	488	488	100%	136	68	13.9%	**13.9%**
47132	Univ of TN Med Center Home Care Svcs - Home Health	771	746	97%	207	104	13.9%	**13.4%**
32132	Premier Support Services	1,372	1,372	100%	356	178	13.0%	**13.0%**
10031	Amedisys Home Health Care	937	935	100%	232	116	12.4%	**12.4%**
47092	Tennova Home Health (Mercy Home Hlth Svcs)	3,240	3,240	100%	761	381	11.7%	**11.7%**
47402	Covenant Homecare	4,792	4,652	97%	1,108	554	11.9%	**11.6%**
25044	Quality Home Health	3,591	1,754	49%	815	408	23.2%	**11.3%**
76032	Elk Valley Home Health Care Agency, LLC (Deaconess)	603	568	94%	136	68	12.0%	**11.3%**
13032	Suncrest Home Health (Claiborne Home Health)	1,008	1,008	100%	226	113	11.2%	**11.2%**
96030	Professional Home Health Care Agency, Inc.	5	5	100%	1	1	10.0%	**10.0%**
30041	Laughlin Home Health Agency	737	737	100%	142	71	9.6%	**9.6%**
05012	Blount Memorial Hospital Home Health Services	1,281	1,192	93%	246	123	10.3%	**9.6%**
47042	Gentiva Health Services	413	408	99%	79	40	9.7%	**9.6%**
32122	Univ of TN Med Center Home Health Services	751	751	100%	139	70	9.3%	**9.3%**
47062	Camellia Home Health of East Tennessee, LLC	1,732	1,146	66%	320	160	14.0%	**9.2%**
90131	NHC Homecare	465	465	100%	80	40	8.6%	**8.6%**
47012	NHC Homecare	883	882	100%	150	75	8.5%	**8.5%**
15032	Smoky Mountain Home Health and Hospice, Inc.	1,102	1,102	100%	177	89	8.0%	**8.0%**
82061	Gentiva Health Services	612	611	100%	93	47	7.6%	**7.6%**
32102	Amedisys Home Health Care	3,210	3,210	100%	451	226	7.0%	**7.0%**
47202	Amedisys Home Health Care	4,391	4,390	100%	525	263	6.0%	**6.0%**
01042	Professional Case Management of Tennessee	173	166	96%	19	10	5.7%	**5.5%**
90121	Amedysis Home Health	1,460	1,460	100%	157	79	5.4%	**5.4%**
19494	Elk Valley Health Services, Inc.	293	69	24%	30	15	21.7%	**5.1%**
47182	Gentiva Hlth Svcs (Girling Health Care, Inc., Knoxville)	1,815	1,768	97%	172	86	4.9%	**4.7%**
62052	Intrepid USA Healthcare Services	355	312	88%	32	16	5.1%	**4.5%**
13022	Amedisys Home Health of Tennessee	1,547	761	49%	113	57	7.4%	**3.7%**
47372	The Home Option By Harden Hlth Care (Girling Hlth Care Svcs of KV)	72	72	100%	5	3	3.5%	**3.5%**
25034	Quality Private Duty Care	894	189	21%	61	31	16.1%	**3.4%**
06063	Home Health Care of East Tennessee, Inc.	2,680	451	17%	129	65	14.3%	**2.4%**
19544	Home Care Solutions, Inc. (LHC)	1,689	307	18%	68	34	11.1%	**2.0%**
62062	Sweetwater Hospital Home Health	625	50	8%	17	9	17.0%	**1.4%**
54043	NHC Homecare	358	31	9%	5	3	8.1%	**0.7%**
67024	Amedisys Home Health	949	71	7%	13	7	9.2%	**0.7%**
33103	Amedisys Home Health	2,564	94	4%	14	7	7.4%	**0.3%**
75024	NHC Homecare	4,180	2	0%	2	1	50.0%	**0.0%**
52024	Deaconess Homecare	1,294	234	18%	0	0	0.0%	**0.0%**
47222	East Tennessee Children's Hospital Home Health Care	600	581	97%	0	0	0.0%	**0.0%**
	TOTALS	65,257	47,598	73%	11,099	5,550	11.7%	**8.5%**

Sources: 2014 Joint Annual Reports

C(I).6. PROVIDE APPLICABLE UTILIZATION AND/OR OCCUPANCY STATISTICS FOR YOUR INSTITUTION FOR EACH OF THE PAST THREE (3) YEARS AND THE PROJECTED ANNUAL UTILIZATION FOR EACH OF THE TWO (2) YEARS FOLLOWING COMPLETION OF THE PROJECT. ADDITIONALLY, PROVIDE THE DETAILS REGARDING THE METHODOLOGY USED TO PROJECT UTILIZATION. THE METHODOLOGY MUST INCLUDE DETAILED CALCULATIONS OR DOCUMENTATION FROM REFERRAL SOURCES, AND IDENTIFICATION OF ALL ASSUMPTIONS.

Applicant's Historical Utilization

Following this page is Table Eleven-A, providing the past three years of utilization for the three Alere Women's and Children's Health agencies in Tennessee. The second following page is Table Eleven-B, providing comprehensive statistics on the 2014 utilization of Alere Women's and Children's Health (Hamilton County) as reported in its 2014 Joint Annual Report.

Applicant's Projected Utilization

The applicant projected its utilization from the proposed service area using a two-step process, as stated below. The steps are reflected in Tables Twelve-A and -B, which follow the historical Alere utilization charts that begin after this page.

1. Alere/Hamilton's 2014 overall use rate in its current 14-county service area was calculated. Alere/Hamilton's Tennessee patients by county during 2014 were totaled (44 from Tennessee) and divided by the 2014 female population of childbearing age for its current counties (147,943) to derive the target population's average Tennessee service area use rate of Alere / Hamilton, which was 0.030%. See Table Twelve-A below.

2. Alere/Hamilton's 2014 average use rate was then applied to the projected Years One and Two population of females of childbearing age in the *proposed* service area. That resulted in a projection of approximately 94 additional Alere patients in both 2017 and 2018. See Table Twelve-B below.

Table Eleven-A: Alere Women's and Children's Health (All Tennessee Agencies)
2012-2014 Total Patients, 2014 TennCare Patients, 2014 Patients of Childbearing Age (18-64)

Health Statistics ID Number	Home Health Agency Name	Agency License Number	County of Parent Office	Date Agency Licensed	2012 JAR Total Patients Served	2013 JAR Total Patients Served	2014 JAR Total Patients Served	2014 JAR TennCare Patients Served	2014 TennCare Percent of Total Patients Served	2014 Patients Served Ages 18-64	2014 Percent of Total Patients Served Who were Age 18-64
19654	Alere Women's and Children's Health	471	Davidson	3/1/99	196	202	186	134	72.0%	184	98.9%
33423	**Alere Women's and Children's Health**	**457**	**Hamilton**	**11/13/98**	**52**	**74**	**50**	**36**	**72.0%**	**50**	**100.0%**
79466	Alere Women's and Children's Health	459	Shelby	12/21/98	401	417	376	175	46.5%	375	99.7%
			Statewide Totals		649	693	612	345	56.4%	609	99.5%

Source: TDH; 2014 Joint Annual Reports of Home Health Agencies

Table Eleven-B: 2014 Alere / Hamilton County Utilization

Health Statistics ID	Agency County	Agency Name	Total Patients	TNCare Patients	TnCare % of Patients
33423	Hamilton	Alere Women's and Children's Health	50	36	72.0%

Total Gross Revenue	TNCare Gross Revenue	TnCare % of Gross Revenue
$372,257	$201,108	54.0%

Total Visits	TNCare Visits	TnCare % of Visits
409	336	82.2%

Total Hours	TNCare Hours	TnCare % of Hours
613	504	82.2%

Total Patients	Patients Age 18-64	% of Patients Age 18-64
50	50	100.0%

Source: HHA Joint Ann. Reports, 2014.

Table Twelve-A: Alere Hamilton's Use Rates in 2014			
County	Alere Agency's Total Patients in 2014	2014 Female Population 15-44	Alere Use Rate by Population of Childbearing Age
HAMILTON CO. AGENCY			
Bledsoe	0	1,959	0.000%
Bradley	12	20,435	0.059%
Coffee	2	11,214	0.018%
Grundy	1	2,378	0.042%
Hamilton	15	68,201	0.022%
Marion	0	5,006	0.000%
McMinn	3	9,568	0.031%
Meigs	0	2,121	0.000%
Monroe	1	7,887	0.013%
Polk	1	2,916	0.034%
Rhea	2	6,154	0.032%
Sequatchie	0	2,700	0.000%
Warren	7	7,404	0.095%
AGENCY TOTAL	***44***	***147,943***	***0.030%***

Source: Joint Annual Reports; TDH Population Projections 2013 Series.
Note: Patients exclude 6 from outside TN service area.

Table Twelve-B: Alere Patients By Proposed New Counties--Years One & Two					
Proposed Counties To Be Added to Alere Hamilton's Service Areas	**Year One 2017 Female Population 15-44**	**Year 2018 Female Population 15-44**	**Agency's 2014 Average Use Rate in Its Current Counties**	**Year One Projected Potential New Alere Patients**	**Year Two Projected Potential New Alere Patients**
Anderson	13,155	13,223	0.030%	3.95	3.97
Blount	24,336	24,702	0.030%	7.30	7.41
Campbell	7,762	7,806	0.030%	2.33	2.34
Carter	10,247	10,230	0.030%	3.07	3.07
Claiborne	6,152	6,154	0.030%	1.85	1.85
Cocke	7,196	7,387	0.030%	2.16	2.22
Grainger	4,190	4,249	0.030%	1.26	1.27
Greene	12,624	12,694	0.030%	3.79	3.81
Hamblen	12,055	12,182	0.030%	3.62	3.65
Hancock	1,105	1,121	0.030%	0.33	0.34
Hawkins	8,877	8,628	0.030%	2.66	2.59
Jefferson	10,405	10,535	0.030%	3.12	3.16
Johnson	2,679	2,708	0.030%	0.80	0.81
Knox	92,158	92,350	0.030%	27.65	27.71
Loudon	7,899	7,865	0.030%	2.37	2.36
Morgan	3,508	3,523	0.030%	1.05	1.06
Roane	8,721	8,714	0.030%	2.62	2.61
Scott	4,073	4,111	0.030%	1.22	1.23
Sevier	17,725	18,007	0.030%	5.32	5.40
Sullivan	24,153	23,641	0.030%	7.25	7.09
Unicoi	3,155	3,181	0.030%	0.95	0.95
Union	3,390	3,399	0.030%	1.02	1.02
Washington	26,225	26,327	0.030%	7.87	7.90
NEW COUNTIES TOTAL	**311,790**	**312,737**	**0.030%**	**93.54**	**93.82**
PROJECTED ALERE PATIENTS				**60**	**94**

C(II)1. PROVIDE THE COST OF THE PROJECT BY COMPLETING THE PROJECT COSTS CHART ON THE FOLLOWING PAGE. JUSTIFY THE COST OF THE PROJECT.

- **ALL PROJECTS SHOULD HAVE A PROJECT COST OF AT LEAST $3,000 ON LINE F (MINIMUM CON FILING FEE). CON FILING FEE SHOULD BE CALCULATED ON LINE D.**

- **THE COST OF ANY LEASE (BUILDING, LAND, AND/OR EQUIPMENT) SHOULD BE BASED ON FAIR MARKET VALUE OR THE TOTAL AMOUNT OF THE LEASE PAYMENTS OVER THE INITIAL TERM OF THE LEASE, WHICHEVER IS GREATER. NOTE: THIS APPLIES TO ALL EQUIPMENT LEASES INCLUDING BY PROCEDURE OR "PER CLICK" ARRANGEMENTS. THE METHODOLOGY USED TO DETERMINE THE TOTAL LEASE COST FOR A "PER CLICK" ARRANGEMENT MUST INCLUDE, AT A MINIMUM, THE PROJECTED PROCEDURES, THE "PER CLICK" RATE AND THE TERM OF THE LEASE.**

- **THE COST FOR FIXED AND MOVEABLE EQUIPMENT INCLUDES, BUT IS NOT NECESSARILY LIMITED TO, MAINTENANCE AGREEMENTS COVERING THE EXPECTED USEFUL LIFE OF THE EQUIPMENT; FEDERAL, STATE, AND LOCAL TAXES AND OTHER GOVERNMENT ASSESSMENTS; AND INSTALLATION CHARGES, EXCLUDING CAPITAL EXPENDITURES FOR PHYSICAL PLANT RENOVATION OR IN-WALL SHIELDING, WHICH SHOULD BE INCLUDED UNDER CONSTRUCTION COSTS OR INCORPORATED IN A FACILITY LEASE.**

- **FOR PROJECTS THAT INCLUDE NEW CONSTRUCTION, MODIFICATION, AND/OR RENOVATION; DOCUMENTATION MUST BE PROVIDED FROM A CONTRACTOR AND/OR ARCHITECT THAT SUPPORT THE ESTIMATED CONSTRUCTION COSTS.**

Please see the following page for the Project Cost Chart. There is no construction required.

PROJECT COSTS CHART--ALERE HAMILTON COUNTY--EXPANSION

A. Construction and equipment acquired by purchase:

1.	Architectural and Engineering Fees	$ 0
2.	Legal, Administrative, Consultant Fees (Excl CON Filing Fee)	60,000
3.	Acquisition of Site	0
4.	Preparation of Site	0
5.	Construction Cost	0
6.	Contingency Fund	0
7.	Fixed Equipment (Not included in Construction Contract)	0
8.	Moveable Equipment (List all equipment over $50,000)	17,600
9.	Other (Specify) _____	0

B. Acquisition by gift, donation, or lease:

1.	Facility (inclusive of building and land)	0
2.	Building only	0
3.	Land only	0
4.	Equipment (Specify) _____	0
5.	Other (Specify) _____	0

C. Financing Costs and Fees:

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

D. Estimated Project Cost (A+B+C) 77,600

E. CON Filing Fee 3,000

F. Total Estimated Project Cost (D+E) **TOTAL $** 80,600

Actual Capital Cost 80,600
Section B FMV 0

C(II).2. IDENTIFY THE FUNDING SOURCES FOR THIS PROJECT.

a. PLEASE CHECK THE APPLICABLE ITEM(S) BELOW AND BRIEFLY SUMMARIZE HOW THE PROJECT WILL BE FINANCED. (DOCUMENTATION FOR THE TYPE OF FUNDING MUST BE INSERTED AT THE END OF THE APPLICATION, IN THE CORRECT ALPHANUMERIC ORDER AND IDENTIFIED AS ATTACHMENT C, ECONOMIC FEASIBILITY--2).

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

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

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

_____D. Grants--Notification of Intent form for grant application or notice of grant award;

___x__E. Cash Reserves--Appropriate documentation from Chief Financial Officer; or

_____F. Other--Identify and document funding from all sources.

The project will be funded/financed in cash by United Health Group (UHG), the ultimate parent company of Alere Women's and Children's Health, LLC. through its subsidiary OptumHealth Care Solutions, Inc. Documentation of financing is provided in Attachment C, Economic Feasibility--2. UHG's income statement and balance sheet are also included.

C(II).3. DISCUSS AND DOCUMENT THE REASONABLENESS OF THE PROPOSED PROJECT COSTS. IF APPLICABLE, COMPARE THE COST PER SQUARE FOOT OF CONSTRUCTION TO SIMILAR PROJECTS RECENTLY APPROVED BY THE HSDA.

Not applicable; the project does not include construction.

C(II).4. COMPLETE HISTORICAL AND PROJECTED DATA CHARTS ON THE FOLLOWING TWO PAGES--DO NOT MODIFY THE CHARTS PROVIDED OR SUBMIT CHART SUBSTITUTIONS. HISTORICAL DATA CHART REPRESENTS REVENUE AND EXPENSE INFORMATION FOR THE LAST THREE (3) YEARS FOR WHICH COMPLETE DATA IS AVAILABLE FOR THE INSTITUTION. PROJECTED DATA CHART REQUESTS INFORMATION FOR THE TWO YEARS FOLLOWING COMPLETION OF THIS PROPOSAL. PROJECTED DATA CHART SHOULD INCLUDE REVENUE AND EXPENSE PROJECTIONS FOR THE PROPOSAL ONLY (I.E., IF THE APPLICATION IS FOR ADDITIONAL BEDS, INCLUDE ANTICIPATED REVENUE FROM THE PROPOSED BEDS ONLY, NOT FROM ALL BEDS IN THE FACILITY).

See the following three pages for these charts, with a page of itemized expenses following the last chart.

1. As explained in Section C.II.9 below, the TennCare MCO's, not TennCare, contract with Alere at a pre-negotiated per diem rate. Each MCO pays 100% of its negotiated rate. Large contractual adjustments are explained primarily by that.

2. Commercial plans who utilize Alere include Aetna, Cigna, Humana, and United Health Care. The reimbursement from these agencies is agreed to using the same "bundled" per diem approach that is used for TennCare. Each insurance plan is contracted with separately; and the confidential contracts state the rates of reimbursement. These are proprietary methodologies, negotiations, rates, and contracts and are not available for public disclosure.

3. Decreases in average charges from CY2014 through the projection period are due to a change in the mix of therapies and services Alere provides. The therapy mix has changed; Alere is now serving patients with therapies that have a lower average charge.

4. The historic and projected data charts are full income and expense statements that show net operating revenue after deductions for contractual adjustments, charity care, and bad debt. Please note that Table 16 (payor mix) later in the application shows revenue data *before* adjustment for bad debt. This is not an inconsistency. If bad debt is added back into net operating revenue in the historic and projected data charts, the net operating revenue will match what is shown in Table 16.

HISTORICAL DATA CHART -- ALERE HAMILTON COUNTY
(ALL DATA ON CALENDAR YEAR BASIS EXCEPT LINE A FYE PATIENTS FROM JAR)

Give information for the last three (3) years for which complete data are available for the facility or agency.

The fiscal year begins in January.

		CY 2012	CY 2013	CY 2014
	CY Patients, TN & Other	54	73	51
A. Utilization Data	FYE Patients, TN only (JAR)	52	74	50
B. Revenue from Services to Patients				
1. Inpatient Services		$		
2. Outpatient Services				
3. Emergency Services				
4. Other Operating Revenue		297,104	197,626	379,702
(Specify) See notes page				
	Gross Operating Revenue	$ 297,104	$ 197,626	$ 379,702
C. Deductions for Operating Revenue				
1. Contractual Adjustments		$ 193,916	125,946	225,024
2. Provision for Charity Care		2,971	1,976	3,797
3. Provisions for Bad Debt		4,009	2,788	5,737
	Total Deductions	$ 200,896	$ 130,710	$ 234,558
NET OPERATING REVENUE		$ 96,208	$ 66,916	$ 145,144
D. Operating Expenses				
1. Salaries and Wages		$ 28,312	29,157	54,564
2. Physicians Salaries and Wages				
3. Supplies		10,451	11,256	17,018
4. Taxes		418	453	616
5. Depreciation		678	616	931
6. Rent		653	819	1,436
7. Interest, other than Capital				
8. Management Fees				
a. Fees to Affiliates				
b. Fees to Non-Affiliates				
9. Other Expenses (Specify)	See notes page	6,858	7,924	14,063
	Total Operating Expenses	$ 47,370	50,225	88,628
E. Other Revenue (Expenses) -- Net (Specify)		$	$	$
NET OPERATING INCOME (LOSS)		$ 48,838	$ 16,691	$ 56,516
F. Capital Expenditures				
1. Retirement of Principal		$	$	$
2. Interest				
	Total Capital Expenditures	$ 0	$ 0	$ 0
NET OPERATING INCOME (LOSS) LESS CAPITAL EXPENDITURES		$ 48,838	$ 16,691	$ 56,516

PROJECTED DATA CHART--ALERE HAMILTON-- PROPOSED NEW COUNTIES ONLY
(ALL DATA ON CALENDAR YEAR BASIS)

Give information for the two (2) years following the completion of this proposal.

The fiscal year begins in January.

		YEAR ONE	YEAR TWO
	Patients	60	94
A. Utilization Data			
B. Revenue from Services to Patients			
1. Inpatient Services		$	$
2. Outpatient Services			
3. Emergency Services			
4. Other Operating Revenue (Specify)	See notes page	408,660	640,234
	Gross Operating Revenue	$ 408,660	$ 640,234
C. Deductions for Operating Revenue			
1. Contractual Adjustments		$ 262,313	410,958
2. Provision for Charity Care		4,087	6,402
3. Provisions for Bad Debt		5,690	8,915
	Total Deductions	$ 272,090	$ 426,275
NET OPERATING REVENUE		$ 136,570	$ 213,959
D. Operating Expenses			
1. Salaries and Wages		$ 89,388	128,869
2. Physicians Salaries and Wages			
3. Supplies		16,878	33,053
4. Taxes			
5. Depreciation			
6. Rent			
7. Interest, other than Capital			
8. Management Fees			
a. Fees to Affiliates			
b. Fees to Non-Affiliates			
9. Other Expenses (Specify)	See notes page	3,885	6,232
Dues, Utilities, Insurance, and Prop Taxes.			
	Total Operating Expenses	$ 110,151	$ 168,154
E. Other Revenue (Expenses) -- Net (Specify)		$	$
NET OPERATING INCOME (LOSS)		$ 26,419	$ 45,805
F. Capital Expenditures			
1. Retirement of Principal		$	$
2. Interest			
	Total Capital Expenditures	$ 0	$ 0
NET OPERATING INCOME (LOSS) LESS CAPITAL EXPENDITURES		$ 26,419	$ 45,805

PROJECTED DATA CHART-- ALERE HAMILTON--WITH CURRENT AND PROPOSED COUNTIES
(ALL DATA ON CALENDAR YEAR BASIS)

Give information for the two (2) years following the completion of this proposal.

The fiscal year begins in January.

		YEAR ONE	YEAR TWO
	Patients	115	149
A. Utilization Data			
B. Revenue from Services to Patients			
1. Inpatient Services		$	$
2. Outpatient Services			
3. Emergency Services			
4. Other Operating Revenue (Specify)	See notes page	783,265	1,014,839
	Gross Operating Revenue	$ 783,265	$ 1,014,839
C. Deductions for Operating Revenue			
1. Contractual Adjustments		$ 502,767	651,412
2. Provision for Charity Care		7,833	10,148
3. Provisions for Bad Debt		10,907	14,131
	Total Deductions	$ 521,507	$ 675,691
NET OPERATING REVENUE		$ 261,758	$ 339,148
D. Operating Expenses			
1. Salaries and Wages		$ 143,952	183,433
2. Physicians Salaries and Wages			
3. Supplies		32,350	48,525
4. Taxes		616	616
5. Depreciation		931	931
6. Rent		1,436	1,436
7. Interest, other than Capital			
8. Management Fees			
a. Fees to Affiliates			
b. Fees to Non-Affiliates			
9. Other Expenses (Specify)	See notes page	17,948	20,295
Dues, Utilities, Insurance, and Prop Taxes.			
	Total Operating Expenses	$ 197,233	$ 255,236
E. Other Revenue (Expenses) -- Net (Specify)		$	$
NET OPERATING INCOME (LOSS)		$ 64,525	$ 83,912
F. Capital Expenditures			
1. Retirement of Principal		$ 0	$ 0
2. Interest		0	0
	Total Capital Expenditures	$ 0	$ 0
NET OPERATING INCOME (LOSS) LESS CAPITAL EXPENDITURES		$ 64,525	$ 83,912

Other Expense Detail
ALERE HAMILTON

	Historical			Projected (Project)		Projected (Expanded Agency)	
	2012	**2013**	**2014**	**Yr 1**	**Yr 2**	**Yr 1**	**Yr 2**
Courier_Postage Exp	1,963	1,819	2,145	-	-	2,145	2,145
Other	289	380	816	384	684	1,200	1,500
Facilities - R&M	162	137	166	584	834	750	1,000
Facilities - Utilities	117	134	353	-	147	353	500
Telephone	1,526	2,412	4,539	961	1,461	5,500	6,000
Travel	2,677	2,895	5,668	1,832	2,832	7,500	8,500
Misc Sales Expenses	124	147	376	124	274	500	650
Total Other Exp	**6,858**	**7,924**	**14,063**	**3,885**	**6,232**	**17,948**	**20,295**

C(II).5. PLEASE IDENTIFY THE PROJECT'S AVERAGE GROSS CHARGE, AVERAGE DEDUCTION FROM OPERATING REVENUE, AND AVERAGE NET CHARGE.

Table Thirteen-A : Average Charges, Deductions, and Net Charges Alere/Hamilton Agency--Proposed 23 New Counties Only		
	Year One	**Year Two**
Patients	60	94
Average Gross Charge Per Patient	$6,811	$6,811
Average Deduction Per Patient	$4,535	$4,535
Average Net Charge (Net Operating Income) Per Patient	$2,276	$2,276
Average Net Operating Income Per Patient After Capital Expenditures	$440	$487

Table Thirteen-B : Average Charges, Deductions, and Net Charges Alere / Hamilton Agency--Current Plus Proposed Counties		
	Year One	**Year Two**
Patients	115	149
Average Gross Charge Per Patient	$6,811	$6,811
Average Deduction Per Patient	$4,535	$4,535
Average Net Charge (Net Operating Income) Per Patient	$2,276	$2,276
Average Net Operating Income Per Patient After Capital Expenditures	$561	$563

C(II).6.A. PLEASE PROVIDE THE CURRENT AND PROPOSED CHARGE SCHEDULES FOR THE PROPOSAL. DISCUSS ANY ADJUSTMENT TO CURRENT CHARGES THAT WILL RESULT FROM THE IMPLEMENTATION OF THE PROPOSAL. ADDITIONALLY, DESCRIBE THE ANTICIPATED REVENUE FROM THE PROPOSED PROJECT AND THE IMPACT ON EXISTING PATIENT CHARGES.

Table Fourteen: Alere/Hamilton's Charges Per Patient (Current and Proposed Counties)		
	CY2014	**Year Two**
Agency Total Unduplicated Patients	51	149
Gross Charges, All Services	$379,702	$1,014,839
Gross Charges Per Patient	$7,445	$6,811

Source: Alere management; Historic and Projected Cost Charts.

C(II).6.B. COMPARE THE PROPOSED CHARGES TO THOSE OF SIMILAR FACILITIES IN THE SERVICE AREA/ADJOINING SERVICE AREAS, OR TO PROPOSED CHARGES OF PROJECTS RECENTLY APPROVED BY THE HSDA. IF APPLICABLE, COMPARE THE PROJECTED CHARGES OF THE PROJECT TO THE CURRENT MEDICARE ALLOWABLE FEE SCHEDULE BY COMMON PROCEDURE TERMINOLOGY (CPT) CODE(S).

Table Fifteen-A: 2014 Costs & Charges (Gross Revenues) of Selected Agencies in the Service Area For All Disciplines (Except Cost/Visit Data)

Agency*	Cost Per Visit SNF ONLY	Gross Revenue Per Unduplicated Patient	Gross Revenue Per Visit	Gross Revenue Per Hour
1	$111	$2,563	$151.63	NA
2	$110	$2,965	$151.06	NA
3	$91	$3,115	$213.84	$65.24
4	$153	$5,900	$150.55	NA
5	NA	$94,022	$772.64	NA
6	$125	$1,655	$37.80	NA
7	$58	$111,470	$19,031.47	$35.10
8	$145	$4,349	$233.41	NA
9	$89	$14,983	$633.24	$39.88
10	$106	$8,579	$247.17	$109.71
11	NA	$16,584	NA	$22.79
12	$84	$4,831	$98.41	NA
13	$161	$4,385	$152.84	NA
Alere/ Hamilton Year One	NR	$6,811	NR	NR

Source: 2014 Joint Annual Reports; and Alere management.

*Key to Agencies:

1. Advanced Home Care, Inc., Sullivan Co
2. Advanced Home Care, Inc., Greene Co
3. Careall Home Service, Knox Co
4. Clinch River Home Health, Anderson Co
5. Elk Valley Health Services, Inc., Davidson Co
6. Hometown Health Care, Inc., Hawkins Co
7. Maxim Healthcare Services, Inc., Knox Co
8. Medical Center Homecare (KP)Washington Co
9. ProCare Home Health Services, Greene Co
10. Quality Home Care, Fentress Co
11. Quality Private Duty Care, Fentress Co
12. Sunbelt Homecare, Campbell Co
13. Sweetwater Hospital Home Health, Monroe Co

Table Fifteen-B: Alere/Hamilton's Average Charges (Gross Revenue) Per Unduplicated Patients(All Counties)

	CY 2014	Year Two
Total Gross Revenue	$379,702	$1,014,839
Patients	51	149
Total Gross Revenue Per Patient	$7,445	$6,811

Source: Alere management.

The applicant focuses on patients whose youth makes them ineligible for Medicare, so the Medicare fee schedule is not applicable.

C(II).7. DISCUSS HOW PROJECTED UTILIZATION RATES WILL BE SUFFICIENT TO MAINTAIN COST-EFFECTIVENESS.

Because this is a home health service with pre-negotiated reimbursement rates from insurers, and known contractual costs for field personnel and supplies, the expansion proposed in Middle Tennessee will be cost-effective and will operate with a positive margin from the outset.

C(II).8. DISCUSS HOW FINANCIAL VIABILITY WILL BE ENSURED WITHIN TWO YEARS; AND DEMONSTRATE THE AVAILABILITY OF SUFFICIENT CASH FLOW UNTIL FINANCIAL VIABILITY IS MAINTAINED.

This is an existing agency with existing positive cash flow. There will be no delay or interruption in positive cash flow caused by the addition of more patients.

C(II).9. DISCUSS THE PROJECT'S PARTICIPATION IN STATE AND FEDERAL REVENUE PROGRAMS, INCLUDING A DESCRIPTION OF THE EXTENT TO WHICH MEDICARE, TENNCARE/MEDICAID, AND MEDICALLY INDIGENT PATIENTS WILL BE SERVED BY THE PROJECT. IN ADDITION, REPORT THE ESTIMATED DOLLAR AMOUNT OF REVENUE AND PERCENTAGE OF TOTAL PROJECT REVENUE ANTICIPATED FROM EACH OF TENNCARE, MEDICARE, OR OTHER STATE AND FEDERAL SOURCES FOR THE PROPOSAL'S FIRST YEAR OF OPERATION.

Table Sixteen on the following page provides comprehensive payor mix projections for the Alere/Shelby agency. It shows data before contractual adjustment for bad debt. The bad debt shown in the Historic and Projected Data Charts can be added back to the net operating revenue in those charts, and the totals will correspond with the net operating revenue shown in Table 16.

Table Sixteen: Alere Hamilton County Agency--Current and Projected Payor Mix on Gross Revenues (Billings)

CY 2014	Medicare (All Types)	%	TennCare / Medicaid	%	Commercial	%	Self Pay	%	Other/Charity	%	Total (100%)
Patients		0.0%	41	81.0%	10	19.0%	0.00	0%	0.0	0.0%	51
Gross Revenue		0.0%	$307,558.62	81.0%	$72,143.38	19.0%	$0.00	0%	$0.00	0.0%	$379,702.00
Net Revenue		0.0%	$102,599.76	68.0%	$48,282.24	32.0%	$0.00	0%	$0.00	0.0%	$150,882.00
Gross Revenue/Patient			$7,501.43		$7,214.34						$7,445.14
Net Revenue/Patient			$2,502.43		$4,828.22						$2,958.47

Year One	Medicare (All Types)	%	TennCare / Medicaid	%	Commercial	%	Self Pay	%	Other/Charity	%	Total (100%)
Patients		0.0%	93	81.0%	22	19.0%	0.00	0%	0.0	0.0%	115
Gross Revenue		0.0%	$634,444.65	81.0%	$148,820.35	19.0%	$0.00	0%	$0.00	0.0%	$783,265.00
Net Revenue		0.0%	$202,044.77	74.1%	$70,620.24	25.9%	$0.00	0%	$0.00	0.0%	$272,665.00
Gross Revenue/Patient			$6,821.99		$6,764.56						$6,811.00
Net Revenue/Patient			$2,172.52		$3,210.01						$2,371.00

Year Two	Medicare (All Types)	%	TennCare / Medicaid	%	Commercial	%	Self Pay	%	Other/Charity	%	Total (100%)
Patients		0.0%	121	81.0%	28	19.0%	0.00	0%	0.0	0.0%	149
Gross Revenue		0.0%	$822,019.59	81.0%	$192,819.41	19.0%	$0.00	0%	$0.00	0.0%	$1,014,839.00
Net Revenue		0.0%	$261,779.74	74.1%	$91,499.26	25.9%	$0.00	0%	$0.00	0.0%	$353,279.00
Gross Revenue/Patient			$6,793.55		$6,886.41						$6,811.00
Net Revenue/Patient			$2,163.47		$3,267.83						$2,371.00

Source: Alere management.

*Note: This data is on a **calendar** year basis. It is not consistent with Alere's 2014 Joint Annual Report for two reasons:*

1. *The JAR is for the period ending June 30, 2014; this table is for the period ending December 31, 2014.*
2. *Alere has reported net revenue in its JAR rather than gross revenue because Alere bills only on a net revenue basis, at pre-negotiated "bundled" per diem rates. The table above shows gross revenues applicable before negotiating discounts for billing purposes.*

C(II).10. PROVIDE COPIES OF THE BALANCE SHEET AND INCOME STATEMENT FROM THE MOST RECENT REPORTING PERIOD OF THE INSTITUTION, AND THE MOST RECENT AUDITED FINANCIAL STATEMENTS WITH ACCOMPANYING NOTES, IF APPLICABLE. FOR NEW PROJECTS, PROVIDE FINANCIAL INFORMATION FOR THE CORPORATION, PARTNERSHIP, OR PRINCIPAL PARTIES INVOLVED WITH THE PROJECT. COPIES MUST BE INSERTED AT THE END OF THE APPLICATION, IN THE CORRECT ALPHANUMERIC ORDER AND LABELED AS ATTACHMENT C, ECONOMIC FEASIBILITY--10.

These are provided as Attachment C, Economic Feasibility--10.

C(II)11. DESCRIBE ALL ALTERNATIVES TO THIS PROJECT WHICH WERE CONSIDERED AND DISCUSS THE ADVANTAGES AND DISADVANTAGES OF EACH ALTERNATIVE, INCLUDING BUT NOT LIMITED TO:

A. A DISCUSSSION REGARDING THE AVAILABILITY OF LESS COSTLY, MORE EFFECTIVE, AND/OR MORE EFFICIENT ALTERNATIVE METHODS OF PROVIDING THE BENEFITS INTENDED BY THE PROPOSAL. IF DEVELOPMENT OF SUCH ALTERNATIVES IS NOT PRACTICABLE, THE APPLICANT SHOULD JUSTIFY WHY NOT, INCLUDING REASONS AS TO WHY THEY WERE REJECTED.

B. THE APPLICANT SHOULD DOCUMENT THAT CONSIDERATION HAS BEEN GIVEN TO ALTERNATIVES TO NEW CONSTRUCTION, E.G., MODERNIZATION OR SHARING ARRANGEMENTS. IT SHOULD BE DOCUMENTED THAT SUPERIOR ALTERNATIVES HAVE BEEN IMPLEMENTED TO THE MAXIMUM EXTENT PRACTICABLE.

After the CON process costs are incurred, the only cost to the applicant of implementing the project is a minor expenditure for minor equipment. The entire project cost will not exceed $80,600, and may cost less if significant opposition is not encountered during CON review.

The applicant decided to pursue this project due to continuous requests from referring physicians to extend their services into a wider geography. The choice of counties was dictated by a long-range plan to expand Alere into a Statewide provider--for greater ease of contracting to serve the TennCare population that comprises the great majority of its patients.

C(III).1. LIST ALL EXISTING HEALTH CARE PROVIDERS (I.E., HOSPITALS, NURSING HOMES, HOME CARE ORGANIZATIONS, ETC.) MANAGED CARE ORGANIZATIONS, ALLIANCES, AND/OR NETWORKS WITH WHICH THE APPLICANT CURRENTLY HAS OR PLANS TO HAVE CONTRACTUAL AND/OR WORKING RELATIONSHIPS, E.G., TRANSFER AGREEMENTS, CONTRACTUAL AGREEMENTS FOR HEALTH SERVICES.

Alere does not require transfer agreements because Alere is a service organization rather than a facility. If Alere patients develop a need for hospitalization, their physicians and patients request admission and (if needed) patient transport via ambulance. Alere's most continuous contact is with the three TennCare MCO's who request Alere to provide obstetrical home care to their high-risk enrollees. Alere has negotiated reimbursement contracts with all area MCO's.

C(III).2. DESCRIBE THE POSITIVE AND/OR NEGATIVE EFFECTS OF THE PROPOSAL ON THE HEALTH CARE SYSTEM. PLEASE BE SURE TO DISCUSS ANY INSTANCES OF DUPLICATION OR COMPETITION ARISING FROM YOUR PROPOSAL, INCLUDING A DESCRIPTION OF THE EFFECT THE PROPOSAL WILL HAVE ON THE UTILIZATION RATES OF EXISTING PROVIDERS IN THE SERVICE AREA OF THE PROJECT.

Alere believes that this project does not duplicate other agencies' care for this type and age of patient, based on its own familiarity with those agencies, its phone surveys of those agencies, and the apparently minimal services provided to women of childbearing age as documented in the statistical tables discussed in the Need section of this application.

Even if Alere's entry would take all of its patients from other providers, the Alere patient base will be so small (94 patients in Year Two) that there should be no significant adverse impacts on existing providers.

The project will have positive impacts on patient health in these rural counties. Tennessee is still above the national average for premature births. This rural area and those who pay for its maternal and infant health care needs (particularly TennCare) need to reduce this set of health problems. That will require expansion of clinically sophisticated home care support through proven and financially accessible providers such

as Alere. That expansion will create greater awareness and confidence in home care, among referring obstetricians and their patients. The strongest impact of the project will be a positive one that is difficult to quantify--the reduction of costly Emergency Room visits, maternal acute care admissions, NICU admissions of preterm babies, and excessive visits to overcrowded obstetricians' practice offices. These burdensome and expensive events can be significantly reduced by Alere's home care; and it is those patients--rather than other agencies' patient--that Alere's application is targeting.

One alternative to obtaining its own authorization for home care services in these new counties would appear to be for Alere to subcontract its services to existing agencies. If optimal patient outcomes could be assured, Alere would be willing to do that, and has done so in the past in a few areas. But Alere has now ceased to subcontract its services to other home health agencies, because of difficulty with controlling the scope and costs of care in a manner that optimizes good outcomes. This is an area with serious liability risks and Alere is not willing to share control of patient care with another party that is inexperienced in that care. It is not feasible.

C(III).3. PROVIDE THE CURRENT AND/OR ANTICIPATED STAFFING PATTERN FOR ALL EMPLOYEES PROVIDING PATIENT CARE FOR THE PROJECT. THIS CAN BE REPORTED USING FTE'S FOR THESE POSITIONS. IN ADDITION, PLEASE COMPARE THE CLINICAL STAFF SALARIES IN THE PROPOSAL TO PREVAILING WAGE PATTERNS IN THE SERVICE AREA AS PUBLISHED BY THE TENNESSEE DEPARTMENT OF LABOR & WORKFORCE DEVELOPMENT AND/OR OTHER DOCUMENTED SOURCES.

Not available. Registered nurses are the only type of employee in this project. The Department of Labor and Workforce Development website no longer provides 2014 or 2015 occupational wage salary survey information for nurses other than licensed practical or vocational nurses.

Please see the following page for Table Eighteen, which shows the project's FTE's and salary ranges.

Table Eighteen: Alere / Hamilton County Agency Current and Projected Staffing					
Position Type (RN, etc.)	Current 2015 FTE's	Yr 1 2016 FTE's	Yr 2 2017 FTE's	Annual Salary Range 2015	
				Minimum	Maximum
Office Positions, Management and Clinical					
Administrative Assistant	0.50	0.50	0.50	$27,892.00	$48,900.00
Home Care Director	1.00	1.00	1.00	$57,800.00	$103,700.00
Administrative Assistant (Call Center Support)	0.50	1.00	1.50	$27,892.00	$48,900.00
Perinatal Clinicians (Call Center Support)	0.25	1.00	1.50	$40,810.00	$72,300.00
Account Executive	0.33	1.00	1.00	$45,500.00	$80,100.00
Subtotal, Office FTE's	**2.58**	**4.50**	**5.50**		
Clinical Positions in Field (Direct Patient Care)					
Patient Educators Current: 7 RNs	1.10	1.57	2.36	$48,505.00	$86,403.00
2016 10 2017 15					
Subtotal, Field FTE's	**1.10**	**1.57**	**2.36**		
Total, Office and Field FTE's	**3.68**	**6.07**	**7.86**		

Source: Alere Management

C(III).4. DISCUSS THE AVAILABILITY OF AND ACCESSIBILITY TO HUMAN RESOURCES REQUIRED BY THE PROPOSAL, INCLUDING ADEQUATE PROFESSIONAL STAFF, AS PER THE DEPARTMENT OF HEALTH, THE DEPARTMENT OF MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES, AND/OR THE DIVISION OF MENTAL RETARDATION SERVICES LICENSING REQUIREMENTS.

Currently Alere/Hamilton's pool of direct patient care employees consists of 7 OB RN's whose assigned (part-time) caseloads will total 1.1 FTE equivalents in CY2015. Some of these OB RN's live in close proximity to one or more of the proposed counties, so Alere can begin service to those counties immediately after CON approval. Another 2.58 FTE equivalents are management and Call Center support personnel.

The addition of all 23 new counties with their estimated 94 additional patients, combined with the continuing cases from Alere/Hamilton's current service area, will cause Alere's direct patient care OB RN employees to increase from 7 to 15 RNs in Year Two. Days of service requested of both current and additional RN's (and the central office and call center support staff) will cumulatively total approximately 7.86 FTE equivalents, as indicated by the staffing data in Table Eighteen. Of that, 2.36 FTE equivalents are cumulative per diems from the pool of qualified OB RN's ("Patient Educators" in the field) who are employed by Alere to perform home care services under Alere protocols and the direction of supervising physicians.

C(III).5. VERIFY THAT THE APPLICANT HAS REVIEWED AND UNDERSTANDS THE LICENSING CERTIFICATION AS REQUIRED BY THE STATE OF TENNESSEE FOR MEDICAL/CLINICAL STAFF. THESE INCLUDE, WITHOUT LIMITATION, REGULATIONS CONCERNING PHYSICIAN SUPERVISION, CREDENTIALING, ADMISSIONS PRIVILEGES, QUALITY ASSURANCE POLICIES AND PROGRAMS, UTILIZATION REVIEW PPOLICIES AND PROGRAMS, RECORD KEEPING, AND STAFF EDUCATION.

The applicant so verifies.

C(III).6. DISCUSS YOUR HEALTH CARE INSTITUTION'S PARTICIPATION IN THE TRAINING OF STUDENTS IN THE AREAS OF MEDICINE, NURSING, SOCIAL WORK, ETC. (I.E., INTERNSHIPS, RESIDENCIES, ETC.).

This agency does not participate in the training of health care professionals.

C(III).7(a). PLEASE VERIFY, AS APPLICABLE, THAT THE APPLICANT HAS REVIEWED AND UNDERSTANDS THE LICENSURE REQUIREMENTS OF THE DEPARTMENT OF HEALTH, THE DEPARTMENT OF MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES, THE DIVISION OF MENTAL RETARDATION SERVICES, AND/OR ANY APPLICABLE MEDICARE REQUIREMENTS.

The applicant so verifies.

C(III).7(b). PROVIDE THE NAME OF THE ENTITY FROM WHICH THE APPLICANT HAS RECEIVED OR WILL RECEIVE LICENSURE, CERTIFICATION, AND/OR ACCREDITATION

LICENSURE: Board for Licensure of Healthcare Facilities
Tennessee Department of Health

CERTIFICATION: None required by Medicare or TennCare

ACCREDITATION: Joint Commission (System-wide)

C(III).7(c). IF AN EXISTING INSTITUTION, PLEASE DESCRIBE THE CURRENT STANDING WITH ANY LICENSING, CERTIFYING, OR ACCREDITING AGENCY OR AGENCY.

The applicant is currently licensed in good standing by the Board for Licensing Health Care Facilities, and fully "system-wide" accredited by the Joint Commission (JC). System-wide accreditation is the JC's process for efficient accreditation of a large system of agencies by surveys of a random sampling of their sites. This suffices to provide a "system-wide" accreditation of all the providers' sites. Alere has earned the Joint Commission's Gold Seal for system-wide excellence.

None of Alere's Tennessee agencies has been selected as a JC system-wide survey site. Please see the relevant documents in the Attachments for the survey results of JC's selected sites. The JC accreditation letter is addressed to the Alere office responsible for all Alere accreditation activities.

C(III).7(d). FOR EXISTING LICENSED PROVIDERS, DOCUMENT THAT ALL DEFICIENCIES (IF ANY) CITED IN THE LAST LICENSURE CERTIFICATION AND INSPECTION HAVE BEEN ADDRESSED THROUGH AN APPROVED PLAN OF CORRECTION. PLEASE INCLUDE A COPY OF THE MOST RECENT LICENSURE/CERTIFICATION INSPECTION WITH AN APPROVED PLAN OF CORRECTION.

They have been addressed. A copy of the most recent licensure inspection and plan of correction, and/or the most recent accreditation inspection, are provided in Attachment C, Orderly Development--7(C).

C(III)8. DOCUMENT AND EXPLAIN ANY FINAL ORDERS OR JUDGMENTS ENTERED IN ANY STATE OR COUNTRY BY A LICENSING AGENCY OR COURT AGAINST PROFESSIONAL LICENSES HELD BY THE APPLICANT OR ANY ENTITIES OR PERSONS WITH MORE THAN A 5% OWNERSHIP INTEREST IN THE APPLICANT. SUCH INFORMATION IS TO BE PROVIDED FOR LICENSES REGARDLESS OF WHETHER SUCH LICENSE IS CURRENTLY HELD.

None.

C(III)9. IDENTIFY AND EXPLAIN ANY FINAL CIVIL OR CRIMINAL JUDGMENTS FOR FRAUD OR THEFT AGAINST ANY PERSON OR ENTITY WITH MORE THAN A 5% OWNERSHIP INTEREST IN THE PROJECT.

None.

C(III)10. IF THE PROPOSAL IS APPROVED, PLEASE DISCUSS WHETHER THE APPLICANT WILL PROVIDE THE THSDA AND/OR THE REVIEWING AGENCY INFORMATION CONCERNING THE NUMBER OF PATIENTS TREATED, THE NUMBER AND TYPE OF PROCEDURES PERFORMED, AND OTHER DATA AS REQUIRED.

Yes. The applicant will provide the requested data consistent with Federal HIPAA requirements.

PROOF OF PUBLICATION

Attached.

DEVELOPMENT SCHEDULE

1. PLEASE COMPLETE THE PROJECT COMPLETION FORECAST CHART ON THE NEXT PAGE. IF THE PROJECT WILL BE COMPLETED IN MULTIPLE PHASES, PLEASE IDENTIFY THE ANTICIPATED COMPLETION DATE FOR EACH PHASE.

The Project Completion Forecast Chart is provided after this page.

2. IF THE RESPONSE TO THE PRECEDING QUESTION INDICATES THAT THE APPLICANT DOES NOT ANTICIPATE COMPLETING THE PROJECT WITHIN THE PERIOD OF VALIDITY AS DEFINED IN THE PRECEDING PARAGRAPH, PLEASE STATE BELOW ANY REQUEST FOR AN EXTENDED SCHEDULE AND DOCUMENT THE "GOOD CAUSE" FOR SUCH AN EXTENSION.

Not applicable. The applicant anticipates completing the project within the period of validity.

PROJECT COMPLETION FORECAST CHART

Enter the Agency projected Initial Decision Date, as published in Rule 68-11-1609(c):

March 23, 2016

Assuming the CON decision becomes the final Agency action on that date, indicate the number of days from the above agency decision date to each phase of the completion forecast.

PHASE	DAYS REQUIRED	Anticipated Date (MONTH /YEAR)
1. Architectural & engineering contract signed		
2. Construction documents approved by TDH		
3. Construction contract signed		
4. Building permit secured		
5. Site preparation completed		
6. Building construction commenced		
7. Construction 40% complete		
8. Construction 80% complete		
9. Construction 100% complete		
10. * Issuance of license	127	8-1-16
11. *Initiation of service	157	9-1-16
12. Final architectural certification of payment	NA	NA
13. Final Project Report Form (HF0055)	187	10-1-16

*** For projects that do NOT involve construction or renovation: please complete items 10-11 only.**

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

INDEX OF ATTACHMENTS

A.4	Ownership--Legal Entity Documentation
A.6	Documentation of Site Control
C, Need--3	Service Area Maps
C, Economic Feasibility--2	Documentation of Availability of Funding
C, Economic Feasibility--10	Financial Statements
C, Orderly Development--7(C)	Licensing & Accreditation Inspections
Miscellaneous Information	1. Base Table 1 (Existing Agency Utilization) 2. Base Table 2 (Existing Agency Patient Origin) 3. Table Seven-C 4. TennCare Enrollments By County, Sept 2015 5. U.S. Census Quickfacts, PSA Counties
Support Letters	

A.4--Ownership
Legal Entity and Organization Chart

Notes on Alere Women's and Children's Health, LLC

The applicant is Alere Women's and Children's Health, LLC. Its present name is the result of several reorganizations and name changes that are summarized below. The first page of this Attachment is documentation from the Tennessee Secretary of State that it is registered in good standing to do business in Tennessee.

Some years ago, two corporations named Tokos and Healthdyne merged, with Healthdyne being the surviving corporation, which then changed its name to Matria Healthcare, Inc. and then changed it again to Matria Women's and Children's Health, Inc. By special authorization of the IRS, it was allowed to convert into an LLC, Matria Women's and Children's Health, LLC. That LLC changed its name to Alere Women's and Children's Health, LLC, the applicant's current name. From Healthdyne on, this entity has kept the same tax ID number and has been the same legal entity for purposes of a Certificate of Need application.

There are no individuals with membership interests in the applicant LLC. There are no plans to expand its ownership in the future. As stated in the application on page 5 (Executive Summary), Alere Women's and Children's Health, LLC is a wholly owned subsidiary of Alere Health, LLC, which is wholly owned by OptumHealth Care Solutions, Inc., which is ultimately owned by United Health Group, a publicly traded company.

United Health Group is a very large publicly traded company with multiple divisions and services. The only home health care entity it owns directly or indirectly is Alere Women's and Children's Health, LLC. It owns no licensed physical facilities such as hospitals or nursing homes. Alere Women's and Children's Health, LLC has home health agencies licensed in twenty States.

Board for Licensing Health Care Facilities

State of Tennessee

License No. 0000000457

DEPARTMENT OF HEALTH

This is to certify, that a license is hereby granted by the State Department of Health to

ALERE WOMEN'S AND CHILDREN'S HEALTH, LLC *to conduct and maintain a*

Home Care Organization ALERE WOMEN'S AND CHILDREN'S HEALTH, LLC

Located at 651 EAST FOURTH STREET, SUITE 100, CHATTANOOGA

County of HAMILTON *, Tennessee.*

This license shall expire MAY 16 *,* 2016 *, and is subject to the provisions of Chapter 11, Tennessee Code Annotated. This license shall not be assignable or transferable, and shall be subject to revocation at any time by the State Department of Health, for failure to comply with the laws of the State of Tennessee or the rules and regulations of the State Department of Health issued thereunder.*

In Witness Whereof, we have hereunto set our hand and seal of the State this 29TH *day of* APRIL *,* 2015 *.*

In the Distinct Category(ies) of: SKILLED NURSING HOME HEALTH AGENCY

By Vincent J. Davis, MPH

DIRECTOR, DIVISION OF HEALTH CARE FACILITIES

By John J. Dreyzehner, MD

COMMISSIONER

The Joint Commission

July 17, 2013

Mike Cotton
Chief Executive Officer
Alere Women's and Children's Health, LLC
3200 Windy Hill Road, Suite B-100
Atlanta, GA 30339

Joint Commission ID #: 436425
Program: Home Care Accreditation
Accreditation Activity: 60-day Evidence of Standards Compliance
Accreditation Activity Completed: 07/17/2013

Dear Mr. Cotton:

The Joint Commission would like to thank your organization for participating in the accreditation process. This process is designed to help your organization continuously provide safe, high-quality care, treatment, and services by identifying opportunities for improvement in your processes and helping you follow through on and implement these improvements. We encourage you to use the accreditation process as a continuous standards compliance and operational improvement tool.

The Joint Commission is granting your organization an accreditation decision of Accredited for all services surveyed under the applicable manual(s) noted below:

- Comprehensive Accreditation Manual for Home Care

This accreditation cycle is effective beginning May 15, 2013. The Joint Commission reserves the right to shorten or lengthen the duration of the cycle; however, the certificate and cycle are customarily valid for up to 36 months.

Please visit Quality Check® on The Joint Commission web site for updated information related to your accreditation decision.

We encourage you to share this accreditation decision with your organization's appropriate staff, leadership, and governing body. You may also want to inform the state or regional regulatory services, and the public you serve of your organization's accreditation decision.

Please be assured that The Joint Commission will keep the report confidential, except as required by law. To ensure that The Joint Commission's information about your organization is always accurate and current, our policy requires that you inform us of any changes in the name or ownership of your organization or the health care services you provide.

Sincerely,

Mark Pelletier

Mark G.Pelletier, RN, MS

Chief Operating Officer

Division of Accreditation and Certification Operations

Tennessee Secretary of State
Tre Hargett

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Business Information Search

As of November 16, 2015 we have processed all corporate filings received in our office through November 16, 2015 and all annual reports received in our office through November 15, 2015.

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

Search: 1-1 of 1

Search Name: Alere Women's and Children's Health, LLC ◉ Starts With ○ Contains

Control #:

Active Entities Only: ○

Search

Control #	Entity Type	Name	Name Type	Name Status	Entity Filing Date	Entity Status
000500940	LLC	ALERE WOMEN'S AND CHILDREN'S HEALTH, LLC *DELAWARE*	Entity	Active	08/24/2005	Active

1-1 of 1

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

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

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

Division of Business Services
312 Rosa L. Parks Avenue, Snodgrass Tower, 6th Floor
Nashville, TN 37243
615-741-2286
Email | Directions | Hours and Holidays | Methods of Payment

Business Filings and Information (615) 741-2286 | TNSOS.CORPINFO@tn.gov

Certified Copies and Certificate of Existence (615) 741-6488 | TNSOS.CERT@tn.gov

Motor Vehicle Temporary Liens (615) 741-0529 | TNSOS.MVTL@tn.gov

Uniform Commercial Code (UCC) (615) 741-3276 | TNSOS.UCC@tn.gov

Workers' Compensation Exemption Registrations (615) 741-0526 | TNSOS.WCER@tn.gov

Apostilles & Authentications (615) 741-0536 | TNSOS.ATS@tn.gov

Summons (615) 741-1799 | TNSOS.ATS@tn.gov

Trademarks (615) 741-0531 | TNSOS.ATS@tn.gov

OUR MISSION

Our mission is to exceed the expectations of our customers, the taxpayers, by operating at the highest levels of accuracy, cost-effectiveness, and accountability in a customer-centered environment.

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Tennessee General Assembly

Bureau of Ethics and Campaign Finance

Tennessee Code Unannotated

NASS

State Comptroller

State Treasurer

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "ALERE LLC", CHANGING ITS NAME FROM "ALERE LLC" TO "ALERE HEALTH, LLC", FILED IN THIS OFFICE ON THE THIRTY-FIRST DAY OF DECEMBER, A.D. 2009, AT 10:53 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF AMENDMENT IS THE THIRTY-FIRST DAY OF DECEMBER, A.D. 2009, AT 11:59 O'CLOCK P.M.

Jeffrey W. Bullock, Secretary of State

4494675 8100

AUTHENTICATION: 7732754

091154305

DATE: 12-31-09

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

State of Delaware
Secretary of State
Division of Corporations
Delivered 11:08 AM 12/31/2009
FILED 10:53 AM 12/31/2009
SRV 091154305 - 4494675 FILE

CERTIFICATE OF AMENDMENT

OF

CERTIFICATE OF FORMATION

ALERE LLC

Pursuant to Section 18-202 of the Delaware Limited Liability Company Act, the Certificate of Formation is hereby amended as follows:

1. The name of the limited liability company is Alere LLC (the "Company").

2. The Certificate of Formation of the Company is hereby amended to change the name of the Company to "ALERE HEALTH, LLC."

3. This amendment shall be effective at 11:59 p.m. EST on December 31, 2009.

(SIGNATURE PAGE FOLLOWS)

IN WITNESS WHEREOF, the undersigned executed this Certificate of Amendment to be effective as of the 31st day of December, 2009.

ALERE LLC

By: _____

Name: Kenneth Piernik

Title: Assistant Secretary

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF MERGER, WHICH MERGES:

"ARTEMIS MERGER, LLC", A DELAWARE LIMITED LIABILITY COMPANY,

WITH AND INTO "MATRIA HEALTHCARE, LLC" UNDER THE NAME OF "ALERE LLC", A LIMITED LIABILITY COMPANY ORGANIZED AND EXISTING UNDER THE LAWS OF THE STATE OF DELAWARE, AS RECEIVED AND FILED IN THIS OFFICE THE TWENTY-THIRD DAY OF DECEMBER, A.D. 2008, AT 9:19 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF MERGER IS THE THIRTY-FIRST DAY OF DECEMBER, A.D. 2008, AT 11:59 O'CLOCK A.M.

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

4494675 8100M

081226712

AUTHENTICATION: 7066443

DATE: 01-07-09

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

EXHIBIT A

CERTIFICATE OF INCORPORATION

OF

MATRIA HEALTHCARE, INC.

FIRST: The name of this corporation shall be:

Matria Healthcare, Inc.

SECOND: Its registered office in the State of Delaware is to be located at:

1209 Orange Street, City of Wilmington 19801, County of New Castle; and the name of the registered agent of the corporation in the State of Delaware at such address is The Corporation Trust Company.

THIRD: The purpose or purposes of the corporation shall be:

To carry on any and all business and to engage in any lawful act or activity for which corporations may be organized under the General Corporation Law of Delaware.

FOURTH: The total number of shares of stock which this corporation is authorized to issue is 1,000 shares of $.001 par value common stock.

FIFTH: In furtherance and not in limitation of the powers conferred by the laws of the State of Delaware, the Board of Directors is expressly authorized to adopt, amend or repeal the by-laws of the corporation.

SIXTH: Elections of directors need not be by written ballot unless the by-laws of the corporation shall so provide.

SEVENTH: A director of the corporation shall not be personally liable to the corporation or its stockholders for monetary damages for breach of fiduciary duty as a director, except for liability (i) for any breach of the director's duty of loyalty to the corporation or its stockholders, (ii) for acts or omissions not in good faith or which involve intentional misconduct or a knowing violation of law, (iii) under Section 174 of the Delaware General Corporation Law, or (iv) for any transaction from which the director derived any improper personal benefit. If the Delaware General Corporation Law is amended after the effective date of this Certificate of Incorporation to authorize corporate action further eliminating or limiting the personal liability of directors, then the liability of a director of the corporation shall be eliminated or limited to the fullest extent permitted by the General Corporation Law of the State of Delaware. No amendment, modification or repeal of this Section shall adversely affect the rights and protection

afforded to a director of the corporation under this Section for acts or omissions occurring prior to such amendment, modification or repeal.

EIGHTH: The corporation reserves the right at any time, and from time to time, to amend, alter, change or repeal any provision contained in this Certificate of Incorporation, and to add or insert other provisions authorized by the laws of the State of Delaware at the time in force, in the manner now or hereafter prescribed by law; and all rights, preferences and privileges of whatsoever nature conferred upon stockholders, directors or any other persons whomsoever by and pursuant to this Certificate of Incorporation in its present form or as hereafter amended are granted subject to the rights reserved in this Section.

NINTH: Whenever a compromise or arrangement is proposed between this corporation and its creditors or any class of them and/or between this corporation and its stockholders or any class of them, any court of equitable jurisdiction within the State of Delaware may, on the application in a summary way of this corporation or of any creditor or stockholder thereof or on the application of any receiver or receivers appointed for this corporation under the provisions of Section 291 of Title 8 of the Delaware Code or on the application of trustees in dissolution or of any receiver or receivers appointed for this corporation under the provisions of Section 279 of Title 8 of the Delaware Code order a meeting of the creditors or class of creditors, and/or of the stockholders or class of stockholders of this corporation, as the case may be, to be summoned in such manner as the said court directs. If a majority in number representing three-fourths in value of the creditors or class of creditors, and/or of the stockholders or class of stockholders of this corporation, as the case may be, agree to any compromise or arrangement and to any reorganization of this corporation as consequence of such compromise or arrangement, the said compromise or arrangement and the said reorganization shall, if sanctioned by the court to which the said application has been made, be binding on all the creditors or class of creditors, and/or on all the stockholders or class of stockholders, of this corporation, as the case may be, and also on this corporation.

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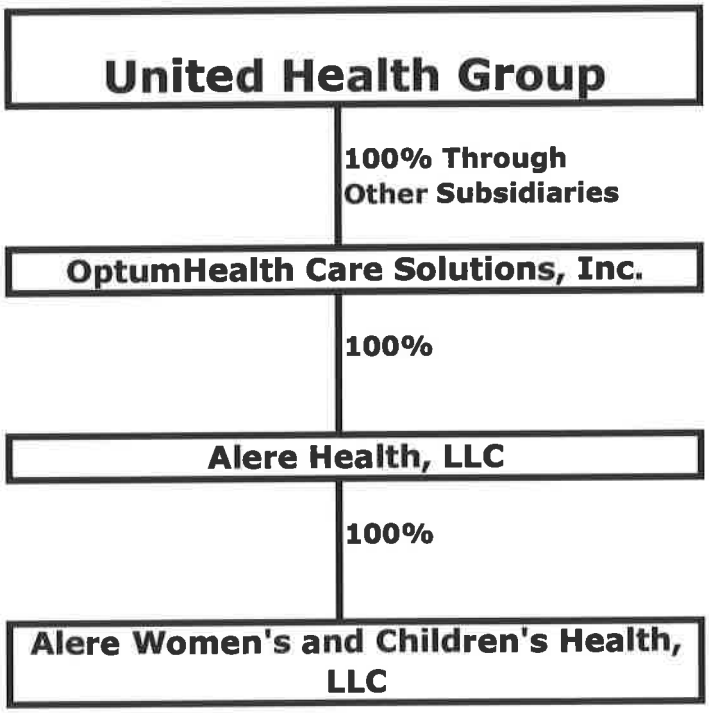

United Health Group
100% Through
Other Subsidiaries
OptumHealth Care Solutions, Inc.
100%
Alere Health, LLC
100%
Alere Women's and Children's Health, LLC

Alere Women's and Children's Health, LLC
Licensed Home Care Agencies in Tennessee

Home Care Agency	Licensed Counties
SOUTHEAST TENNESSEE	Bledsoe
Alere Women's and Children's Health, LLC	Bradley
651 East Fourth Street, Suite 100	Coffee
Chattanooga, TN 37403	Grundy
Angela Coffee, RN	Hamilton
423-634-3207	Marion
	McMinn
	Meigs
	Monroe
	Polk
	Rhea
	Sequatchie
	Warren
	(13 counties)
WEST TENNESSEE	Fayette
Alere Women's and Children's Health, LLC	Hardeman
3175 Lenox Park Blvd, Suite 400	Haywood
Memphis, TN 38115	Lauderdale
Elizabeth Summers	Madison
(901)756-6444	Shelby
	Tipton
	(7 counties)
MIDDLE TENNESSEE	Bedford
Alere Women's and Children's Health, LLC	Cannon
1926 Hayes Street, Suite 111	Cheatham
Nashville, TN 37203	Clay
Laura Milner, RN	Cumberland
615-320-3270	Davidson
	DeKalb
	Dickson
	Fentress
	Franklin
	Giles
	Hickman
	Houston
	Humphreys
	Jackson
	Lawrence
	Lewis
	Lincoln
	Macon
	Marshall
	Maury
	Montgomery
	Moore
	Overton
	Pickett
	Putnam
	Robertson
	Rutherford
	Smith
	Stewart
	Sumner
	Trousdale
	VanBuren
	White
	Williamson
	Wilson
	(36 counties)

Norman S. Ryan, M.D.

706 Laurel Avenue
Wilmette, Illinois 60091
(847) 906-4046 (home)
(312) 620-2096 (office)
Norman.ryan@alere.com nsryan@sbcglobal.net norman_ryan@rush.edu

Professional Experience

Alere Health

2013-present **Senior Vice President, Health Intelligence and Chief Medical Officer, Quality Alere Health**
(Subsidiary of Alere, Inc., Waltham, Massachusetts)

- Raised effectiveness of health intelligence in areas of technical innovation, product development, clinical effectiveness, financial analysis related to performance guarantees and cross-functional team development
- Executive Transition team member for recent divestiture of Alere Health (Alere, Inc. subsidiary) during multiple negotiations, presentations with both financial and strategic potential purchasers
- Performed research and analysis to demonstrate value of Alere Health programs
- Designed, organized and provided analytics support to Alere Health pilot programs enhancing clinical effectiveness
- Participated in and directed development of predictive modeling for vulnerable populations
- Supported clinical direction in diverse clinical programs
- Key point of contact for industry consultants
- Oversaw quality initiatives throughout the organization as an executive function in Alere Health; Chair Quality Improvement Committee
- Supported and participated in research studies for publication
- Participated in strategic alliances related to analytics and reporting
- Participated in industry thought leadership initiatives on population health management effectiveness measurement and reporting (PHA, HERO, other)
- Book of business outcomes analysis

Rush University Medical Center

2010 - 2013 **Senior Medical Director, Rush Health (Physician Hospital Organization for Rush University Medical Center, Chicago)**

- Practicing Family Physician/Geriatrician
- Rush University Medical Center College of Medicine Faculty
- Awarded Rush Excellence in Clinical Service award 2012 for work on development of Medical Homes at Rush. Inter-professional team achieved 2011 NCQA level III Medical

Home recognition for 7 practices at Rush. Participated in development of 43,000 patient registry, enhancements to Epic EMR to accommodate new data collection models, cross departmental integration for coordination of care, new reporting of results and outcomes, cooperation with multiple professionals to participate in effort as well as application and interaction with NCQA.

- Member Rush University hospital readmission taskforce
- Lead on multiple integrated health system clinical performance committees
- Team development of clinical decision support modules in Epic electronic medical record
- Accountable care organization (ACO) development taskforce
- Member Advisory Board University of Illinois Roybal Center for Health Promotion and Behavior Change

2006-2010

- Assistant Professor Family Medicine
- Practicing Family Physician/Geriatrician
- Instructor Physical Diagnosis
- Supervisor homeless shelter medical clinic
- Member advisory board, State of Illinois Department on Aging long-term care
- Advisor/mentor for award winning team Kellogg School of Business/Northwestern Medical School/Chest Foundation Disparities in Asthma Care case competition
- Member Advisory Board UIC Roybal Center for Health Promotion and Behavior Change
- Member Advisory Board UIC CDC sponsored Worksite Wellness Project

United Healthcare

2003-2006 **National Medical Director, Medical Management Programs, United Healthcare Clinical Operations**

Responsible for the clinical development and implementation of United Healthcare (UHC) medical management programs throughout the United States in such areas as onsite nursing and case management. In addition, responsibility for clinical integration of newly-acquired companies and the oversight of clinical programs developed for and purchased by United Healthcare

- Onsite Hospital Assessment Program: To help expedite in-patient care as well as the transitions to outpatient settings, organized project concept, developed and implemented national onsite program for medical personnel in target hospitals Managed 35% inpatient hospital utilization in the U.S. for United Healthcare in key, highest volume hospitals throughout the country with positive measured pre/post case-mix adjusted results for length of stay and quality
- Spectrum program: Developed low-touch, high-volume telephonic case management program, "Spectrum", in KY and FL test markets. Using only evidenced-based interventions, developed connections between at-risk participants and the medical system to improve measured outcomes in selected disease areas. Focus on congestive heart failure, coronary artery disease, diabetes. Using case-mix, risk-adjusted methodology demonstrated results of total intervention and subgroup performance.
- Vendor oversight - SPECKSS: Developed framework for consistent, required, enterprise-wide evaluation of clinical outreach programs using overview criteria for evaluation at

system level: Total size of target population; modifiable percentage of population; engaged percentage of population; enrolled percentage of population; "key value levers" which if modified predict positive change, improvements in clinical outcomes and costs; and improvement validation through identified data sources/ control groups. For each criteria a set of evidence was required to demonstrate validity of statements.

- Community Acquired Pneumonia multifaceted national project focused on Respiratory syncicial virus infection (RSV) prevention, Community Acquired Pneumonia guideline awareness, influenza and pneumovax immunizations

2003 **Divisional Medical Director Medical Expense Management, Clinical Operations North Division. Remained part-time in CMO role, Illinois until June 03. Member President's Leadership Development Program**

- Oversaw development and implementation of all Medical Expense Management activities for the North Division
- Matrixed responsibility for performance management of Medical Directors in the Northern United States for medical expense management activities
- Led project to attenuate hospital utilization trend in UHC. Spearheaded inter-segment project to align efforts and develop cooperation between sister companies, Care Management and Ingenix , with United Healthcare
- Developed hospital utilization targets for each UHC market through negotiation with associated partners in markets, Care Management and Ingenix
- Headed team development of authorization-based hospital utilization early warning reporting tool for management of hospital days (Bellwether report)
- Participated with Ingenix in development of claims-based hospital utilization reporting tool for the market level
- Developed with team the hospital data sharing "HDS" approach and tools.
- Implemented hospital data sharing nationally
- Developed multifaceted national project for community-acquired pneumonia with educational and public sector involvement in addition to the more traditional datasharing activities and best practice dissemination. Managed multiple funding streams in collaboration with Ingenix
- Developed national rapid response project for arthroscopy following New England Journal of Medicine article describing new evidence of best practice in this area.
- Participated in early development of employer data sharing (Lanco–Chicago based company)
- Member President's Leadership Development Program for valuable top talent management employees in United Healthcare

2001 **Chief Medical Officer and Vice President, United Healthcare Illinois** responsible for medical services in 1 million member health plan in Illinois.

1999 **Vice President Health Services, United Healthcare, Illinois**

Medical head of 1,000,000 member mixed-model managed care plan in Illinois during turnaround. Responsibilities for all medical management related activities. Head of Government Sales department. Responsible for medical aspects of turnaround of troubled company with multi-year history of losses in both finances and reputation

- Reduced excess hospital admission rates using both collegial-collaborative methods and

high technology predictive modeling

- Hired new team of directors, medical directors, project managers
- Upgraded reputation of reputation-challenged company in physician community
- Rebuilt Clinical Advisory Committee to give advice to our company from broad range of sources including academic, group practice, solo practice, organized medicine
- Participated in Illinois State Medical Society including appointment to Council on Economics to stay in tune with needs and viewpoints of medical community which has conflicted relationship with managed care
- Spearheaded with team the cultural change to "Care Coordination" philosophy internally, eliminating utilization management approach
- For first time in company history achieved JCAHO accreditation with exceptionally high scores in local and site surveys. Full three year accreditation .
- Reconfigured quality management team and approach toward "active quality management"
- Headed Medicare network reconfiguration project as Head of Government Sales
- Made university connections for future research, with original proposals now in place
- Continued in medical practice on part-time basis, incorporating medical student and resident education activities
- Presented to CDC national conference on chronic care, participated in review of world literature on exercise in the elderly and continued to shepherd development and expansion of SHAPE, the Senior Health Alliance Promoting Exercise, in Chicago to improve the health of our community

Humana Health Care Plans, Illinois

1997- 1999 **Market Medical Director**

Responsible for medical management in approximately 750,000 member health plans in Illinois and northwest Indiana with POS, ASO, HMO, PPO and specialty lines of business. Lead through ongoing challenges to remain largest and first or second most profitable plan in Humana nationally. Managed through sale and divestiture of 220,000 member group medical practice, which had been an integral part of health plan from its inception

1993-1997 **Medical Director, Network Management**

Medical Director responsible at several levels for approximately 650,000 members in direct contract IPA-model, Point of Service, ASO contracts, PPO, as well as Staff Model and Affiliated Medical Groups of Staff Model. Assisted in expansion of this network from 60,000 in 1993 to 650,000 in 1997

Member of senior management of one of the largest multi-specialty medical group practices in the United States with 220,000 members and 220 employed physicians

Overall responsibility for direction and strategic planning of all Utilization Management activities in both Staff Model and contracted IPA-model managed care plans. Responsible for quality management, relationship management and involvement in strategic planning, network development, credentialing and contracting in the contracted network

Rush Health Plans

1993 **Acting Medical Director**

130,000 member mixed-model Health Plan in Chicago

1990-1993 **Associate Medical Director for Utilization Management**

Overall responsibility for utilization of medical resources for the Rush Anchor HMO. Supervised department of 50 Utilization Management employees in 21 offices in Illinois and Indiana. Effected utilization of resources through consistent and directed cultural change in the medical practice of both employed physicians and network of consultant specialists

- Established and implemented policies which reduced non-Medicare hospital days utilization by 12%, yielding millions in decreased yearly hospital costs
- Supervised team of physicians managing care of patients from branch offices hospitalized at Rush-Presbyterian-St. Luke's Medical Center; improved efficiency of tertiary care and communication with network physicians. (Early "hospitalists")
- Directed development of comprehensive office and specialty-specific consultant directory prioritized by desirability of contract. Implemented use of directory in managing referrals within contracted network
- Authored organ transplant policy
- Originated, edited and published newsletter of clinical activities, incorporating Utilization Management, Quality Management and Pharmacy control data, in order to facilitate information dispersal throughout regional network

1990 **Director of Quality Management**
Interim Director of Utilization Management

Conducted case review and risk management activities. Promoted health maintenance protocols and policies in addition to directing Utilization Management department

Professional Activities

United Healthcare

- National Clinical Operations leadership team, United Healthcare, National Medical Director Medical Management Programs
- Key management North Division United Healthcare
- Senior Management, United Healthcare, Illinois
- Chairman, Medical Commission, Illinois Association of Health Plans
- Appointee to Governor's commission on Credentialing for State of Illinois
- Illinois State Medical Society Council on Economics
- Member of SIP13 Advisory Board, researching world literature on exercise in elderly under CDC/NIH grant
- Key participant in and founding member of SHAPE Senior Health Alliance Promoting Exercise Public/private coalition to promote health in Chicago area seniors
- Elected Member of the Institute of Medicine of Chicago, 2001
- Kickoff speaker and founding participant Antibiotic Education Council of Illinois October 2002

- Member of United Healthcare President's Leadership Development Program 2003
- Overall oversight internal and external disease management vendors, including chf, neonatology, diabetes, asthma
- Worked closely with companies developing predictive modeling using artificial intelligence to determine likely persons to fall into high risk medical categories over time (Landacorp)
- Organized north division clinical analytics team

1993-1999 **Humana**

- Senior Management, Humana Health Plans,Inc., Chicago Market
- NCQA steering committee for Chicago Market – successful full, three year accreditations twice
- Chair Clinical Quality Committee, Co-Chair Quality Council, Humana
- Chair, Market Utilization Management Committee, Humana Health Plans
- National Policy Committee, Humana, Inc., Corporate Office
- Corporate Technology Assessment Taskforce, Humana Health Plans, Inc.
- Corporate Management Reporting Taskforce, Humana Health Plans, Inc.
- Corporate Chronic Care Case Management Advisory Panel
- Corporate Disease Management Company Assessment and Implementation team/National Steering Committee. Oversight and evaluation of programs for CHF, Diabetes, Neonatology, Rare diseases, Coronary Artery Disease, Asthma, COPD
- Developed and implemented CHF disease management program in Chicago Market. Developed effectiveness comparisons with national programs
- Developed and implemented influenza and pneumonia immunization programs in both multi-specialty group practice and extended contracted physician Market network
- Working with teams, formulated approaches to measurement of surrogate indicators of health status decline: e.g. ER visits, hospital readmissions and developed programs to mitigate these declines
- Developed data and interrelated data trend analyses to monitor engaged populations for under-utilization of medical services.
- Chief Medical Editor Humana Corporate National Provider Newsletters
- National Humana Pharmacy and Therapeutics Committee
- Chairman, Illinois Association of HMOs Medical Commission
- Coordinated and managed 15 physician "hospitalist" program (until June 1998) at nine hospitals involving care of 180,000 patients - thought to be largest in U.S. at the time.
- Part-time clinical practice incorporating medical student and resident teaching
- Seminar with Heero Hacquebord (Dr Deming Partner) on statistical process control

1990-1993 **Rush Health Plans**

- Chair Member Services Committee which makes benefits policy decisions
- Chair Medical Advisory Committee which makes new technology policy decisions
- Co-chair of coordination team for joint primary care and subspecialty taskforces at Rush-Presbyterian-St. Luke's Medical Center to develop "critical paths" for management of specific clinical problems
- Professional Advisory Committee, Board of Trustees, Rush-Presbyterian-St. Luke's Health Plans, Inc. Advised the Board of Trustees on professional activities occurring in the Rush Health Plans, particularly those involving Quality Management and Utilization Management.
- Medical Advisory Board, Chartwell Midwest Home Infusion Services--a joint corporation with Tufts, New England Medical Center, Massachusetts General Hospital and Rush-Presbyterian-St. Luke's Medical Center. Provided medical oversight on policies and procedures used in home and clinic infusion services

- Developed onsite physician rounding program at Rush for patients admitted from outlying Anchor offices
- Analyzed and developed activities toward reducing Medicare hospital readmission rates
- Expanded medical communication with publication of Clinical Newsletter to multispeciatly group practice
- Early emphasis on "outcomes research" , "clinical approach validity"—precursors of "evidence based medicine
- Part-time clinical practice, Rush Anchor Multi-specialty Medical Group Practice

1986-1990 **Rush Health Plans**

- President, Medical Staff, Rush Anchor, 120 physician, multi-specialty group medical practice
- Member Board of Trustees, Rush-Presbyterian St. Luke's Health Plans
- Finance Committee, Rush-Presbyterian St. Luke's Health Plans Board of Trustees
- Corporate Oversight Committee on Credentials, Rush-Presbyterian St. Luke's Health Plans

As Medical Staff President participated in managed care administration as a member of the Executive Committee, attended regular administrative meetings of the line administration and was an active member of the Board of Trustees and committees of the Board

1984-1986 Secretary, Rush Anchor Medical Staff

Professional Associations

American Academy of Family Physicians
Illinois Academy of Family Physicians
Illinois Academy of Family Physician Foundation Board Member
Illinois State Medical Society (Council on Economics)
Illinois Association of Health Plans (Chair, Medical Commission)
American Geriatrics Society
American College of Physician Executives
Institute of Medicine of Chicago
Chicago Asthma Consortium (Advisor to Board)

Certification

Certified by the American Board of Family Medicine, October 1982, Recertified 2002, Recertified 2009
Certificate of Added Qualification in Geriatric Medicine 1988, 1998
Licensed Physician, Illinois 1978
Licensed Physician, Colorado 1983

Post-Graduate Training

1980-1982	Resident, Rush Presbyterian St. Luke's Medical Center - Christ Hospital Family Practice Program, Chicago, Illinois
1977-1978	Resident, Flexible Program, Illinois Masonic Medical Center, Chicago, Illinois
7/75 to 10/75	Clerkship, State University of New York at Buffalo, New York
8/76 to 3/77	Clerkship, State University of New York at Buffalo, New York

Medical Practice Experience

1998-present	Rush University Medical Center
1993-1998	Humana Health Care Plans, Evanston office
1982-1993	Rush-Presbyterian-St. Luke's Medical Center, Rush Anchor 120 physician multi-specialty group medical practice
1978-1980	General Practice, DeKalb, Illinois Northern Illinois University Men's Intercollegiate Sports Physician, Northern Illinois University

Teaching Appointments

1986-Present	Assistant Professor, Rush Medical College, Chicago, Illinois
1982-1986	Instructor, Rush Medical College, Chicago, Illinois
1969-1970	Teaching fellow, Washington University, St. Louis, Missouri

Education (Medical)

1970-1976	Medizinische Universität Graz, (University of Graz Medical School), Graz, Austria - M.D.
1969-1970	Washington University, St.Louis, Missouri, Graduate work in Developmental Biology
1965-1969	University of Illinois, Champaign, Illinois, Bachelor of Arts, Biology

Education (Business)

2002-3	Wharton School of Business, University of Pennsylvania, Executive Education Program
1999	Harvard School of Public Health, Executive Education Program Health Care Strategy
1997	Kellogg School of Business, Northwestern University, Executive Education Program
1994	NCQA Quality Improvement Systems Training. Boston, Mass.
1993	Kellogg School of Business, Northwestern University, Executive Education Program
1990-1994	American College of Physician Executives, PIM I, II and III (Medical Management)
1997	Emerging Role of Hospitalists, Goldman/Wachter, University of California San Francisco

Some Presentations, Publications and Media:

2010 McGraw Hill Family Medicine Board Review Fourth Edition Editor, Chapter One: Cardiovascular

Rush Health 7th Annual Employer Symposium "Health Management Connectivity" Keynote speaker. Rush University Medical Center, Chicago. 2010

CBS.com--EXPERIMENTAL TREATMENTS
TV appearance: Presented the managed care perspective on decision-making for coverage of experimental treatments. At CBS affiliate Chicago, Illinois, 10 p.m. news

ABC http://www.healthsurfing.com/health/2000/02/07/
TV appearance: "Managing Managed Care : The debate over HMOs" produced by Sandy Krawitz, reported by Lucky Severson, story by Shawn O'Leary - "Health Surfing" July 2, 2000

Chicago Public Radio WBEZ http://www.wbez.org/frames.asp?HeaderURL=lvl2hd.htm&BodyURL=search%5Cquery.asp

Do insurance companies have a double standard? Eight Forty-Eight's Victoria Lautman talks with Illinois State Representative Mary Flowers and Dr. Norman Ryan, Chairman, Medical Directors Commission for the Illinois Association of Health Plans, about the lack of health insurance coverage for contraceptives August 12, 1999

PBS Fred Friendly Seminars, National Outreach Program, Bill Kurtis, Moderator
"Who Cares: Chronic Illness in America." Panel discussion, 10/24/01

Centers for Disease Control, Atlanta, 16th Annual Chronic Disease Conference, Presentation: "Successful Strategies in the Dissemination and Diffusion of Health Promotion" 2/27/02

Kellogg School of Management , Northwestern University, Evanston, Illinois Seminar: "Managed Care Strategy" 7/30/03

Kellogg School of Management , Northwestern University, Evanston, Illinois Seminar: "Managed Care Strategy" 7/29/04

University of Illinois School of Public Health. Annual Lecture in Long-Term Care policy course: "Managed Medicare Principles" 1998 forward to date

Kellogg School of Business/Chest Foundation Case Competition Award winning team. May 2008
OpenMic.Health : YouTube type videos about asthma real-life experiences created by young people in community for presentation in health clinic waiting rooms. Using "viral marketing" to spread positive asthma messages through target audiences. Interspersed with public health announcements, community service announcements, select advertising and packaged entertainment

Mentored/Advised team of graduate students from Northwestern Business and Medical Schools in development of sustainable business plan for company with *creative organizational model to provide the informational and behavioral assistance required to substantially increase the identification, education, prevention, and treatment of asthma among underserved populations in Chicago.*

COMPANY PROFILE

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

Form 10-K

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended December 31, 2014

or

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the transition period from _____ to _____

Commission file number: 1-10864

UNITEDHEALTH GROUP®

UnitedHealth Group Incorporated
(Exact name of registrant as specified in its charter)

Minnesota **(State or other jurisdiction of incorporation or organization)**	**41-1321939** **(I.R.S. Employer Identification No.)**
UnitedHealth Group Center **9900 Bren Road East** **Minnetonka, Minnesota** **(Address of principal executive offices)**	**55343** **(Zip Code)**

(952) 936-1300
(Registrant's telephone number, including area code)

Securities registered pursuant to Section 12(b) of the Act:

COMMON STOCK, $.01 PAR VALUE **(Title of each class)**	**NEW YORK STOCK EXCHANGE, INC.** **(Name of each exchange on which registered)**

Securities registered pursuant to Section 12(g) of the Act: NONE

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☒ No ☐

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act. Yes ☐ No ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☒ No ☐

Indicate by check mark whether the registrant has submitted electronically and posted on its corporate Web site, if any, every Interactive Data File required to be submitted and posted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit and post such files). Yes ☒ No ☐

Indicate by check mark if disclosure of delinquent filers pursuant to Item 405 of Regulation S-K (§229.405 of this chapter) is not contained herein, and will not be contained, to the best of registrant's knowledge, in definitive proxy or information statements incorporated by reference in Part III of this Form 10-K or any amendment to this Form 10-K. ☒

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, or a smaller reporting company. See the definitions of "large accelerated filer," "accelerated filer" and "smaller reporting company" in Rule 12b-2 of the Exchange Act. (Check one)

Large accelerated filer ☒ Accelerated filer ☐
Non-accelerated filer ☐ Smaller reporting company ☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). Yes ☐ No ☒

The aggregate market value of voting stock held by non-affiliates of the registrant as of June 30, 2014 was $78,282,268,950 (based on the last reported sale price of $81.75 per share on June 30, 2014, on the New York Stock Exchange), excluding only shares of voting stock held beneficially by directors, executive officers and subsidiaries of the registrant.

As of January 30, 2015, there were 953,695,161 shares of the registrant's Common Stock, $.01 par value per share, issued and outstanding.

DOCUMENTS INCORPORATED BY REFERENCE

The information required by Part III of this report, to the extent not set forth herein, is incorporated by reference from the registrant's definitive proxy statement relating to its 2015 Annual Meeting of Stockholders. Such proxy statement will be filed with the Securities and Exchange Commission within 120 days after the end of the fiscal year to which this report relates.

PART I

ITEM 1. BUSINESS

INTRODUCTION

Overview

UnitedHealth Group is a diversified health and well-being company dedicated to helping people live healthier lives and making the health system work better for everyone. The terms "we," "our," "us," "its," "UnitedHealth Group," or the "Company" used in this report refer to UnitedHealth Group Incorporated and its subsidiaries.

Through our diversified family of businesses, we leverage core competencies in advanced, enabling technology; health care data, information and intelligence; and clinical care management and coordination to help meet the demands of the health system. These core competencies are deployed within our two distinct, but strategically aligned, business platforms: health benefits operating under UnitedHealthcare and health services operating under Optum.

UnitedHealthcare provides health care benefits to an array of customers and markets. UnitedHealthcare Employer & Individual serves employers ranging from sole proprietorships to large, multi-site and national employers, public sector employers, students and other individuals and serves the nation's active and retired military and their families through the TRICARE program. UnitedHealthcare Medicare & Retirement delivers health and well-being benefits for Medicare beneficiaries and retirees. UnitedHealthcare Community & State manages health care benefit programs on behalf of state Medicaid and community programs and their participants. UnitedHealthcare Global (formerly UnitedHealthcare International) includes Amil, a health care company providing health and dental benefits and hospital and clinical services to individuals in Brazil, and other diversified global health businesses.

Optum is a health services business serving the broad health care marketplace, including payers, care providers, employers, governments, life sciences companies and consumers, through its OptumHealth, OptumInsight and OptumRx businesses. These businesses have dedicated units that help improve overall health system performance through optimizing care quality, reducing costs and improving consumer experience and care provider performance across eight business markets: local care delivery, care management, consumer engagement, distribution services, health financial services, operational services and support, health care information technology and pharmacy services.

Through UnitedHealthcare and Optum, in 2014, we managed over $165 billion in aggregate health care spending on behalf of the customers and consumers we serve. Our revenues are derived from premiums on risk-based products; fees from management, administrative, technology and consulting services; sales of a wide variety of products and services related to the broad health and well-being industry; and investment and other income. Our two business platforms have four reportable segments:

- UnitedHealthcare, which includes UnitedHealthcare Employer & Individual, UnitedHealthcare Medicare & Retirement, UnitedHealthcare Community & State and UnitedHealthcare Global;
- OptumHealth;
- OptumInsight; and
- OptumRx.

For our financial results and the presentation of certain other financial information by segment, including revenues and long-lived fixed assets by geographic source, see Note 13 of Notes to the Consolidated Financial Statements included in Part II, Item 8, "Financial Statements."

UnitedHealthcare

UnitedHealthcare's market position is built on:

- national scale;
- strong local market relationships;
- the breadth of product offerings, which are responsive to many distinct market segments in health care;
- service and advanced technology;
- competitive medical and operating cost positions;
- effective clinical engagement;
- extensive expertise in distinct market segments; and
- innovation for customers and consumers.

UnitedHealthcare utilizes the expertise of UnitedHealth Group affiliates for capabilities in specialized areas, such as OptumRx pharmacy benefit products and services, certain OptumHealth care management and local care delivery services and OptumInsight health information and technology solutions, consulting and other services.

In the United States, UnitedHealthcare arranges for discounted access to care through networks that include a total of over 850,000 physicians and other health care professionals and approximately 6,100 hospitals and other facilities.

UnitedHealthcare is subject to extensive government regulation. See further discussion of our regulatory environment below under "Government Regulation" and in Part II, Item 7, "Management Discussion and Analysis of Financial Condition and Results of Operations."

UnitedHealthcare Employer & Individual

UnitedHealthcare Employer & Individual offers an array of consumer-oriented health benefit plans and services for large national employers, public sector employers, mid-sized employers, small businesses, individuals and military service members in the TRICARE west region. UnitedHealthcare Employer & Individual provides nearly 29 million Americans access to health care as of December 31, 2014. Large employer groups typically use self-funded arrangements where UnitedHealthcare Employer & Individual earns a service fee. Smaller employer groups and individuals are more likely to purchase risk-based products because they are less willing or unable to bear a greater potential liability for health care expenditures.

Through its risk-based product offerings, UnitedHealthcare Employer & Individual assumes the risk of both medical and administrative costs for its customers in return for a monthly premium, which is typically a fixed rate per individual served for a one-year period. When providing administrative and other management services to customers that elect to self-fund the health care costs of their employees and employees' dependents, UnitedHealthcare Employer & Individual receives a fixed monthly service fee per individual served. These customers retain the risk of financing medical benefits for their employees and employees' dependents, while UnitedHealthcare Employer & Individual provides services such as coordination and facilitation of medical and related services to customers, consumers and health care professionals, administration of transaction processing and access to a contracted network of physicians, hospitals and other health care professionals, including dental and vision.

UnitedHealthcare Employer & Individual also offers a variety of insurance options for purchase by individuals, including students, which are designed to meet the health coverage needs of these consumers and their families. The consolidated purchasing capacity represented by the individuals UnitedHealth Group serves makes it possible for UnitedHealthcare Employer & Individual to contract for cost-effective access to a large number of conveniently located care professionals and facilities.

UnitedHealthcare Employer & Individual typically distributes its products through consultants or direct sales in the larger employer and public sector segments. In the smaller group segment of the commercial marketplace, UnitedHealthcare Employer & Individual's distribution system consists primarily of direct sales and sales through collaboration with brokers and agents. UnitedHealthcare Employer & Individual also distributes products through wholesale agents or agencies that contract with health insurance carriers to distribute individual or group benefits and provide other related services to their customers.

In recent years, UnitedHealthcare Employer & Individual has diversified its model more extensively, distributing through professional employer organizations, associations, private equity relationships and, increasingly, through both multi-carrier and its own proprietary private exchange marketplaces. In 2014, UnitedHealthcare Employer & Individual launched UnitedHealthcare Marketplace, a new shopping platform for employers seeking to offer their employees flexibility and a choice of UnitedHealthcare plans. UnitedHealthcare Employer & Individual is also participating in select multi-plan exchanges that they believe are structured to encourage consumer choice. Direct-to-consumer sales are also supported by participation in multi-carrier health insurance marketplaces for individuals and small groups through exchanges. In 2014, UnitedHealthcare Employer & Individual participated in 13 state public health care exchanges, including four individual and nine small group exchanges. In 2015, we are participating in 23 individual and 12 small group state public exchanges.

UnitedHealthcare Employer & Individual's diverse product portfolio offers a continuum of benefit designs, price points and approaches to consumer engagement, which provide the flexibility to meet the needs of employers of all sizes, as well as individuals shopping for health benefits coverage. UnitedHealthcare Employer & Individual has seen increased demand for consumer driven health plans and new network approaches with lower costs, as well as more convenient care options for consumers. UnitedHealthcare Employer & Individual emphasizes local markets and leverages its national scale to adapt products to meet specific local market needs.

UnitedHealthcare Employer & Individual offers its products through affiliates that are licensed as insurance companies, health maintenance organizations (HMOs), or third-party administrators (TPAs). The market for health benefit products is shifting, with benefit and network offerings shaped, at least in part, by the requirements and effects of the Patient Protection and Affordable Care Act and a reconciliation measure, the Health Care and Education Reconciliation Act of 2010 (together, Health Reform Legislation), employer focus on quality and employee engagement, and the urgent need to align the system around value.

UnitedHealthcare Employer & Individual's major product families include:

Traditional Products. Traditional products include a full range of medical benefits and network options from managed plans, such as Choice and Options PPO, to more traditional indemnity products. The plans offer a full spectrum of covered services, including preventive care, direct access to specialists and catastrophic protection.

Consumer Engagement Products and Tools. Consumer engagement products couple plan design with financial accounts to increase individuals' responsibility for their health and well-being. This suite of products includes high-deductible consumer-driven benefit plans, which include health reimbursement accounts (HRAs), health savings accounts (HSAs) and consumer engagement services such as personalized behavioral incentive programs and consumer education. During 2014, more than 32,000 employer-sponsored benefit plans, including more than 300 employers in the large group self-funded market, purchased HRA or HSA products from us. UnitedHealthcare Employer & Individual's consumer engagement tools support members with access to benefit, cost and quality information through online and mobile applications, such as Advocate4Me, myHealthcare Cost Estimator and Health4Me. Using innovative tools and technology, UnitedHealthcare and Optum's applications are helping people address a broad range of health related issues, including benefits and claims questions, finding the right doctor, proactive support for appointments and issue resolution, health education, clinical program enrollment and treatment decision support.

Value Based Products. UnitedHealthcare Employer & Individual's suite of consumer incentive products increases individual awareness of personal health and care quality and cost for heightened consumer responsibility and behavior change. These products include: Small Business Wellness, which is a packaged

wellness and incentives product that offers gym reimbursement and encourages completion of important wellness activities. For mid-sized clients, SimplyEngaged is a scalable activity-based reward program that ties incentives to completion of health improvement activities, while SimplyEngaged Plus provides richer incentives for achieving health goals. For large, self-funded customers, the UnitedHealthcare Healthy Rewards program offers a flexible incentive design to help employers choose the right activities and include appropriate biometric outcomes that best fit the needs of their employee population. UnitedHealth Personal Rewards leverages a tailored approach to incentives by combining personalized scorecards with financial incentives for improving biometric scores, compliance with key health treatments and preventive care.

Essential Benefits Products. UnitedHealthcare Employer & Individual's portfolio of lower cost products provides value to consumers through innovative plan designs and unique network programs like UnitedHealth Premium®, which guide people to physicians recognized for providing high-quality, cost-efficient care to their patients. This approach to essential benefits is designed to deliver sustainable health care costs for employers, enabling them to continue to offer their employees coverage at more affordable prices. For example, UnitedHealthcare Employer & Individual's tiered benefit plans offer enhanced benefits in the form of greater coinsurance coverage and/or lower copays for people using UnitedHealth Premium® designated care providers.

Clinical and Pharmacy Products. UnitedHealthcare Employer & Individual offers a comprehensive suite of clinical and pharmacy benefits management programs, which complement its service offerings by improving quality of care, engaging members and providing cost-saving options. All UnitedHealthcare Employer & Individual members are provided access to clinical products that help them make better health care decisions and better use of their medical benefits, improving health and decreasing medical expenses.

Each medical plan has a core set of clinical programs embedded in the offering, with additional services available depending on funding type (fully insured or self-funded), line of business (e.g., small business, key accounts, public sector, national accounts and individuals), and clinical need. UnitedHealthcare Employer & Individual's clinical programs include:

- wellness programs;
- decision support;
- utilization management;
- case and disease management;
- complex condition management;
- on-site programs, including Know Your Numbers (biometrics) and flu shots;
- incentives to reinforce positive behavior change;
- mental health/substance use disorder management; and
- employee assistance programs.

UnitedHealthcare Employer & Individual's comprehensive and integrated pharmaceutical management services promote lower costs by using formulary programs to produce better unit costs, encouraging consumers to use drugs that offer improved value and outcomes, and supporting the appropriate use of drugs based on clinical evidence through physician and consumer education programs.

Specialty Offerings. UnitedHealthcare Employer & Individual also delivers dental, vision, life, and disability product offerings through an integrated approach including a network of more than 58,000 vision professionals in private and retail settings, and nearly 75,000 dental offices.

UnitedHealthcare Military & Veterans. UnitedHealthcare Military & Veterans is the provider of health care services for nearly 3 million active duty and retired military service members and their families in 21 states

(West Region) under the Department of Defense's (DoD) TRICARE Managed Care Support contract. The contract began on April 1, 2013, and includes a transition period and five one-year renewals at the government's option.

UnitedHealthcare Military & Veterans' responsibility as a contractor is to augment the military's direct care system by providing managed care support services, provider networks, medical management, claims/enrollment administration and customer service.

UnitedHealthcare Medicare & Retirement

UnitedHealthcare Medicare & Retirement provides health and well-being services to individuals age 50 and older, addressing their unique needs for preventive and acute health care services, as well as services dealing with chronic disease and other specialized issues common among older individuals. UnitedHealthcare Medicare & Retirement is fully dedicated to serving this growing senior market segment, providing products and services in all 50 states, the District of Columbia and most U.S. territories. It has distinct pricing, underwriting, clinical program management and marketing capabilities dedicated to health products and services in this market.

UnitedHealthcare Medicare & Retirement offers a spectrum of risk-based Medicare products that may be purchased by individuals or on a group basis, including Medicare Advantage plans, Medicare Prescription Drug Benefit (Medicare Part D) and Medicare Supplement products that extend and enhance traditional fee-for-service coverage. UnitedHealthcare Medicare & Retirement services include care management and clinical management programs, a nurse health line service, 24-hour access to health care information, access to discounted health services from a network of care providers and administrative services.

Premium revenues from the Centers for Medicare & Medicaid Services (CMS) represented 29% of UnitedHealth Group's total consolidated revenues for the year ended December 31, 2014, most of which were generated by UnitedHealthcare Medicare & Retirement.

UnitedHealthcare Medicare & Retirement has extensive distribution capabilities and experience, including direct marketing to consumers on behalf of its key clients: AARP, the nation's largest membership organization dedicated to the needs of people age 50 and over, and state and U.S. government agencies. Products are also offered through employer groups and agent channels.

UnitedHealthcare Medicare & Retirement's major product categories include:

Medicare Advantage. UnitedHealthcare Medicare & Retirement provides health care coverage for seniors and other eligible Medicare beneficiaries primarily through the Medicare Advantage program administered by CMS, including Medicare Advantage HMO plans, preferred provider organization (PPO) plans, Point-of-Service plans, Private-Fee-for-Service plans and Special Needs Plans (SNPs). Under the Medicare Advantage program, UnitedHealthcare Medicare & Retirement provides health insurance coverage in exchange for a fixed monthly premium per member from CMS and in some cases consumer premiums. Premium amounts received from CMS vary based on the geographic areas in which members reside; demographic factors such as age, gender, and institutionalized status; and the health status of the individual. UnitedHealthcare Medicare & Retirement had approximately 3 million people enrolled in its Medicare Advantage products as of December 31, 2014.

Medicare Advantage plans are designed to compete at the local level, taking into account member and care provider preferences, competitor offerings, our historical financial results, our quality and cost initiatives and the long-term payment rate outlook for each geographic area. Starting in 2012, and phased in through 2017, the Medicare Advantage rate structure and quality rating bonuses are changing significantly. See Part II, Item 7, "Management's Discussion and Analysis of Financial Condition and Results of Operations" for further information.

UnitedHealthcare Medicare & Retirement offers innovative care management, disease management and other clinical programs, integrating federal, state and personal funding through its continuum of Medicare Advantage

products. For high-risk patients in certain care settings and programs, UnitedHealthcare Medicare & Retirement uses proprietary, automated medical record software that enables clinical care teams to capture and track patient data and clinical encounters, creating a comprehensive set of care information that bridges across home, hospital and nursing home care settings. Proprietary predictive modeling tools help identify members at high risk and allow care managers to reach out to those members and create individualized care plans that help them obtain the right care, in the right place, at the right time.

Medicare Part D. UnitedHealthcare Medicare & Retirement provides Medicare Part D benefits to beneficiaries throughout the United States and its territories through its Medicare Advantage and stand-alone Medicare Part D plans. UnitedHealthcare Medicare & Retirement offers two stand-alone Medicare Part D plans: the AARP MedicareRx Preferred and the AARP MedicareRx Saver Plus plans. The stand-alone Medicare Part D plans address a large spectrum of beneficiaries' needs and preferences for their prescription drug coverage, including low cost prescription options. Each of the plans includes the majority of the drugs covered by Medicare and provides varying levels of coverage to meet the diverse needs of Medicare beneficiaries. As of December 31, 2014, UnitedHealthcare enrolled approximately 8 million people in the Medicare Part D programs, including more than 5 million individuals in the stand-alone Medicare Part D plans and approximately 3 million in Medicare Advantage plans incorporating Medicare Part D coverage.

Medicare Supplement. UnitedHealthcare Medicare & Retirement is currently serving more than 4 million seniors through various Medicare Supplement products in association with AARP. UnitedHealthcare Medicare & Retirement offers plans in all 50 states, the District of Columbia, and most U.S. territories. UnitedHealthcare Medicare & Retirement offers a full range of supplemental products at diverse price points. These products cover the various levels of coinsurance and deductible gaps that seniors are exposed to in the traditional Medicare program.

UnitedHealthcare Community & State

UnitedHealthcare Community & State is dedicated to serving state programs that care for the economically disadvantaged, the medically underserved and those without the benefit of employer-funded health care coverage, in exchange for a monthly premium per member from the state program. In some cases, these premiums are subject to experience or risk adjustments. UnitedHealthcare Community & State's primary customers oversee Medicaid plans, Children's Health Insurance Programs (CHIP), SNPs, integrated Medicare-Medicaid plans (MMP) and other federal, state and community health care programs. As of December 31, 2014, UnitedHealthcare Community & State participated in programs in 24 states and the District of Columbia, and served more than 5 million beneficiaries. Health Reform Legislation provided for optional Medicaid expansion effective January 1, 2014. For 2015, 13 of our state customers have elected to expand Medicaid, an increase of one state since 2014. For further discussion of the Medicaid expansion under Health Reform Legislation, see Part II, Item 7, "Management Discussion and Analysis of Financial Condition and Results of Operations."

States using managed care services for Medicaid beneficiaries select health plans by using a formal bid process or by awarding individual contracts. A number of factors are considered by UnitedHealthcare Community & State when choosing programs for participation including the state's commitment and consistency of support for its Medicaid managed care program in terms of service, innovation and funding; the eligible population base, both immediate and long term; and the structure of the projected program. UnitedHealthcare Community & State works with its state customers to advocate for actuarially sound rates that are commensurate with medical cost trends.

The primary categories of eligibility for the programs served by UnitedHealthcare Community & State and our participation are:

- Temporary Assistance to Needy Families, primarily women and children – 21 markets;
- CHIP – 21 markets;

- Aged, Blind and Disabled (ABD) – 16 markets;
- SNP – 14 markets;
- Medicaid Expansion – 13 markets;
- Long-Term Services and Supports (LTSS) – 12 markets;
- other programs (e.g., developmentally disabled, rehabilitative services) – 6 markets
- childless adults programs for the uninsured – 4 markets; and
- MMP – 1 market.

These health plans and care programs offered are designed to address the complex needs of the populations they serve, including the chronically ill, those with disabilities and people with a higher risk of medical, behavioral and social conditions. UnitedHealthcare Community & State administers benefits for the unique needs of children, pregnant women, adults, seniors and those who are institutionalized or are nursing home eligible. They often live in areas that are medically underserved and are less likely to have a consistent relationship with the medical community or a care provider. These individuals also tend to face significant social and economic challenges.

UnitedHealthcare Community & State leverages the national capabilities of UnitedHealth Group locally, supporting effective care management, strong regulatory partnerships, greater administrative efficiency, improved clinical outcomes and the ability to adapt to a changing national and local market environment. UnitedHealthcare Community & State coordinates resources among family, physicians, other health care providers, and government and community-based agencies and organizations to facilitate continuous and effective care.

The LTSS market represents only 6% of the total Medicaid population, yet accounts for more than 30% of total Medicaid expenditures. The LTSS population is made up of over 4 million individuals who qualify for additional benefits under LTSS programs who represent a subset of the more than 16 million ABD Americans. Currently, only one-quarter of the ABD population and approximately 20% of the LTSS eligible population are served by managed care programs. States are increasingly looking for solutions to not only help control costs, but to improve quality for the complex medical challenges faced by this population and are moving with greater speed to managed care programs.

There are more than 9 million individuals eligible for both Medicare and Medicaid. This group has historically been referred to as dually eligible or MMP. MMP beneficiaries typically have complex conditions with costs of care that are far higher than typical Medicare or Medicaid beneficiaries. While these individuals' health needs are more complex and more costly, they have been historically served in unmanaged environments. This market provides UnitedHealthcare an opportunity to integrate Medicare and Medicaid funding and improve people's health status through close coordination of care.

Total annual expenditures for MMPs are estimated at more than $390 billion, or approximately 13% of the total health care costs in the United States. As of December 31, 2014, UnitedHealthcare served more than 315,000 people with complex conditions similar to those in an MMP population in legacy programs through Medicare Advantage dual SNPs. As of December 31, 2014, UnitedHealthcare Community & State had been awarded new MMP business taking effect in 2015 in Ohio and Texas.

UnitedHealthcare Global

UnitedHealthcare Global participates in international markets through national "in country" and cross-border strategic approaches. UnitedHealthcare Global's cross-border health care business provides comprehensive health benefits, care management and care delivery for multinational employers, governments and individuals

around the world. UnitedHealthcare Global's goal is to create business solutions that are based on local infrastructure, culture and needs, and that blend local expertise with experiences from the U.S. health care industry. As of December 31, 2014, UnitedHealthcare Global provided medical benefits to more than 4 million people, principally in Brazil, but also residing in more than 125 other countries.

Amil. Amil provides health and dental benefits to nearly 7 million people. Amil operates more than 30 acute hospitals and approximately 50 specialty, primary care and emergency services clinics across Brazil, principally for the benefit of its members. Amil's patients are also treated in its contracted provider network of nearly 27,000 physicians and other health care professionals, approximately 2,100 hospitals and more than 7,600 laboratories and diagnostic imaging centers. Amil offers a diversified product portfolio with a wide range of product offerings, benefit designs, price points and value, including indemnity products. Amil's products include various administrative services such as network access and administration, care management and personal health services and claims processing.

Other Operations. UnitedHealthcare Global includes other diversified global health services operations with a variety of offerings for international customers, including:

- network access and care coordination in the United States and overseas;
- TPA products and services for health plans and TPAs;
- brokerage services;
- practice management services for care providers;
- government and corporate consulting services for improving quality and efficiency; and
- global expatriate insurance solutions.

Optum

Optum is a health services business serving the broad health care marketplace, including:

- Those who need care: the consumers who need the right support, information, resources and products to achieve their health goals.
- Those who provide care: pharmacies, physicians' practices, hospitals and clinical facilities seeking to modernize the health system and support the best possible patient care and experience.
- Those who pay for care: insurers, employers and government agencies devoted to ensuring the populations they sponsor receive high-quality care, administered and delivered efficiently.
- Those who innovate for care: life sciences and research focused organizations dedicated to developing more effective approaches to care, enabling technologies and medicines that improve care delivery and health outcomes.

Using advanced data analytics and technology, Optum helps improve overall health system performance by optimizing care quality, reducing costs and improving the consumer experience and care provider performance. Optum is organized in three reportable segments:

- OptumHealth focuses on care delivery, care management, consumer engagement, distribution and health financial services;
- OptumInsight delivers operational services and support and health information technology services; and
- OptumRx specializes in pharmacy services.

OptumHealth

OptumHealth is a diversified health and wellness business serving the physical, emotional and financial needs of more than 63 million unique individuals. OptumHealth enables population health management through programs offered by employers, payers, government entities and, increasingly, directly with the care delivery system. OptumHealth products and services deliver value by improving quality and patient satisfaction while lowering cost. OptumHealth works to optimize the care delivery system through the creation of high-performing networks and centers of excellence across the care continuum, by working directly with physicians to advance population health management and by focusing on caring for the most medically complex patients.

OptumHealth offers its products on a risk basis, where it assumes responsibility for health care costs in exchange for a monthly premium per individual served, and on an administrative fee basis, under which it manages or administers delivery of the products or services in exchange for a fixed fee per individual served. For its financial services offerings, OptumHealth charges fees and earns investment income on managed funds.

OptumHealth sells its products primarily through its direct sales force, strategic collaborations and external producers in three markets: employers (which includes the sub-markets of large, mid-sized and small employers), payers (which includes the sub-markets of health plans, TPAs, underwriter/stop-loss carriers and individual market intermediaries) and government entities (which includes states, CMS, DoD, the Veterans Administration and other federal procurement agencies). As provider reimbursement models evolve, care providers are emerging as a fourth market for the health management, financial services and local care delivery businesses.

OptumHealth is organized into two major operating groups: Collaborative Care and Consumer Solutions Group (CSG).

Collaborative Care. Collaborative Care's major product offerings include local care delivery, complex population management and mobile care delivery.

- Local Care Delivery. Local care delivery serves patients through a collaborative network of care providers aligned around total population health management and outcomes-based reimbursement. Within its local care delivery systems, OptumHealth works directly with medical groups and Independent Practice Associations to deploy a core set of technology, risk management, analytical and clinical capabilities and tools to assist physicians in delivering high-quality care across the populations they serve. OptumHealth is directly affiliated with clinics and physicians who provided care to more than 2 million patients in 2014.
- Complex Population Management. Complex population management services focus on improving care for patients with very challenging medical conditions by providing the optimal care in the most appropriate setting. Complex population management is focused on building and executing integrated solutions for payers, governmental agencies, accountable care organizations and provider groups for the highest cost patient segment of the health care system with focus on optimizing patient outcomes, quality and cost effectiveness. In addition, complex population management provides hospice services in 17 markets in the United States.
- Mobile Care Delivery. OptumHealth's mobile care delivery business provides occupational health, medical and dental readiness services, treatments and immunization programs. These solutions serve a number of government and commercial clients including the U.S. military.

CSG. CSG includes population health management services, specialty networks, distribution and financial services products.

- Population Health Management Services: OptumHealth serves nearly 38 million people through population health management services, including care management, complex conditions (e.g., cancer, neonatal and maternity), health and wellness and advocacy decision support solutions.

- Specialty Networks. Within specialty networks, OptumHealth serves more than 57 million people by offering them access to proprietary networks of provider specialists in the areas of behavioral health management (e.g., mental health, substance abuse), chiropractic, physical therapy, transplant, infertility, kidney and end stage renal disease.
- Distribution: This business provides health exchange capabilities to help payers, market aggregators and employers meet the needs of the consumers they serve. OptumHealth provides call center support, multi-modal communications software, data analysis and trained nurses that help clients acquire, retain and service large populations of health care consumers.
- Financial Services: This business serves the health financial needs of individuals, employers, health care professionals and payers. OptumHealth is a leading provider of consumer health care accounts. OptumHealth also offers electronic payment solutions to manage compliance and improve the administrative efficiency of electronic claim payments. As of December 31, 2014, Financial Services and its wholly owned subsidiary, Optum Bank, had $2.8 billion in customer assets under management and during 2014 processed $85 billion in medical payments to physicians and other health care providers.

OptumInsight

OptumInsight provides technology, operational and consulting services to participants in the health care industry. Hospital systems, physician practices, commercial health plans, government agencies, life sciences companies and other organizations that constitute the health care system use OptumInsight to help them reduce costs, meet compliance mandates, improve clinical performance, achieve efficiency and modernize their core operating systems to meet the changing needs of the health system landscape.

Many of OptumInsight's software and information products, advisory consulting arrangements and outsourcing contracts are delivered over an extended period, often several years. OptumInsight maintains an order backlog to track unearned revenues under these long-term arrangements. The backlog consists of estimated revenue from signed contracts, other legally binding agreements and anticipated contract renewals based on historical experience that either have not started but are anticipated to begin in the near future, or are in process and have not been completed. OptumInsight's aggregate backlog at December 31, 2014, was $8.6 billion, of which $4.8 billion is expected to be realized within the next 12 months. This includes $2.9 billion related to intersegment agreements, all of which are included in the current portion of the backlog. OptumInsight's aggregate backlog at December 31, 2013, adjusted for the January 1, 2014 business realignment discussed in Note 13 of Notes to Consolidated Financial Statements included in Part II, Item 8, "Financial Statements," was $7.5 billion including $2.7 billion related to intersegment agreements. The increase in 2014 backlog was attributable to a revenue management services acquisition and general business growth, partially offset by services performed on existing contracts. OptumInsight cannot provide any assurance that it will be able to realize all of the revenues included in the backlog due to uncertainties with regard to the timing and scope of services and the potential for cancellation, non-renewal or early termination of service arrangements.

OptumInsight's products and services are sold primarily through a direct sales force. OptumInsight's products are also supported and distributed through an array of alliances and business partnerships with other technology vendors, who integrate and interface OptumInsight's products with their applications.

OptumInsight provides capabilities targeted to the needs of four primary market segments: care providers (e.g., physician practices and hospitals), payers, governments and life sciences organizations.

Care Providers. Serving four out of five U.S. hospitals and tens of thousands of physician practices, OptumInsight provides capabilities that help drive financial performance, meet compliance requirements and deliver health intelligence. OptumInsight's offerings in clinical workflow software, revenue management tools and services, health IT and analytics help hospitals and physician practices improve patient outcomes, strengthen financial performance and meet quality measurement and compliance requirements, as well as transition to new collaborative and value based business models.

Payers. OptumInsight serves approximately 300 health plans by helping them improve operational and administrative efficiency, meet clinical performance and compliance goals, develop strong provider networks, manage risk and drive growth. OptumInsight also helps payer clients adapt to new market models, including health insurance exchanges, consumer driven health care and engagement, pay-for-value contracting and population health management.

Governments. OptumInsight provides services to government agencies across 36 states and the District of Columbia. Services include financial management and program integrity services, policy and compliance consulting, data and analytics technology, systems integration and expertise to improve medical quality, access and costs.

Life Sciences. OptumInsight's Life Sciences business provides services to more than 200 global life sciences organizations. OptumInsight's services use real-world evidence to support market access and positioning of products, provide insights into patient reported outcomes and optimize and manage risk.

OptumRx

OptumRx provides a full spectrum of pharmacy benefit management (PBM) services to more than 30 million Americans nationwide, managing more than $40 billion in pharmaceutical spending annually and processing nearly 600 million adjusted retail, home delivery and specialty drug prescriptions annually. OptumRx's PBM services deliver a low cost, high-quality pharmacy benefit through retail network contracting services, home delivery and specialty pharmacy services, manufacturer rebate contracting and management and a variety of clinical programs such as step therapy, formulary management, drug adherence and disease and drug therapy management programs. As of December 31, 2014, OptumRx's network included more than 67,000 retail pharmacies and two home delivery pharmacy facilities in California and Kansas.

The home delivery and specialty pharmacy fulfillment capabilities of OptumRx are an important strategic component of its business, providing patients with convenient access to maintenance medications, offering a broad range of complex drug therapies and patient management services for individuals with chronic health conditions and enabling OptumRx to help consumers achieve optimal health, while maximizing cost savings.

OptumRx provides PBM services to a substantial majority of UnitedHealthcare members. Additionally, OptumRx manages specialty pharmacy benefits across nearly all of UnitedHealthcare's businesses with services including patient support and clinical programs designed to ensure quality and deliver value for consumers. This is crucial in managing overall drug spend, as biologics and other specialty medications are the fastest growing pharmacy expenditures. OptumRx also provides PBM services to non-affiliated external clients, including public and private sector employer groups, insurance companies, Taft-Hartley Trust Funds, TPAs, managed care organizations (MCOs), Medicare-contracted plans, Medicaid plans and other sponsors of health benefit plans and individuals throughout the United States. OptumRx's distribution system consists primarily of health insurance brokers and other health care consultants and direct sales.

GOVERNMENT REGULATION

Most of our health and well-being businesses are subject to comprehensive federal, state and international laws and regulations. We are regulated by federal, state and international regulatory agencies that generally have discretion to issue regulations and interpret and enforce laws and rules. The regulations can vary significantly from jurisdiction to jurisdiction, and the interpretation of existing laws and rules also may change periodically. Domestic and international governments continue to enact and consider various legislative and regulatory proposals that could materially impact certain aspects of the health care system. New laws, regulations and rules, or changes in the interpretation of existing laws, regulations and rules, including as a result of changes in the political climate, could adversely affect our business.

A.6--Site Control

CEC Chattanooga Executive Center
423.634.7200 | admin@chattanoogaexecutivecenter.com

June 15, 2015

Alere Women's & Children's Health, LLC
c/o Enterprise Real Estate Services/UnitedHealth Group Account
200 E. Randolph Drive
Chicago, IL 60601

Attention: ROBERT C. BECKSTEDT

RE: Amendment of Lease for
Alere Women's & Children's Health, LLC ("Alere")
Chattanooga Executive Center
651 E. 4th Street, Suite 100
Chattanooga, TN 37403

Mr. Beckstedt:

This letter will serve as an amendment (this "Amendment") to the Lease for office space for Alere and shall extend the term of the Lease for another one (1) year commencing July 1, 2015 and terminating June 30, 2016 (the "Extension Term"). Alere will continue to lease Office # 117 (the "Premises"). The rental rate for the Extension Term will be $365 per month. The term of the Lease shall automatically be extended for an additional one (1) year term beginning on July 1, 2016, on all the terms of the Lease, as amended by this Amendment, unless Alere provides thirty (30) day notice prior to the expiration of the Extension Term that Alere will not be renewing the Lease.

The "Lease" is that certain Lease Agreement, dated July 1, 1998, as amended by amendments dated April 12, 2010, April 18, 2011, June 3, 2012, May 10, 2013, and May 14, 2014 between Chattanooga Executive Center, Inc. ("Lessor") and Alere.

The Lease, as amended by this Amendment, remains in full force and effect. As of the date hereof, neither Lessor nor Alere is in default under the Lease. This Amendment is binding on the parties' successors and assigns. This Amendment may be executed in any number of counterparts, all of which are considered one and the same Amendment notwithstanding that all parties hereto have not signed the same counterpart. Signatures of this Amendment which are transmitted by either or both electronic or telephonic means (including, without limitation, facsimile and email) are valid for all purposes. Any party shall, however, deliver an original signature of this Amendment to the other party upon request. Alere shall not record this Amendment nor a memorandum thereof. If any provision of the Lease, as amended by this Amendment, is held by the final judgment of any court of competent jurisdiction to be

illegal, invalid or unenforceable, the validity of the remaining portions or provisions must not be impaired or affected, and the rights and obligations of the parties must be construed and enforced as if the Lease, as amended by this Amendment, did not contain that certain part, term or provision held to be illegal, invalid or unenforceable. The Lease, as amended by this Amendment, constitutes the entire agreement between Lessor and Alere with respect to the Premises and may be amended or altered only by written agreement executed by both parties, and supersedes all prior agreements, whether written or oral, between the parties. The Lease, as amended by this Amendment, and the rights and obligations of the parties hereto, must be construed and enforced in accordance with the laws of the state in which the Premises are located

Alere's address for purposes of notices under the Lease is as follows:

c/o United HealthCare Services, Inc.
Lease Administration - MN008-W310
9900 Bren Road East
Minnetonka, MN 55343

Please indicate your approval of this agreement by signing and returning the signed agreement to us.

LESSOR:
CHATTANOOGA EXECUTIVE CENTER, Inc
651 E. 4th Street
Suite 100
Chattanooga, TN 37403

By: Jenny Kiser
Jenny Kiser
Proprietor

LESSEE:
ALERE WOMEN'S & CHILDREN'S HEALTH, LLC

By: Adam Wilford

Title: Authorized Signatory

4826-4267-7028\23

LEASE AGREEMENT

THIS INDENTURE, made and entered into this first day of July, 1998, by and between Chattanooga Executive Center, a Tennessee sole proprietorship hereinafter referred to as "Lessor," and Matria Health Care, 1850 Parkway Place, Suite 1200, Marietta, Georgia 30067, hereinafter referred to as "Lessee."

W I T N E S E T H T H A T:

1. Demise and Premises. Lessor, for and in consideration of the rents hereinafter reserved and agreed to be paid by Lessee and of the covenants, agreements, conditions and understandings to be performed and observed by Lessee, as hereinafter set forth, hereby lets, leases and demises unto Lessee, for use by Lessee exclusively for executive office space, Office Number 405 (hereinafter, the "Premises"), with all rights, privileges and appurtenances thereto belonging to Lessee, and subject to the provisions hereof, Lessee's successors and assigns, for and during the term of this Lease and any extensions or renewals thereof and together with the right of Lessee, its agents, servants, employees and invitees, to the use and enjoyment, concurrently with the Lessor and others having a similar right of the reception and other common areas located within the executive office facilities of which the premises are a part. This Lease is subject to such applicable easements, restrictions and encumbrances as may appear of record in the Register's Office for Hamilton County, Tennessee. Lessee's use of the reception and other common areas located within the executive office facilities of which the premises are a part shall be subject to and in accordance with rules and regulations established or to be established by Lessor, as the same may be from time to time hereafter amended.

2. Services. For and during the term of this Lease, Lessor shall furnish and make available to Lessee the following services:

(a) Parking, General after-hours housekeeping and cleaning services.

(b) From 8:30 A.M. to 5:00 P.M., Monday through Friday, receptionist is provided as an optional service.

(c) From 8:30 A.M. to 5:00 P.M., Monday through Friday, limited secretarial services, including light typing (e.g., general correspondence and memoranda) and word processing services, telephone answering service. as an optional service.

(d) Monday through Friday, postage services. Outgoing mail will be metered and delivered to U. S. Postal Service daily.

(e) Conference rooms will be provided to Lessee for reasonable use at no charge, however, if use of Conference room exceeds reasonable hours, Lessee shall be charged for time exceeding reasonable use at sole determination of Lessor.

(f) The above described services are optional services and the Lessee may utilize these services for which Lessee will be billed at the standard rate for such services as set by Lessor from time to time, which rate may change without notice to Lessee. Payment for these services are due upon receipt of statement for same, and if not paid within ten (10) days, a late payment charge may be imposed at Lessor's option. All secretarial and receptionist services are provided on a "first come, first served" basis. Additional charges may be imposed for "rush" jobs or those requiring Lessor's staff to work beyond the above stated regular business hours.

3. Term. This Lease shall extend for a term of six (6) months commencing on July 1, 1998.

4. Rent.

(a) Tenant shall pay to Lessor and Lessor shall accept from Tenant, as rent for the premises herein leased, the sum of Two Hundred Seventy-Five Dollars ($275.00) per month.

(b) All rentals called for herein shall be due and payable monthly in advance on the first day of each calendar month during the term hereof, and if said term shall commence on any day other than the first day of a calendar month, then said rentals for the period from the date of commencement hereof to the first day of the next succeeding calendar month, and for the period from the last day of the last full calendar month during the term hereof to and including the last day of the term hereof, shall be apportioned on a per diem basis, calculated on the basis of a thirty (30) day month.

(c) Lessee shall pay all rentals due hereunder at the principal office of Lessor or at such other place as Lessor may, from time to time, designate by written notice or notices to Lessee, and all such rentals shall be payable when due, without any prior demand and without any deduction or setoff whatsoever.

(d) If any such payment of rental shall not be made on or before a date ten (10) days, the same shall become due (the "Final Payment Date") or if said Final Payment Date shall fall upon a Saturday, Sunday or legal holiday, upon the next business day, then and in that event, Lessor shall be entitled to receive and Lessee shall pay, as liquidated damages for such late payment, an amount in addition thereto equal to $5.00 per day for each day thereafter that said amount shall remain unpaid.

5. Security Deposit. As collateral security for the payment of the rents herein provided and for the performance by Lessee of all obligations required of it hereunder, Lessee shall deposit with Lessor, its assignees, transferrers or designees, a sum equal to one (1) month's rent, as set forth in paragraph 4 above, which amount shall be held by Lessor in a separate escrow account. In the event that Lessee shall default in any payment of rent due hereunder shall default in the performance of any other obligation imposed upon by the Lease, it is understood and agreed that the entire security deposit, together with all interest, if any, then earned or accrued thereon, shall be and become the sole and exclusive property of Lessor its assignees or transferees, as damages for such breach default; provided, however, that it is understood and agreed by and between the parties hereto that the right of Lessor, its transferees or assigns, to receive payment of said damage amount shall be cumulative and not exclusive and shall be in addition to any and all other rights and remedies Lessor may have hereunder or at law or in equity. However, if Lessee shall faithfully adhere to the provisions of this Lease and shall pay all rentals and other amounts required of it hereunder, the entire security deposit and all interest, if any, earned and received thereon, shall be returned and paid over by Lessor to Lessee upon the expiration of the term hereof.

7. Quiet Possession. Lessor covenants with Lessee to keep Lessee in quiet possession of the leased premises during the term hereof, provided that the Lessee keeps and performs all of the covenants, agreements and understandings to be kept and performed by it hereunder, subject, however, to the exceptions, reservations, limitations, covenants and conditions referred to in paragraph 1 above.

8. Covenants of Title. Lessor further covenants with Lessee that Lessor is lawfully seized and possessed of the premises being leased (the same being a portion of the premises leased to Lessor by Third Street Associates and has full right, power and authority to lease the same and that said premises are free of all encumbrances, except as set forth in paragraph 1 above and except as are contained in the aforesaid lease to Lessor from Third Street Associates.

9. Maintenance and Repairs. Lessor shall make and pay for all repairs to the premises which are necessary to keep the same in a good state of repair, (normal wear and tear excepted) exclusive, however, of any fixtures, furnishing or other items owned, used or installed by Lessee. Lessee shall be responsible and shall pay for the repair of any damage done to the premises by Lessee, its agents, servants, employees, contractors or invitees.

10. Equipment and Fixtures; Security Agreement; Signs. Lessee shall not make any changes or alterations in or to leased premises or any part thereof without the prior written consent of Lessor. All furnishings, fixtures and equipment used within or upon said premises which have been supplied and installed at the sole cost and expense of Lessee shall at all times, be and remain the property of Lessee, and Lessee shall have the right to remove the same or any part thereof from the premises during the term of this Lease or at the expiration thereof; provided, however, that Lessee is not in default hereunder; and, provided further, that Lessee, in so doing, does not cause any irreparable damage to the premises; and provided further, that Lessee shall pay or reimburse Lessor for all cost and expense of repair of repairable damage. Anything to the contrary herein contained notwithstanding, as collateral security for the payment by Lessee of all amounts required to it hereunder and for the performance by Lessee of all obligations imposed upon it herein, Lessee does hereby grant unto Lessor, its successors and assigns, a lien the same as a statutory Inn Keepers lien and, in addition, a common law lien and security interest in all furniture, furnishings, fixtures, trade fixtures and equipment of Lessee now or hereafter located within or upon the leased premises, now existing or hereafter acquired, and in any replacements thereof and substitutions therefor and accessions or additions thereto and in the proceeds and products of any or all of the same. In the event of the Lessee's default, Lessor shall have the right to retain said property of Lessee and sell same at public or private sale with five (5) days' notice to Lessee at its last known address, and apply sale proceeds to any amounts due Lessor hereunder. Lessee shall not display or hang any sign, advertisement, illumination, projection or other article in or out of windows or on any exterior wall or door of or to the leased premises or place any such item in any common area within the executive office space of which the premises are a part without the prior written consent of Lessor.

11. Use Care and Surrender of Premises. Lessee shall use the premises for executive offices only, and not use said offices for residential or any other use without the prior written consent of Lessor. Lessee shall not commit any act or engage in any practice within, upon or about the leased premises which is contrary to any applicable law, ordinance, rule or regulation or which would cause injury, risk of fire or damage to any person or property, including the leased premises, and shall use reasonable care and diligence to keep and maintain the leased premises in a neat, orderly and sanitary condition, and Lessee further agrees that it shall commit no waste upon the premises. Upon the expiration or any termination of this Lease, Lessee shall surrender possession of the premises, without notice, in as good condition as at the commencement of the term hereof or in as good condition as said premises may be put during the term hereof, normal and reasonable wear and tear excepted. Lessee has examined the premises and hereby acknowledges the same to be in a good and proper state of repair and accepts the premises in their present state.

12. Indemnity. Lessee shall indemnify Lessor against and shall hold Lessor harmless from any and all liability, claim, demands, damages and causes of action that may arise from or be occasioned by the use or occupancy of the leased premises by; Lessee, its agents, servants, employees, customers, contractors, invitees or licenses, and Lessee shall defend Lessor against any and all such claims and demands and shall reimburse Lessor for all costs and expenses incurred by Lessor in connection therewith, including, without limitation, reasonable attorney's fees.

13. Insurance.

(a) Lessee agrees that it will, at its own cost and expense, obtain and keep in force and effect general public liability insurance against any and all claims for personal injury or property damage occurring within, upon, or about the leased premises during the term of this Lease. Such insurance shall be maintained with limits of liability of not less than $100,000 for injuries to any one person in any one accident or occurrence; $300,000 for injuries to any number of persons in any one accident or occurrence; and $25,000 for damage to property in any one accident or occurrence. Also, Lessee agrees to name as additional insureds, Chattanooga Executive Center and Third Street Associates on said policy.

(b) The forms of all policies obtained by Lessee pursuant to the provisions of this paragraph and the insurance companies by whom said policies are written shall be subject to Lessor's approval, and all such policies shall name Lessor as an additional insured. All such policies shall further contain a provision that Lessor shall be entitled to at least ten (10) days advance written notice of any cancellation or termination thereof or of any material modification therein or amendment thereto.

(c) Lessee shall, upon demand, furnish to Lessor appropriate and acceptable evidence of Lessee's compliance with the provisions of this paragraph, such as certificates of insurance or copies of the policies.

(d) Lessee agrees that it will indemnify and hold Lessor harmless for and against all claims for personal injury and property damage occurring within, upon or about the leased premises, including attorney's fees and costs of litigation.

14. Damage to or Loss of Property; Fire and Casualty; Condemnation.

(a) Lessee hereby waives any and every claim which arises or may arise in its favor and against Lessor during the term of this Lease for any and all loss of or damage to any of Lessee's property located within, upon or about or constituting a part of the leased premises.

(b) In the event that the Building, or the portion thereof in which the leased premises are located is totally or substantially destroyed by fire or other casualty not caused by or growing out of the negligence, default or wrongful act of Lessee, its agents, servants, contractors and/or invitees, then the term of this Lease shall, on the date of such damage or destruction, automatically terminate and Lessee shall have no claim or right or action against Lessor for damages of any kind or character arising therefrom. In the event of injury or damage to the premises by fire or other casualty, not amounting to total or substantial destruction of the premises or of the entire office building, then at the option of Lessor, this Lease shall either remain in full force and effect, with the obligation on Lessor to repair, replace and restore such portion of the leased premises as may have been so injured or damaged, with an abatement of rent to be in effect during any period of time required for Lessor to execute such repairs, replacements or restoration, or Lessor may, at Lessor's option, terminate this lease. In the event of Governmental Condemnation of the premises, Lessee waives any and all rights or causes of action against Lessor as a result of any such taking or as a result of any election made by Lessor hereunder.

15. Entry by Lessor. Lessor, its agents or representatives, may, at any reasonable time or times, enter the leased premises for repairs or replacements thereto; provided, however, that in so doing, Lessor, its agents or representatives, shall endeavor to avoid interfering unreasonably with the use and occupancy of the leased premises by Lessee.

16. Utilities and Telephone.

(a) Lessor shall pay all charges for gas, water, electricity, any and all other utility services used upon the leased premises by or for Lessee, exclusive of telephone charges.

(b) Lessee shall be responsible for and shall pay all costs of Lessee's telephones and related equipment provided, however, that all such telephones and related equipment must be compatible with and capable of being connected to the equipment provided by Lessor to the common receptionist for the office facilities of which the leased premises are a part, and all such telephones and equipment and the method of installation thereof shall be subject to Lessor's prior written approval.

17. Moving Expenses and Coordination. Lessee shall be responsible for all costs and expenses incurred in connection with Lessee's moving into or out of the leased premises, and further, Lessee shall be responsible for making arrangements for and coordinating any such move.

18. Furniture and Furnishings. Lessee shall be responsible for providing its own furniture, furnishings and fixtures.

19. Alterations. No alteration or change in the leased premises shall be made by Lessee without the prior written consent of Lessor, and in the event that any such consent shall be given, all such alterations and changes shall be made at the sole cost and expense of Lessee. In the event that Lessee shall perform or have performed any work or shall cause any materials to be supplied to the leased premises, Lessee shall pay all charges therefor when due and shall neither cause nor permit the leased premises to become encumbered by any lien or other encumbrance as a result thereof. Lessor hereby disclaims any liability of any nature whatsoever for any such indebtedness of Lessee.

20. Assignment and Subletting. Lessee shall not be permitted to assign this Lease or any interest herein or to sublet all or any portion of the leased premises without having obtained the prior written consent of Lessor, and no such assignment or subletting, if permitted, shall operate to relieve Lessee of its obligations hereunder, unless Lessor shall expressly agree in writing to the contrary.

21. Default.

(a) In the event that Lessee shall fail to pay, when due, any of the rentals or other amounts provided for herein, or shall fail to observe or shall violate any of the other terms, conditions or understandings herein set forth to be observed or performed by it, or fail to comply with any of the rules and regulations established by Lessor under paragraph 1, or if Lessee, its employees, agents or guests conduct themselves or their business in any manner deemed by Lessor, in its sole discretion, to be offensive or a nuisance to other tenants, or the Lessor, then and in any such event, Lessor may, at its option, terminate this Lease and may re-enter the leased premises and re-take possession thereof and relet the premises at the best reasonably obtainable, with Lessee remaining liable for the deficiency, if any, between Lessee's rental herein specified and any rental received by Lessor on any such reletting and/or Lessor may pursue any and all other legal or equitable remedies to which Lessor may be entitled.

(b) It is further understood and agreed that if Lessee shall be adjudicated a bankrupt or shall be adjudged insolvent under the laws of the United States or of any state, or if it shall make a general assignment for the benefit of its creditors, or if a receiver is appointed for Lessee, Lessor may, at its option, declare the term of this Lease at an end and shall be entitled to immediate possession of the leased premises. Nothing in this paragraph, however, shall be construed as a waiver of any of Lessor's rights in connection with any such bankruptcy or insolvency proceeding.

22. Waiver. The failure of either party hereto to insist upon prompt and strict performance of any of the terms, conditions or understandings herein set forth, or to exercise any

option herein conferred; in any one or more instances, shall not be construed as a waiver of the same or of any other term, condition, understanding or option. Acceptance of Lessor of any payment or partial payment of rent due hereunder shall not operate as a waiver of any default hereunder, whether or not Lessor shall have knowledge of such default at the time of acceptance of such payment.

23. Notices to Lessee. Any notice required or permitted to be given to Lessee pursuant to the terms of this Lease shall be addressed to Lessee at: 1950 Parkway Place Marietta, GA 30067 ~~c/o the leased premises~~, or to such other address or addresses as Lessee may, from time to time, furnish to Lessor in writing.

24. Address of Lessor. The rental herein reserved unto lessor shall be paid at and any notice required or permitted to be given to Lessor pursuant to the terms of this Lease shall be addressed to Lessor at 100 University Tower, 651 E. 4th Street, Chattanooga, TN 37403, or to or at such other address or addresses as Lessor may from time to time furnish to Lessee in writing.

25. Attorney's Fees and Expenses. If it shall become necessary for Lessor to place this Lease in the hands of an attorney for enforcement of any provision herein set forth or for the purpose of settling any dispute hereunder, the Lessor shall be entitled to reimbursement by the Lessee for all costs, expenses, and attorney's fees incurred by the Lessor in connection therewith.

26. Entire Agreement and Amendments. This Lease contains the entire agreement between the parties hereto with regard to the subject matter hereof and supersedes and cancels any and all prior agreements or understandings with regard thereto, oral or written. No amendment hereto or modification hereof shall be valid or binding unless in writing, signed by the party sought to be charged therewith.

27. Time. Time is of the essence of this Lease and of all provisions herein contained.

28. Use of Pronouns and Number. Any pronoun used herein shall include the masculine, feminine and neuter gender, and the singular shall include the plural and the plural, the singular, as required by the context hereof.

29. Severability. If any provision hereof shall be found to be illegal, void or unenforceable, this Lease shall be construed as if said provisions were not herein contained.

30. Captions. The captions or paragraph headings used herein are for convenience and reference purposes only and shall in no event be deemed to in any manner add to or affect the subject matter hereof.

31. Governing Law. This Lease shall be construed in accordance with and shall be governed by the laws of the State of Tennessee.

32. Landlord and Tenant. In no event shall this Lease be deemed to create any partnership, joint venture or other relationship of any nature whatsoever by and between Lessor and Lessee, other than that of Landlord and Tenant.

IN WITNESS WHEREOF, the parties hereto have executed this Lease Agreement or have caused the same to be duly executed by their duly authorized officers, in multiple originals, as of the day and date first above written.

LESSOR:

CHATTANOOGA EXECUTIVE CENTER
651 E. 4th Street, Suite 100
Chattanooga, TN 37403

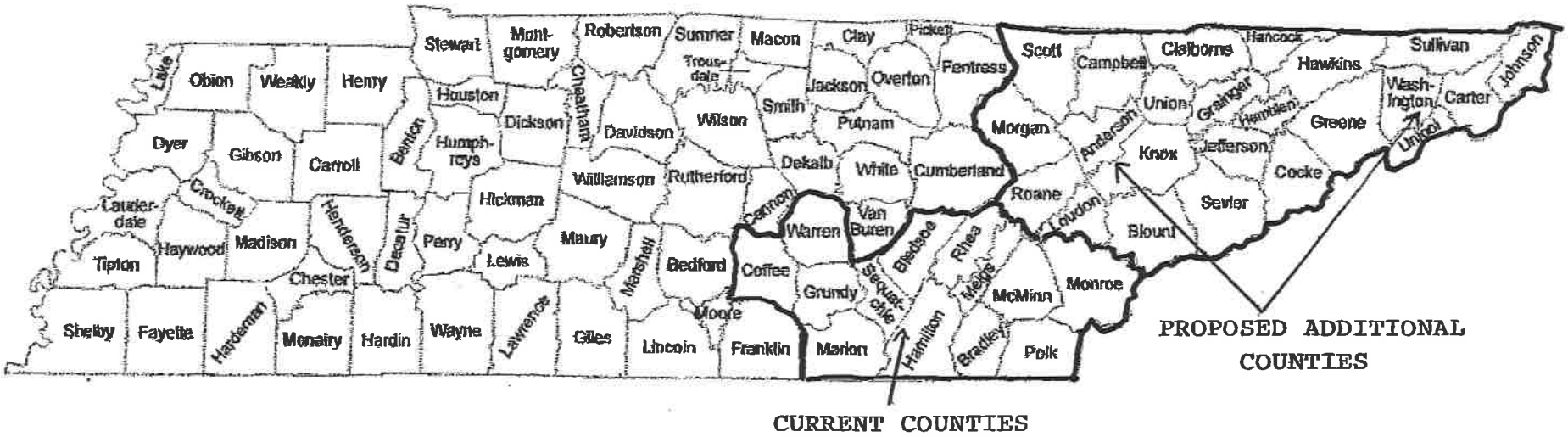
By: Peggy Myers
Peggy Myers, Owner

LESSEE:

MATRIA HEALTH CARE
1850 Parkway Place
Suite 1200
Marietta, GA 30067

By: Yvonne V. Scoggins

C, Need--3
Service Area Maps



ALERE WOMEN'S AND CHILDREN'S HEALTH / HAMILTON COUNTY
CURRENT AND PROPOSED SERVICE AREA

C, Economic Feasibility--2
Documentation of Availability of Funding

OPTUM™

11000 Optum Circle
Eden Prairie, MN 55344

www.optum.com

November 30, 2015

Melanie M. Hill, Executive Director
Tennessee Health Services and Development Agency
Andrew Jackson State Office Building, 9th Floor
500 Deaderick Street
Nashville, Tennessee 37243

RE: CON Application to Add Service Area Counties
Alere Women's and Children's Health, LLC – Hamilton County

Dear Mrs. Hill:

Alere Women's and Children's Health, LLC has filed a Certificate of Need Application to expand the service area of its Hamilton County home healthcare agency. The estimated cost to implement the project is $80,600.

Alere Women's and Children's Health, LLC is wholly owned by Alere Health, LLC, which is wholly owned by OptumHealth Care Solutions, Inc. (part of OptumHealth), which is ultimately wholly owned by UnitedHealth Group, a publicly traded company.

I am writing to confirm that the project's cost will be funded entirely by a cash transfer to the applicant through the organizational chain described above. As Chief Financial Officer of OptumHealth Care Solutions, Inc., I am authorized to make that commitment. The availability of sufficient cash is shown in financial statements in the attached UnitedHealth Group's Security and Exchange Commission filings on Form 10-K for the year ended December 31, 2014 and Form 10-Q for the quarter ended June 30, 2015.

Sincerely,

Joel Costa
OptumHealth CFO

C, Economic Feasibility--10
Financial Statements

UnitedHealth Group
Consolidated Balance Sheets

(in millions, except per share data)	December 31, 2014	December 31, 2013
Assets		
Current assets:		
Cash and cash equivalents	$ 7,495	$ 7,276
Short-term investments	1,741	1,937
Accounts receivable, net of allowances of $260 and $196	4,252	3,052
Other current receivables, net of allowances of $156 and $169	5,498	3,998
Assets under management	2,962	2,757
Deferred income taxes	556	430
Prepaid expenses and other current assets	1,052	930
Total current assets	23,556	20,380
Long-term investments	18,827	19,605
Property, equipment and capitalized software, net of accumulated depreciation and amortization of $2,954 and $2,675	4,418	4,010
Goodwill	32,940	31,604
Other intangible assets, net of accumulated amortization of $2,685 and $2,283	3,669	3,844
Other assets	2,972	2,439
Total assets	$86,382	$81,882
Liabilities and shareholders' equity		
Current liabilities:		
Medical costs payable	$12,040	$11,575
Accounts payable and accrued liabilities	9,247	7,458
Other policy liabilities	5,965	5,279
Commercial paper and current maturities of long-term debt	1,399	1,969
Unearned revenues	1,972	1,600
Total current liabilities	30,623	27,881
Long-term debt, less current maturities	16,007	14,891
Future policy benefits	2,488	2,465
Deferred income taxes	2,065	1,796
Other liabilities	1,357	1,525
Total liabilities	52,540	48,558
Commitments and contingencies (Note 12)		
Redeemable noncontrolling interests	1,388	1,175
Shareholders' equity:		
Preferred stock, $0.001 par value — 10 shares authorized; no shares issued or outstanding	—	—
Common stock, $0.01 par value — 3,000 shares authorized; 954 and 988 issued and outstanding	10	10
Retained earnings	33,836	33,047
Accumulated other comprehensive loss	(1,392)	(908)
Total shareholders' equity	32,454	32,149
Total liabilities and shareholders' equity	$86,382	$81,882

See Notes to the Consolidated Financial Statements

UnitedHealth Group
Consolidated Statements of Operations

(in millions, except per share data)	For the Years Ended December 31, 2014	2013	2012
Revenues:			
Premiums	$115,302	$109,557	$ 99,728
Services	10,151	8,997	7,437
Products	4,242	3,190	2,773
Investment and other income	779	745	680
Total revenues	130,474	122,489	110,618
Operating costs:			
Medical costs	93,257	89,290	80,226
Operating costs	21,681	19,362	17,306
Cost of products sold	3,784	2,839	2,523
Depreciation and amortization	1,478	1,375	1,309
Total operating costs	120,200	112,866	101,364
Earnings from operations	10,274	9,623	9,254
Interest expense	(618)	(708)	(632)
Earnings before income taxes	9,656	8,915	8,622
Provision for income taxes	(4,037)	(3,242)	(3,096)
Net earnings	5,619	5,673	5,526
Earnings attributable to noncontrolling interests	—	(48)	—
Net earnings attributable to UnitedHealth Group common shareholders	$ 5,619	$ 5,625	$ 5,526
Earnings per share attributable to UnitedHealth Group common shareholders:			
Basic	$ 5.78	$ 5.59	$ 5.38
Diluted	$ 5.70	$ 5.50	$ 5.28
Basic weighted-average number of common shares outstanding	972	1,006	1,027
Dilutive effect of common share equivalents	14	17	19
Diluted weighted-average number of common shares outstanding	986	1,023	1,046
Anti-dilutive shares excluded from the calculation of dilutive effect of common share equivalents	6	8	17
Cash dividends declared per common share	$ 1.4050	$ 1.0525	$ 0.8000

See Notes to the Consolidated Financial Statements

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

Form 10-Q

☒ **QUARTERLY REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

FOR THE QUARTERLY PERIOD ENDED MARCH 31, 2015

or

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

FOR THE TRANSITION PERIOD FROM _____ TO _____

Commission file number: 1-10864

UNITEDHEALTH GROUP®

UnitedHealth Group Incorporated
(Exact name of registrant as specified in its charter)

Minnesota **(State or other jurisdiction of incorporation or organization)**	**41-1321939** **(I.R.S. Employer Identification No.)**
UnitedHealth Group Center **9900 Bren Road East** **Minnetonka, Minnesota** **(Address of principal executive offices)**	**55343** **(Zip Code)**

(952) 936-1300
(Registrant's telephone number, including area code)

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☒ No ☐

Indicate by check mark whether the registrant has submitted electronically and posted on its corporate Web site, if any, every Interactive Data File required to be submitted and posted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit and post such files). Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, or a smaller reporting company. See the definitions of "large accelerated filer," "accelerated filer" and "smaller reporting company" in Rule 12b-2 of the Exchange Act:

Large accelerated filer ☒ Accelerated filer ☐ Non-accelerated filer ☐ Smaller reporting company ☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). Yes ☐ No ☒

As of April 30, 2015, there were 951,904,261 shares of the registrant's Common Stock, $.01 par value per share, issued and outstanding.

PART I

ITEM 1. FINANCIAL STATEMENTS

UnitedHealth Group
Condensed Consolidated Balance Sheets
(Unaudited)

(in millions, except per share data)	March 31, 2015	December 31, 2014
Assets		
Current assets:		
Cash and cash equivalents	$ 8,650	$ 7,495
Short-term investments	1,780	1,741
Accounts receivable, net	5,040	4,252
Other current receivables, net	5,346	5,498
Assets under management	2,921	2,962
Deferred income taxes	405	556
Prepaid expenses and other current assets	2,632	1,052
Total current assets	26,774	23,556
Long-term investments	19,416	18,827
Property, equipment and capitalized software, net	4,245	4,418
Goodwill	32,782	32,940
Other intangible assets, net	3,441	3,669
Other assets	3,061	2,972
Total assets	$89,719	$86,382
Liabilities and shareholders' equity		
Current liabilities:		
Medical costs payable	$13,537	$12,040
Accounts payable and accrued liabilities	10,518	9,247
Other policy liabilities	6,392	5,965
Commercial paper and current maturities of long-term debt	2,797	1,399
Unearned revenues	1,734	1,972
Total current liabilities	34,978	30,623
Long-term debt, less current maturities	15,577	16,007
Future policy benefits	2,483	2,488
Deferred income taxes	2,056	2,065
Other liabilities	1,295	1,357
Total liabilities	56,389	52,540
Commitments and contingencies (Note 9)		
Redeemable noncontrolling interests	1,452	1,388
Shareholders' equity:		
Preferred stock, $0.001 par value — 10 shares authorized; no shares issued or outstanding	—	—
Common stock, $0.01 par value — 3,000 shares authorized; 952 and 954 issued and outstanding	10	10
Retained earnings	34,153	33,836
Accumulated other comprehensive loss	(2,285)	(1,392)
Total shareholders' equity	31,878	32,454
Total liabilities and shareholders' equity	$89,719	$86,382

See Notes to the Condensed Consolidated Financial Statements

UnitedHealth Group
Condensed Consolidated Statements of Operations
(Unaudited)

(in millions, except per share data)	Three Months Ended March 31, 2015	2014
Revenues:		
Premiums	$31,674	$28,115
Services	2,706	2,404
Products	1,230	998
Investment and other income	146	191
Total revenues	35,756	31,708
Operating costs:		
Medical costs	25,689	23,208
Operating costs	5,949	5,194
Cost of products sold	1,100	892
Depreciation and amortization	378	360
Total operating costs	33,116	29,654
Earnings from operations	2,640	2,054
Interest expense	(150)	(160)
Earnings before income taxes	2,490	1,894
Provision for income taxes	(1,077)	(795)
Net earnings	$ 1,413	$ 1,099
Earnings per share:		
Basic	$ 1.48	$ 1.12
Diluted	$ 1.46	$ 1.10
Basic weighted-average number of common shares outstanding	954	983
Dilutive effect of common share equivalents	15	13
Diluted weighted-average number of common shares outstanding	969	996
Anti-dilutive shares excluded from the calculation of dilutive effect of common share equivalents	9	9
Cash dividends declared per common share	$0.3750	$0.2800

See Notes to the Condensed Consolidated Financial Statements

UnitedHealth Group
Condensed Consolidated Statements of Comprehensive Income
(Unaudited)

(in millions)	Three Months Ended March 31, 2015	Three Months Ended March 31, 2014
Net earnings	$ 1,413	$ 1,099
Other comprehensive (loss) income:		
Gross unrealized gains on investment securities during the period	105	166
Income tax effect	(37)	(61)
Total unrealized gains, net of tax	68	105
Gross reclassification adjustment for net realized gains included in net earnings	(3)	(46)
Income tax effect	1	17
Total reclassification adjustment, net of tax	(2)	(29)
Total foreign currency translation (losses) gains	(959)	259
Other comprehensive (loss) income	(893)	335
Comprehensive income	$ 520	$ 1,434

See Notes to the Condensed Consolidated Financial Statements

C, Orderly Development--7(C)
Licensing & Accreditation Inspections

STATE OF TENNESSEE
DEPARTMENT OF HEALTH
OFFICE OF HEALTH LICENSURE AND REGULATION
EAST TENNESSEE REGION
5904 LYONS VIEW PIKE
KNOXVILLE, TENNESSEE 37919

October 1, 2013

Administrator
Alere Women's and Children's Health, LLC
651 East Fourth Street, Suite 100
Chattanooga, TN 37403

Re: License Number 457

Dear Administrator:

The East Tennessee Regional Office conducted a licensure survey at your facility on September 24, 2013. As a result of the survey, no deficient practice was found.

If our office may be of assistance to you, please feel free to call (865) 588-5656.

Sincerely,

Karen B. Kirby/dt

Karen B. Kirby, RN
Regional Administrator

KBK/dt

Enclosure

sion of Health Care Facilities

EMENT OF DEFICIENCIES PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	TNHL013		09/24/2013

E OF PROVIDER OR SUPPLIER

RE WOMEN'S AND CHILDREN'S HEALTH,

STREET ADDRESS, CITY, STATE ZIP CODE

651 EAST FOURTH STREET SUITE 100
CHATTANOOGA, TN 37403

) ID EFIX AG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
I 002	1200-8-26 No Deficiencies. A licensure survey was conducted at Alere Women's and Children's Health, LLC on September 24, 2013. No deficiencies were cited under 1200-8-26 Standards for Homecare Organizations Providing Home Health Services.	H 002		

on of Health Care Facilities
RATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

The Joint Commission

Alere Women's and Children's Health, LLC
3200 Windy Hill Road, Suite B-100
Atlanta, GA 30339

Organization Identification Number: 436425

Evidence of Standards Compliance (60 Day) Submitted: 7/11/2013

Program(s)
Home Care Accreditation

Executive Summary

Home Care Accreditation : As a result of the accreditation activity conducted on the above date(s), there were no Requirements for Improvement identified.

If you have any questions, please do not hesitate to contact your Account Executive.

Thank you for collaborating with The Joint Commission to improve the safety and quality of care provided to patients.

The Joint Commission
Summary of Compliance

Program	Standard	Level of Compliance
OME	EM.03.01.03	Compliant
OME	IM.02.01.01	Compliant
OME	MM.05.01.09	Compliant

Evaluation of Alere compared to Alere's Mission

1. Excellent care coordination between field and call center
2. Sharing of information between regions
3. Positive comments from patients regarding field nurses and call center staff
4. Competency of co-travel (suggested we submit as a best practice)
5. Effectiveness of contracted central pharmacy
6. Coordination of care between the pharmacy (contract agency) and home care organization
7. Illinois manager participated in survey despite personal loss
8. Ability of patient to provide therapy on an ongoing basis (patients are being provided the tools for self- management)
9. Teaching/follow-up tools provided to patients for self-management

The Joint Commission

Alere Women's and Children's Health, LLC
3200 Windy Hill Road, Suite B-100
Atlanta, GA 30339

Organization Identification Number: 436425

Program(s)
Home Care Accreditation

Survey Date(s)
05/07/2013-05/07/2013, 05/08/2013-05/10/2013, 05/13/2013-05/14/2013, 05/16/2013-05/16/2013, 05/22/2013-05/22/2013

Executive Summary

Home Care Accreditation :

As a result of the accreditation activity conducted on the above date(s), Requirements for Improvement have been identified in your report.

You will have follow-up in the area(s) indicated below:

- Evidence of Standards Compliance (ESC)

If you have any questions, please do not hesitate to contact your Account Executive.

Thank you for collaborating with The Joint Commission to improve the safety and quality of care provided to patients.

The Joint Commission
Summary of Findings

Evidence of DIRECT Impact Standards Compliance is due within 45 days from the day the survey report was originally posted to your organization's extranet site:

Program:	Home Care Accreditation Program	
Standards:	PC.02.01.01	EP2

Evidence of INDIRECT Impact Standards Compliance is due within 60 days from the day the survey report was originally posted to your organization's extranet site:

Program:	Home Care Accreditation Program	
Standards:	EM.03.01.03	EP1
	IM.02.01.01	EP2
	MM.05.01.09	EP2

The Joint Commission
Findings

Chapter: Emergency Management

Program: Home Care Accreditation

Standard: EM.03.01.03

Standard Text: The organization evaluates the effectiveness of its Emergency Operations Plan.

Primary Priority Focus Area: Communication

Element(s) of Performance:

1. The organization activates its Emergency Operations Plan once a year at each site included in the plan, either in response to an actual emergency or as a planned exercise.
Note: Planned exercises should focus on the organization's response to an emergency that is likely to affect continuation of care, treatment, or services. Exercises do not need to be conducted in each community served by the organization but should be based on a regional or county response strategy where applicable. Exercises that involve substitutes for patients (such as pillows, bundles, mannequins, or live volunteers) are acceptable.

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 1
Observed in Document Review at Alere Women's and Children's Health, LLC (6525 E 82nd St. Suite 101, Indianapolis, IN) site.
During the document review the home care surveyor observed the organization did not include patients or a substitute for patients in its 2012 emergency operations drill. The drill's activity was a bomb threat to the home care office building. DIscussion with leadership confirmed the scope of the drill did not include its patients or field staff.

Chapter: Information Management

Program: Home Care Accreditation

Standard: IM.02.01.01

Standard Text: The organization protects the privacy of health information.

Primary Priority Focus Area: Information Management

Element(s) of Performance:

2. The organization implements its policy on the privacy of health information. (See also RI.01.01.01, EP 7)

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

The Joint Commission
Findings

EP 2
Observed in Tracer Visit at Alere Women's and Children's Health, LLC (877 Franklin Rd. Suite 205, Marietta, GA) site.
During tracer visit #4 to a patient receiving initiation of infusion services for hydration and SQ Ondensatron the surveyor observed the skilled nurse place the outer wrapper of the infusion bag for D5/LR into a box to be placed in the trash. The bag wrapper contained the prescription label with the patient's name, infusion instructions, physician, etc. Review of agency policies HIPAA 15.1 and QI-017 indicated that processes were in place to protect the privacy of PHI from unauthorized or inappropriate use by discarding in a container for shredding.

Observed in Individual Tracer at Alere of New York, Inc. (19-02 Whitestone Expressway #402, Whitestone, NY) site.
At a Whitestone home visit to initiate continuous SQ Ondansetron therapy a loading dose was administered IM. The skilled nurse used the zip lock bag that had housed the medication for the loading dose as her "garbage bag" for alcohol preps, paper ,etc. The zip lock bag contained the medication label as well as patient information. This bag was then to be placed in the garbage. Organization policies indicated that processes were in place to protect PHI information though not implemented on this visit.

Chapter: Medication Management

Program: Home Care Accreditation

Standard: MM.05.01.09

Standard Text: Medications are labeled.
Note: This standard is applicable to all organizations that prepare and administer medications.

Primary Priority Focus Area: Medication Management

Element(s) of Performance:

2. Information on medication labels is displayed in a standardized format, in accordance with law and regulation and standards of practice.

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 2
Observed in Tracer Visit at Alere Women's and Children's Health, LLC (877 Franklin Rd. Suite 205, Marietta, GA) site.
During tracer visit #1 to a new patient for setup of SQ Ondansetron infusion it was noted that the labels on three pre-filled medication syringes did not contain an expiration date for the medication contained in the syringes. These pre-filled syringes were prepared at the local Smyrna, Ga. Pharamerica pharmacy and delivered to the patient for use for first dose. The outer bag which contained the pre-filled syringes also did not contain an expiration date for the medication. The nurse did not administer this medication and it was destroyed. The patient received the prescribed dose of medication from another bag of medication which was issued by the main Pharmerica pharmacy that was correctly labeled. Additionally, there were no lot numbers on either the syringe labels or the packaging labels. Review of the syringes from the main pharmacy included expiration dates and lot numbers.

Observed in Tracer Visit at Alere Women's and Children's Health, LLC (877 Franklin Rd. Suite 205, Marietta, GA) site.
During tracer visit #4 it was noted that for this patient receiving infusion hydration services the outer packaging of the IV bag was labeled with the patient's name, rx. number, infusion instructions, physician, etc. however the bag actual bag of D5/LR solution was hung and infusing without a label. Review of a Pharmarica generated memo presented by leadership stated that IV bags were to be removed from the outer packaging and the label was to be applied to the actual bag by the local pharmacy prior to delivery. The leadership stated that the local pharmacy that prepared the IV delivery for this patient was a relatively new affiliate Pharmarica pharmacy and may have been unaware of the process identified in the memo.

Chapter: Provision of Care, Treatment, and Services

Program: Home Care Accreditation

Standard: PC.02.01.01 ESC 45 days

Standard Text: The organization provides care, treatment, or services for each patient.

Primary Priority Focus Area: Assessment and Care/Services

Element(s) of Performance:

2. Staff provide care, treatment, or services in accordance with professional standards of practice, law, and regulation.

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 2
Observed in Individual Tracer at Alere Women's and Children's Health, LLC (6525 E 82nd St. Suite 101, Indianapolis, IN) site.
During a home visit (HV2) the home care surveyor observed the clinician did not provide care in accordance with professional standards and organizational policy. During the process of injecting 17P IM the clinician did not aspirate prior to administering the medication. The clinician used her left hand to isolate and hold the injection site while using the right hand to perform the stick and inject the medication. Discussion with leadership and review of policy confirmed aspirations are required prior to injecting medications.

Miscellaneous Information

Alere/Hamilton Base Table 1--Existing Agencies in Proposed Service Area--Utilization and TennCare Statistics-- BY STATE ID

Health Statistics ID Number	County of Parent Office	Home Health Agency Name	Agency License Number	Date Agency Licensed	2012 JAR Total Patients Served in TN	2013 JAR Total Patients Served in TN	2014 JAR Total Patients Served in TN	2014 Patients Served Ages 18-64	Female Patients Ages 18-64 Estimated at 50% of Total	Estimated 2014 Percent of Agency's Total Patients Who were Female Age 18-64	2014 Total Gross Revenues	2014 TennCare Gross Revenues	2014 TennCare Percent of Total Gross Revenues	2014 Total Patients Served in Alere's Proposed 22-County Service Area
01032	Anderson	Clinch River Home Health	1	10/26/76	468	461	481	149	75	15.5%	$2,837,699	$0	0.0%	481
01042	Anderson	Professional Case Management of Tennessee	620	1/30/08	182	164	173	19	9.5	5.5%	$18,094,116	$0	0.0%	166
05012	Blount	Blount Memorial Hospital Home Health Services	213	6/6/84	1,308	1,224	1,281	268	134.0	10.5%	$4,323,417	$106,573	2.5%	1,192
06063	Bradley	Home Health Care of East Tennessee, Inc.	14	3/14/84	4,755	3,318	2,680	771	385.5	14.4%	$21,171,043	$8,574,927	40.5%	451
07032	Campbell	Sunbelt Homecare	16	8/10/84	260	261	243	76	38.0	15.6%	$1,174,041	$124,210	10.6%	243
10031	Carter	Amedisys Home Health Care	23	1/20/84	1,147	1,171	937	113	56.5	6.0%	$3,647,402	$0	0.0%	935
13022	Claiborne	Amedisys Home Health of Tennessee	25	5/2/84	2,074	1,830	1,547	232	116.0	7.5%	$8,108,706	$0	0.0%	761
13032	Claiborne	Suncrest Home Health (Claiborne Home Health)	93	9/14/84	581	852	1,008	226	113.0	11.2%	$3,636,740	$52,199	1.4%	1,008
15032	Cocke	Smoky Mountain Home Health and Hospice, Inc.	27	11/9/89	1,535	1,296	1,102	177	88.5	8.0%	$3,826,986	$29,576	0.8%	1,102
19494	Davidson	Elk Valley Health Services, Inc.	42	7/17/84	245	277	293	112	56.0	19.1%	$27,548,490	$17,659,060	64.1%	69
19544	Davidson	Home Care Solutions, Inc. (LHC)	56	9/7/88	2,080	1,930	1,689	306	153.0	9.1%	$10,299,102	$0	0.0%	307
25034	Fentress	Quality Private Duty Care	80	10/28/83	703	879	894	323	161.5	18.1%	$14,826,186	$7,965,559	53.7%	189
25044	Fentress	Quality Home Health	287	3/7/84	4,012	3,404	3,591	1,396	698.0	19.4%	$30,808,782	$8,163,845	26.5%	1,754
30021	Greene	Advanced Home Care, Inc.	86	8/31/83	526	762	817	294	147.0	18.0%	$2,422,611	$43,514	1.8%	817
30041	Greene	Laughlin Home Health Agency	88	6/26/84	547	655	737	142	71.0	9.6%	$1,797,884	$249,855	13.9%	737
30051	Greene	Procare Home Health Services	87	7/8/82	384	433	522	180	90.0	17.2%	$7,821,168	$6,213,949	79.5%	522
32102	Hamblen	Amedisys Home Health Care	91	12/13/82	3,675	3,896	3,210	451	225.5	7.0%	$14,128,961	$0	0.0%	3,210
32122	Hamblen	Univ of TN Med Center Home Health Services	153	12/18/84	1,244	1,327	751	139	69.5	9.3%	$5,548,831	$37,298	0.7%	751
32132	Hamblen	Premier Support Services	10	5/16/84	900	1,169	1,372		0.0	0.0%	$9,048,752	$4,997,204	55.2%	1,372
33103	Hamilton	Amedisys Home Health	113	7/1/81	3,343	2,878	2,564	423	211.5	8.2%	$9,877,048	$0	0.0%	94
34011	Hancock	Hancock County Home Health Agency	117	7/23/75	323	463	488	136	68.0	13.9%	$2,266,557	$1,264,320	55.8%	488
37021	Hawkins	Hometown Home Health Care, Inc.	320	1/9/95	0	89	94	36	18.0	19.1%	$155,554	$0	0.0%	94
46031	Johnson	Johnson County Home Health	130	6/29/84	396	446	492	140	70.0	14.2%	$1,477,122	$51,486	3.5%	492
47012	Knox	NHC Homecare	143	6/10/77	567	613	883	150	75.0	8.5%	$2,887,128	$0	0.0%	882
47042	Knox	Gentiva Health Services	142	11/28/77	870	779	413	79	39.5	9.6%	$1,621,097	$0	0.0%	408
47062	Knox	Camellia Home Health of East Tennessee, LLC	144	9/7/78	1,556	1,716	1,732	407	203.5	11.7%	$18,455,024	$9,251,718	50.1%	1,146
47092	Knox	Tennova Home Health (Mercy Home Hlth Svcs)	51	2/29/80	3,188	3,063	3,240	761	380.5	11.7%	$8,344,698	$408,358	4.9%	3,240
47132	Knox	Univ of TN Med Center Home Care Svcs - Home Health	156	7/20/83	3,264	3,439	771	221	110.5	14.3%	$7,432,326	$268,446	3.6%	746
47182	Knox	Gentiva Hlth Svcs (Girling Health Care, Inc., Knoxville)	149	8/15/84	1,031	1,467	1,815	177	88.5	4.9%	$9,636,209	$0	0.0%	1,768
47202	Knox	Amedisys Home Health Care	150	8/2/84	5,420	5,354	4,391	525	262.5	6.0%	$16,836,113	$0	0.0%	4,390
47222	Knox	East Tennessee Children's Hospital Home Health Care	1332	9/13/84	559	586	600	0	0.0	0.0%	$16,630,543	$10,610,425	63.8%	581
47232	Knox	CareAll Home Care Services	131	8/21/89	278	510	686	220	110.0	16.0%	$2,136,733	$1,057,304	49.5%	680
47372	Knox	The Home Option By Harden Hlth Care (Girling Hlth Care Svcs of KV)	148	12/13/84	1	29	72	5	2.5	3.5%	$2,344,594	$0	0.0%	72
47402	Knox	Covenant Homecare	133	7/14/78	3,946	3,953	4,792	1,126	563.0	11.7%	$14,925,332	$68,948	0.5%	4,652
47432	Knox	Maxim Healthcare Services, Inc.	2	6/20/84	150	159	154	54	27.0	17.5%	$17,166,386	$15,919,725	92.7%	154
52024	Lincoln	Deaconess Homecare	161	2/25/76	704	842	1,294	504	252.0	19.5%	$2,830,159	$465,409	16.4%	234
54043	McMinn	NHC Homecare	166	2/13/84	183	239	358	99	49.5	13.8%	$1,253,289	$0	0.0%	31
62052	Monroe	Intrepid USA Healthcare Services	190	9/10/84	259	358	355	38	19.0	5.4%	$1,372,205	$451	0.0%	312
62062	Monroe	Sweetwater Hospital Home Health	189	8/20/84	569	613	625	160	80.0	12.8%	$2,740,886	$223,863	8.2%	50
67024	Overton	Amedisys Home Health	191	1/17/84	1,277	1,453	949	167	83.5	8.8%	$4,345,087	$0	0.0%	71
75024	Rutherford	NHC Homecare	208	5/17/76	3,269	3,776	4,180	1,034	517.0	12.4%	$16,844,138	$0	0.0%	2
76032	Scott	Elk Valley Home Health Care Agency, LLC (Deaconess)	211	9/20/85	352	394	603	154	77.0	12.8%	$1,877,380	$172,609	9.2%	568
82051	Sullivan	Advanced Home Care, Inc.	249	4/9/85	2,583	2,245	2,276	716	358.0	15.7%	$5,833,905	$129,337	2.2%	2,276
82061	Sullivan	Gentiva Health Services	251	11/3/83	979	936	612	93	46.5	7.6%	$2,249,687	$0	0.0%	611
90081	Washington	Medical Center Homecare, Kingsport	269	11/4/83	1,628	1,960	1,846	735	367.5	19.9%	$4,617,558	$580,965	12.6%	1,845
90091	Washington	Medical Center Homecare Services	271	5/4/84	3,118	3,503	3,714	1,284	642.0	17.3%	$8,028,454	$338,391	4.2%	3,714
90121	Washington	Amedysis Home Health	273	7/6/84	2,384	1,821	1,460	157	78.5	5.4%	$5,060,362	$0	0.0%	1,460

Alere/Hamilton Base Table 1–Existing Agencies in Proposed Service Area–Utilization and TennCare Statistics-- BY STATE ID

Health Statistics ID Number	County of Parent Office	Home Health Agency Name	Agency License Number	Date Agency Licensed	2012 JAR Total Patients Served in TN	2013 JAR Total Patients Served in TN	2014 JAR Total Patients Served in TN	2014 Patients Served Ages 18-64	Female Patients Ages 18-64 Estimated at 50% of Total	Estimated 2014 Percent of Agency's Total Patients Who were Female Age 18-64	2014 Total Gross Revenues	2014 TennCare Gross Revenues	2014 TennCare Percent of Total Gross Revenues	2014 Total Patients Served in Alere's Proposed 22-County Service Area
90131	Washington	NHC Homecare	267	3/22/78	264	259	465	80	40.0	8.6%	$2,350,881	$0	0.0%	465
96030	Other	Professional Home Health Care Agency, Inc. (London, KY)	298	9/2/77	9	13	5	0	0.0	0.0%	$18,154,278	$14,913	0.1%	5
		TOTALS			69,096	69,265	65,257	15,055	7,528	11.5%	$400,821,650	$95,044,437	23.7%	47,598

Source: TDH; 2014 Joint Annual Reports of Home Health Agencies

Alerre/Hamilton Base Table 2--Agency Dependence on Total Patients and Childbearing-Age Female Patients in Proposed Service Area Counties--BY STATE ID

TDH ID	AGENCY NAME	Total Agency Patients in TN	Total Agency Patients From Alere's Proposed Counties	Patients Served By Agency in Each of Alere's 22 Proposed Counties																							Percent of Agency Dependence on Alere's Proposed Counties	Agency Total Patients Age 18-64 in Alere's Proposed Counties	Agency Female Patients Age 18-64 in Alere's Proposed Counties (Estimated @ 50%)	Local Dependence: Agency's Female 18-64 Patients in Proposed Counties as Percent of All Its Patients in Proposed Counties	Statewide Dependence: Agency's Female 18-64 Patients in Proposed Counties as Percent of All Its Patients Statewide
				Cannon	Clay	Cumberland	DeKalb	Fentress	Franklin	Giles	Humphreys	Jackson	Lawrence	Lewis	Lincoln	Macon	Moore	Overton	Pickett	Putnam	Smith	Stewart	Trousdale	Van Buren	White						
01032	Clinch River Home Health	481	481				10		494						74		10				1			1			100%	149	75	15.5%	15.5%
01042	Professional Case Management of Tennessee	173	166			5																		12			96%	19	10	5.7%	5.5%
05012	Blount Memorial Hospital Home Health Services	1,281	1,192		31	12		211				67				5		235	24	247					46		93%	246	123	10.3%	9.6%
06063	Home Health Care of East Tennessee, Inc.	2,680	451	14																							17%	129	65	14.3%	2.4%
07032	Sunbelt Homecare	243	243				1									55					84		67				100%	76	38	15.6%	15.6%
10031	Amedisys Home Health Care	937	935						3													37					100%	232	116	12.4%	12.4%
13022	Amedisys Home Health of Tennessee	1,547	761													1											49%	113	57	7.4%	3.7%
13032	Suncrest Home Health (Claiborne Home Health)	1,008	1,008							190			181	13	4												100%	226	113	11.2%	11.2%
15032	Smoky Mountain Home Health and Hospice, Inc.	1,102	1,102																								100%	177	89	8.0%	8.0%
19494	Elk Valley Health Services, Inc.	293	69													17					34		26				24%	30	15	21.7%	5.1%
19544	Home Care Solutions, Inc. (LHC)	1,689	307	2			3									1					3			1			18%	68	34	11.1%	2.0%
25034	Quality Private Duty Care	894	189								6																21%	61	31	16.1%	3.4%
25044	Quality Home Health	3,591	1,754																								49%	815	408	23.2%	11.3%
30021	Advanced Home Care, Inc.	817	817			127																					100%	294	147	18.0%	18.0%
30041	Laughlin Home Health Agency	737	737	2	89	305	8					50				87		31		297	19		12	3	34		100%	142	71	9.6%	9.6%
30051	Procare Home Health Services	522	522	97			34																	43	116		100%	180	90	17.2%	17.2%
32102	Amedisys Home Health Care	3,210	3,210							42	108		246	19													100%	451	226	7.0%	7.0%
32122	Univ of TN Med Center Home Health Services	751	751								78											9					100%	139	70	9.3%	9.3%
32132	Premier Support Services	1,372	1,372	4			1		478						21		17				1						100%	356	178	13.0%	13.0%
33103	Amedisys Home Health	2,564	94																								4%	14	7	7.4%	0.3%
34011	Hancock County Home Health Agency	488	488						1											1							100%	136	68	13.9%	13.9%
37021	Hometown Home Health Care, Inc.	94	94																								100%	36	18	19.1%	19.1%
46031	Johnson County Home Health	492	492		144	34		14				71				42		37	2	46					3		100%	140	70	14.2%	14.2%
47012	NHC Homecare	883	882	12	19	81	34					90				5				299	18				39		100%	150	75	8.5%	8.5%
47042	Gentiva Health Services	413	408	2					167	113			1		439		13	43									99%	79	40	9.7%	9.6%
47062	Camellia Home Health of East Tennessee, LLC	1,732	1,146					35																			66%	320	160	14.0%	9.2%
47092	Tennova Home Health (Mercy Home Hlth Svcs)	3,240	3,240										183														100%	761	381	11.7%	11.7%
47132	Univ of TN Med Center Home Care Svcs - Home Health	771	746			3	2		3	6	1	1	14	5	4		1			4	1	2		2	2		97%	207	104	13.9%	13.4%
47182	Gentiva Hlth Svcs (Girling Health Care, Inc., Knoxville)	1,815	1,768								4																97%	172	86	4.9%	4.7%
47202	Amedisys Home Health Care	4,391	4,390	13			20		18							277					85		119	78			100%	525	263	6.0%	6.0%
47222	East Tennessee Children's Hospital Home Health Care	600	581																			80					97%	0	0	0.0%	0.0%
47232	CareAll Home Care Services	686	680						44						21		11										99%	218	109	16.0%	15.9%
47372	The Home Option By Harden Hlth Care (Girling Hlth Care Svcs of KV)	72	72																								100%	5	3	3.5%	3.5%
47402	Covenant Homecare	4,792	4,652																								97%	1,108	554	11.9%	11.6%
47432	Maxim Healthcare Services, Inc.	154	154	5			12									66					58		16				100%	54	27	17.5%	17.5%
52024	Deaconess Homecare	1,294	234			1																					18%	0	0	0.0%	0.0%
54043	NHC Homecare	358	31								76											15					9%	5	3	8.1%	0.7%
62052	Intrepid USA Healthcare Services	355	312																			2					88%	32	16	5.1%	4.5%
62062	Sweetwater Hospital Home Health	625	50												1		5										8%	17	9	17.0%	1.4%
67024	Amedisys Home Health	949	71			5						33						18		414	2				21		7%	13	7	9.2%	0.7%
75024	NHC Homecare	4,180	2				9					19				66				14	188		3				0%	2	1	50.0%	0.0%
76032	Elk Valley Home Health Care Agency, LLC (Deaconess)	603	568													8							39				94%	136	68	12.0%	11.3%
82051	Advanced Home Care, Inc.	2,276	2,276	4	1	6	2		6	1	199	3	2		4	22	1	1		13	3	2	7		3		100%	716	358	15.7%	15.7%
82061	Gentiva Health Services	612	611						66															2			100%	93	47	7.6%	7.6%
90081	Medical Center Homecare, Kingsport	1,846	1,845	20			5									2							4				100%	735	368	19.9%	19.9%
90091	Medical Center Homecare Services	3,714	3,714				1														3		1				100%	1,284	642	17.3%	17.3%
90121	Amedysis Home Health	1,460	1,460			30	1	11				12						27	2	168	1				29		100%	157	79	5.4%	5.4%
90131	NHC Homecare	465	465	21			13								5		7							9			100%	80	40	8.6%	8.6%
96030	Professional Home Health Care Agency, Inc.	5	5							5					329		2										100%	1	1	10.0%	10.0%
	TOTALS	65,257	47,598	196	284	609	156	271	1,280	357	472	346	627	37	902	654	67	392	28	1,503	501	147	294	151	293		73%	11,099	5,550	11.7%	8.5%

Sources: 2014 Joint Annual Reports

Table Seven-C: Home Health Agencies Licensed To Serve Alere/Hamilton's Requested Counties (By State ID, within Each County Requested)				
Health Statistics ID	Agency County	Agency	Type	Patient County
47092	Knox	Tennova Healthcare Home Health	Home	Campbell
47132	Knox	UTMCK-Home Care Services: Hospice & Home Care	Both	Campbell
62052	Monroe	Intrepid USA Healthcare Services	Home	Campbell
96030	Other	Professional Home Health Care Agency	Home	Campbell
76032	Scott	Deaconess Homecare	Home	Campbell
		Campbell County Total Agencies	**24**	
10031	Carter	Amedisys Home Health Care	Home	Carter
19494	Davidson	Elk Valley Health Services Inc	Home	Carter
19544	Davidson	Home Care Solutions, Inc	Home	Carter
30051	Greene	Procare Home Health Services	Home	Carter
32132	Hamblen	Premier Support Services, Inc	Home	Carter
46031	Johnson	Johnson County Home Health	Home	Carter
47202	Knox	Amedisys Home Health Care	Home	Carter
82061	Sullivan	Gentiva Health Services	Home	Carter
90121	Washington	Amedisys Home Health	Home	Carter
90081	Washington	Medical Center Homecare - Kingsport	Home	Carter
90091	Washington	Medical Center Homecare Services	Home	Carter
90131	Washington	NHC Homecare	Home	Carter
		Carter County Total Agencies	**12**	
05012	Blount	Blount Memorial Hospital Home Health Services	Home	Claiborne
07032	Campbell	Sunbelt Homecare	Home	Claiborne
13022	Claiborne	Amedisys Home Health of Tennessee	Home	Claiborne
13032	Claiborne	Suncrest Home Health & Hospice	Both	Claiborne
15032	Cocke	Smoky Mountain Home Health & Hospice	Both	Claiborne
19494	Davidson	Elk Valley Health Services Inc	Home	Claiborne
19544	Davidson	Home Care Solutions, Inc	Home	Claiborne
32102	Hamblen	Amedisys Home Health Care	Home	Claiborne
32132	Hamblen	Premier Support Services, Inc	Home	Claiborne
32122	Hamblen	Univ. of TN Med. Ctr Home Health/Hospice Service	Both	Claiborne
34011	Hancock	Hancock County Home Health & Hospice Agency	Both	Claiborne
47202	Knox	Amedisys Home Health Care	Home	Claiborne
47062	Knox	Camellia Home Health of East Tennessee	Home	Claiborne
47402	Knox	Covenant Homecare	Both	Claiborne
47222	Knox	East Tennessee Children's Hospital Home Health	Home	Claiborne
47042	Knox	Gentiva Health Services	Home	Claiborne
47182	Knox	Gentiva Health Services 2 (Girling Health Care)	Home	Claiborne
47432	Knox	Maxim Healthcare Services, Inc	Home	Claiborne
47012	Knox	NHC Homecare	Home	Claiborne
47092	Knox	Tennova Healthcare Home Health	Home	Claiborne
47132	Knox	UTMCK-Home Care Services: Hospice & Home Care	Both	Claiborne
62052	Monroe	Intrepid USA Healthcare Services	Home	Claiborne
96030	Other	Professional Home Health Care Agency	Home	Claiborne
		Claiborne County Total Agencies	**23**	
05012	Blount	Blount Memorial Hospital Home Health Services	Home	Cocke
13032	Claiborne	Suncrest Home Health & Hospice	Both	Cocke
15032	Cocke	Smoky Mountain Home Health & Hospice	Both	Cocke
19494	Davidson	Elk Valley Health Services Inc	Home	Cocke
19544	Davidson	Home Care Solutions, Inc	Home	Cocke
30021	Greene	Advanced Home Care, Inc.	Home	Cocke
30041	Greene	Laughlin Home Health Agency	Home	Cocke
32102	Hamblen	Amedisys Home Health Care	Home	Cocke
32132	Hamblen	Premier Support Services, Inc	Home	Cocke
32122	Hamblen	Univ. of TN Med. Ctr Home Health/Hospice Service	Both	Cocke
47202	Knox	Amedisys Home Health Care	Home	Cocke
47062	Knox	Camellia Home Health of East Tennessee	Home	Cocke
47402	Knox	Covenant Homecare	Both	Cocke
47222	Knox	East Tennessee Children's Hospital Home Health	Home	Cocke
47042	Knox	Gentiva Health Services	Home	Cocke
47182	Knox	Gentiva Health Services 2 (Girling Health Care)	Home	Cocke
47432	Knox	Maxim Healthcare Services, Inc	Home	Cocke
47012	Knox	NHC Homecare	Home	Cocke
47132	Knox	UTMCK-Home Care Services: Hospice & Home Care	Both	Cocke

Table Seven-C: Home Health Agencies Licensed To Serve Alere/Hamilton's Requested Counties (By State ID, within Each County Requested)				
Health Statistics ID	Agency County	Agency	Type	Patient County
		Cocke County Total Agencies	**19**	
05012	Blount	Blount Memorial Hospital Home Health Services	Home	Grainger
13022	Claiborne	Amedisys Home Health of Tennessee	Home	Grainger
13032	Claiborne	Suncrest Home Health & Hospice	Both	Grainger
15032	Cocke	Smoky Mountain Home Health & Hospice	Both	Grainger
19494	Davidson	Elk Valley Health Services Inc	Home	Grainger
19544	Davidson	Home Care Solutions, Inc	Home	Grainger
32102	Hamblen	Amedisys Home Health Care	Home	Grainger
32132	Hamblen	Premier Support Services, Inc	Home	Grainger
32122	Hamblen	Univ. of TN Med. Ctr Home Health/Hospice Service	Both	Grainger
34011	Hancock	Hancock County Home Health & Hospice Agency	Both	Grainger
37021	Hawkins	Hometown Home Health Care, Inc	Home	Grainger
47202	Knox	Amedisys Home Health Care	Home	Grainger
47062	Knox	Camellia Home Health of East Tennessee	Home	Grainger
47402	Knox	Covenant Homecare	Both	Grainger
47222	Knox	East Tennessee Children's Hospital Home Health	Home	Grainger
47042	Knox	Gentiva Health Services	Home	Grainger
47182	Knox	Gentiva Health Services 2 (Girling Health Care)	Home	Grainger
47432	Knox	Maxim Healthcare Services, Inc	Home	Grainger
47012	Knox	NHC Homecare	Home	Grainger
47092	Knox	Tennova Healthcare Home Health	Home	Grainger
47132	Knox	UTMCK-Home Care Services: Hospice & Home Care	Both	Grainger
62052	Monroe	Intrepid USA Healthcare Services	Home	Grainger
		Grainger County Total Agencies	**22**	
05012	Blount	Blount Memorial Hospital Home Health Services	Home	Greene
10031	Carter	Amedisys Home Health Care	Home	Greene
13032	Claiborne	Suncrest Home Health & Hospice	Both	Greene
15032	Cocke	Smoky Mountain Home Health & Hospice	Both	Greene
19494	Davidson	Elk Valley Health Services Inc	Home	Greene
19544	Davidson	Home Care Solutions, Inc	Home	Greene
30021	Greene	Advanced Home Care, Inc.	Home	Greene
30041	Greene	Laughlin Home Health Agency	Home	Greene
30051	Greene	Procare Home Health Services	Home	Greene
32102	Hamblen	Amedisys Home Health Care	Home	Greene
32132	Hamblen	Premier Support Services, Inc	Home	Greene
32122	Hamblen	Univ. of TN Med. Ctr Home Health/Hospice Service	Both	Greene
47202	Knox	Amedisys Home Health Care	Home	Greene
47182	Knox	Gentiva Health Services 2 (Girling Health Care)	Home	Greene
47432	Knox	Maxim Healthcare Services, Inc	Home	Greene
82051	Sullivan	Advanced Home Care	Home	Greene
82061	Sullivan	Gentiva Health Services	Home	Greene
90121	Washington	Amedisys Home Health	Home	Greene
90081	Washington	Medical Center Homecare - Kingsport	Home	Greene
90091	Washington	Medical Center Homecare Services	Home	Greene
90131	Washington	NHC Homecare	Home	Greene
		Greene County Total Agencies	**21**	
05012	Blount	Blount Memorial Hospital Home Health Services	Home	Hamblen
13032	Claiborne	Suncrest Home Health & Hospice	Both	Hamblen
15032	Cocke	Smoky Mountain Home Health & Hospice	Both	Hamblen
19494	Davidson	Elk Valley Health Services Inc	Home	Hamblen
19544	Davidson	Home Care Solutions, Inc	Home	Hamblen
30021	Greene	Advanced Home Care, Inc.	Home	Hamblen
30041	Greene	Laughlin Home Health Agency	Home	Hamblen
32102	Hamblen	Amedisys Home Health Care	Home	Hamblen
32132	Hamblen	Premier Support Services, Inc	Home	Hamblen
32122	Hamblen	Univ. of TN Med. Ctr Home Health/Hospice Service	Both	Hamblen
47202	Knox	Amedisys Home Health Care	Home	Hamblen
47062	Knox	Camellia Home Health of East Tennessee	Home	Hamblen
47402	Knox	Covenant Homecare	Both	Hamblen
47222	Knox	East Tennessee Children's Hospital Home Health	Home	Hamblen
47042	Knox	Gentiva Health Services	Home	Hamblen
47182	Knox	Gentiva Health Services 2 (Girling Health Care)	Home	Hamblen

Table Seven-C: Home Health Agencies Licensed To Serve Alere/Hamilton's Requested Counties (By State ID, within Each County Requested)				
Health Statistics ID	Agency County	Agency	Type	Patient County
47432	Knox	Maxim Healthcare Services, Inc	Home	Hamblen
47012	Knox	NHC Homecare	Home	Hamblen
47092	Knox	Tennova Healthcare Home Health	Home	Hamblen
47132	Knox	UTMCK-Home Care Services: Hospice & Home Care	Both	Hamblen
82061	Sullivan	Gentiva Health Services	Home	Hamblen
		Hamblen County Total Agencies	**21**	
05012	Blount	Blount Memorial Hospital Home Health Services	Home	Hancock
07032	Campbell	Sunbelt Homecare	Home	Hancock
13022	Claiborne	Amedisys Home Health of Tennessee	Home	Hancock
13032	Claiborne	Suncrest Home Health & Hospice	Both	Hancock
15032	Cocke	Smoky Mountain Home Health & Hospice	Both	Hancock
19494	Davidson	Elk Valley Health Services Inc	Home	Hancock
19544	Davidson	Home Care Solutions, Inc	Home	Hancock
30021	Greene	Advanced Home Care, Inc.	Home	Hancock
32102	Hamblen	Amedisys Home Health Care	Home	Hancock
32132	Hamblen	Premier Support Services, Inc	Home	Hancock
32122	Hamblen	Univ. of TN Med. Ctr Home Health/Hospice Service	Both	Hancock
34011	Hancock	Hancock County Home Health & Hospice Agency	Both	Hancock
37021	Hawkins	Hometown Home Health Care, Inc	Home	Hancock
47202	Knox	Amedisys Home Health Care	Home	Hancock
47062	Knox	Camellia Home Health of East Tennessee	Home	Hancock
47182	Knox	Gentiva Health Services 2 (Girling Health Care)	Home	Hancock
47432	Knox	Maxim Healthcare Services, Inc	Home	Hancock
47092	Knox	Tennova Healthcare Home Health	Home	Hancock
82051	Sullivan	Advanced Home Care	Home	Hancock
82061	Sullivan	Gentiva Health Services	Home	Hancock
		Hancock County Total Agencies	**20**	
05012	Blount	Blount Memorial Hospital Home Health Services	Home	Hawkins
10031	Carter	Amedisys Home Health Care	Home	Hawkins
13032	Claiborne	Suncrest Home Health & Hospice	Both	Hawkins
15032	Cocke	Smoky Mountain Home Health & Hospice	Both	Hawkins
19494	Davidson	Elk Valley Health Services Inc	Home	Hawkins
19544	Davidson	Home Care Solutions, Inc	Home	Hawkins
30021	Greene	Advanced Home Care, Inc.	Home	Hawkins
30041	Greene	Laughlin Home Health Agency	Home	Hawkins
32102	Hamblen	Amedisys Home Health Care	Home	Hawkins
32132	Hamblen	Premier Support Services, Inc	Home	Hawkins
32122	Hamblen	Univ. of TN Med. Ctr Home Health/Hospice Service	Both	Hawkins
34011	Hancock	Hancock County Home Health & Hospice Agency	Both	Hawkins
37021	Hawkins	Hometown Home Health Care, Inc	Home	Hawkins
47202	Knox	Amedisys Home Health Care	Home	Hawkins
47062	Knox	Camellia Home Health of East Tennessee	Home	Hawkins
47182	Knox	Gentiva Health Services 2 (Girling Health Care)	Home	Hawkins
47432	Knox	Maxim Healthcare Services, Inc	Home	Hawkins
82051	Sullivan	Advanced Home Care	Home	Hawkins
82061	Sullivan	Gentiva Health Services	Home	Hawkins
90121	Washington	Amedisys Home Health	Home	Hawkins
90081	Washington	Medical Center Homecare - Kingsport	Home	Hawkins
90131	Washington	NHC Homecare	Home	Hawkins
		Hawkins County Total Agencies	**22**	
01052	Anderson	Home Option by Harden Health Care, The	Home	Jefferson
05012	Blount	Blount Memorial Hospital Home Health Services	Home	Jefferson
13032	Claiborne	Suncrest Home Health & Hospice	Both	Jefferson
15032	Cocke	Smoky Mountain Home Health & Hospice	Both	Jefferson
19494	Davidson	Elk Valley Health Services Inc	Home	Jefferson
19544	Davidson	Home Care Solutions, Inc	Home	Jefferson
32102	Hamblen	Amedisys Home Health Care	Home	Jefferson
32132	Hamblen	Premier Support Services, Inc	Home	Jefferson
32122	Hamblen	Univ. of TN Med. Ctr Home Health/Hospice Service	Both	Jefferson
47202	Knox	Amedisys Home Health Care	Home	Jefferson
47062	Knox	Camellia Home Health of East Tennessee	Home	Jefferson
47402	Knox	Covenant Homecare	Both	Jefferson

Table Seven-C: Home Health Agencies Licensed To Serve Alere/Hamilton's Requested Counties (By State ID, within Each County Requested)				
Health Statistics ID	Agency County	Agency	Type	Patient County
47222	Knox	East Tennessee Children's Hospital Home Health	Home	Jefferson
47042	Knox	Gentiva Health Services	Home	Jefferson
47182	Knox	Gentiva Health Services 2 (Girling Health Care)	Home	Jefferson
47432	Knox	Maxim Healthcare Services, Inc	Home	Jefferson
47012	Knox	NHC Homecare	Home	Jefferson
47092	Knox	Tennova Healthcare Home Health	Home	Jefferson
47132	Knox	UTMCK-Home Care Services: Hospice & Home Care	Both	Jefferson
		Jefferson County Total Agencies	**19**	
10031	Carter	Amedisys Home Health Care	Home	Johnson
19494	Davidson	Elk Valley Health Services Inc	Home	Johnson
19544	Davidson	Home Care Solutions, Inc	Home	Johnson
30051	Greene	Procare Home Health Services	Home	Johnson
32132	Hamblen	Premier Support Services, Inc	Home	Johnson
46031	Johnson	Johnson County Home Health	Home	Johnson
82061	Sullivan	Gentiva Health Services	Home	Johnson
90121	Washington	Amedisys Home Health	Home	Johnson
90081	Washington	Medical Center Homecare - Kingsport	Home	Johnson
90091	Washington	Medical Center Homecare Services	Home	Johnson
90131	Washington	NHC Homecare	Home	Johnson
		Johnson County Total Agencies	**11**	
01032	Anderson	Clinch River Home Health	Home	Knox
01052	Anderson	Home Option by Harden Health Care, The	Home	Knox
01042	Anderson	Professional Case Management of Tennessee	Home	Knox
05012	Blount	Blount Memorial Hospital Home Health Services	Home	Knox
07032	Campbell	Sunbelt Homecare	Home	Knox
19494	Davidson	Elk Valley Health Services Inc	Home	Knox
19544	Davidson	Home Care Solutions, Inc	Home	Knox
25044	Fentress	Quality Home Health	Home	Knox
32102	Hamblen	Amedisys Home Health Care	Home	Knox
32132	Hamblen	Premier Support Services, Inc	Home	Knox
32122	Hamblen	Univ. of TN Med. Ctr Home Health/Hospice Service	Both	Knox
47202	Knox	Amedisys Home Health Care	Home	Knox
47062	Knox	Camellia Home Health of East Tennessee	Home	Knox
47232	Knox	Careall Home Care Services	Home	Knox
47402	Knox	Covenant Homecare	Both	Knox
47222	Knox	East Tennessee Children's Hospital Home Health	Home	Knox
47042	Knox	Gentiva Health Services	Home	Knox
47182	Knox	Gentiva Health Services 2 (Girling Health Care)	Home	Knox
47432	Knox	Maxim Healthcare Services, Inc	Home	Knox
47012	Knox	NHC Homecare	Home	Knox
47092	Knox	Tennova Healthcare Home Health	Home	Knox
47132	Knox	UTMCK-Home Care Services: Hospice & Home Care	Both	Knox
47372	Knox	The Home Option by Harden Health Care (Girling)	Home	Knox
62052	Monroe	Intrepid USA Healthcare Services	Home	Knox
96030	Other	Professional Home Health Care Agency	Home	Knox
		Knox County Total Agencies	**25**	
01052	Anderson	Home Option by Harden Health Care, The	Home	Loudon
01042	Anderson	Professional Case Management of Tennessee	Home	Loudon
05012	Blount	Blount Memorial Hospital Home Health Services	Home	Loudon
06063	Bradley	Home Health Care of East Tennessee, Inc	Both	Loudon
07032	Campbell	Sunbelt Homecare	Home	Loudon
19494	Davidson	Elk Valley Health Services Inc	Home	Loudon
19544	Davidson	Home Care Solutions, Inc	Home	Loudon
25044	Fentress	Quality Home Health	Home	Loudon
32132	Hamblen	Premier Support Services, Inc	Home	Loudon
32122	Hamblen	Univ. of TN Med. Ctr Home Health/Hospice Service	Both	Loudon
33103	Hamilton	Amedisys Home Health	Home	Loudon
47202	Knox	Amedisys Home Health Care	Home	Loudon
47062	Knox	Camellia Home Health of East Tennessee	Home	Loudon
47232	Knox	Careall Home Care Services	Home	Loudon
47402	Knox	Covenant Homecare	Both	Loudon
47222	Knox	East Tennessee Children's Hospital Home Health	Home	Loudon

Table Seven-C: Home Health Agencies Licensed To Serve Alere/Hamilton's Requested Counties (By State ID, within Each County Requested)				
Health Statistics ID	Agency County	Agency	Type	Patient County
47042	Knox	Gentiva Health Services	Home	Loudon
47182	Knox	Gentiva Health Services 2 (Girling Health Care)	Home	Loudon
47432	Knox	Maxim Healthcare Services, Inc	Home	Loudon
47012	Knox	NHC Homecare	Home	Loudon
47092	Knox	Tennova Healthcare Home Health	Home	Loudon
47132	Knox	UTMCK-Home Care Services: Hospice & Home Care	Both	Loudon
54043	McMinn	NHC Homecare	Home	Loudon
62052	Monroe	Intrepid USA Healthcare Services	Home	Loudon
62062	Monroe	Sweetwater Hospital Home Health	Home	Loudon
		Loudon County Total Agencies	**25**	
01032	Anderson	Clinch River Home Health	Home	Morgan
01042	Anderson	Professional Case Management of Tennessee	Home	Morgan
06063	Bradley	Home Health Care of East Tennessee, Inc	Both	Morgan
07032	Campbell	Sunbelt Homecare	Home	Morgan
19494	Davidson	Elk Valley Health Services Inc	Home	Morgan
19544	Davidson	Home Care Solutions, Inc	Home	Morgan
25044	Fentress	Quality Home Health	Home	Morgan
25034	Fentress	Quality Private Duty Care	Home	Morgan
32132	Hamblen	Premier Support Services, Inc	Home	Morgan
32122	Hamblen	Univ. of TN Med. Ctr Home Health/Hospice Service	Both	Morgan
47202	Knox	Amedisys Home Health Care	Home	Morgan
47062	Knox	Camellia Home Health of East Tennessee	Home	Morgan
47232	Knox	Careall Home Care Services	Home	Morgan
47402	Knox	Covenant Homecare	Both	Morgan
47222	Knox	East Tennessee Children's Hospital Home Health	Home	Morgan
47042	Knox	Gentiva Health Services	Home	Morgan
47182	Knox	Gentiva Health Services 2 (Girling Health Care)	Home	Morgan
47432	Knox	Maxim Healthcare Services, Inc	Home	Morgan
47092	Knox	Tennova Healthcare Home Health	Home	Morgan
47132	Knox	UTMCK-Home Care Services: Hospice & Home Care	Both	Morgan
52024	Lincoln	Deaconess Homecare	Home	Morgan
96030	Other	Professional Home Health Care Agency	Home	Morgan
67024	Overton	Amedisys Home Health	Home	Morgan
75024	Rutherford	NHC Homecare	Home	Morgan
76032	Scott	Deaconess Homecare	Home	Morgan
		Morgan County Total Agencies	**25**	
01032	Anderson	Clinch River Home Health	Home	Roane
01042	Anderson	Professional Case Management of Tennessee	Home	Roane
05012	Blount	Blount Memorial Hospital Home Health Services	Home	Roane
06063	Bradley	Home Health Care of East Tennessee, Inc	Both	Roane
07032	Campbell	Sunbelt Homecare	Home	Roane
19494	Davidson	Elk Valley Health Services Inc	Home	Roane
19544	Davidson	Home Care Solutions, Inc	Home	Roane
25044	Fentress	Quality Home Health	Home	Roane
32132	Hamblen	Premier Support Services, Inc	Home	Roane
32122	Hamblen	Univ. of TN Med. Ctr Home Health/Hospice Service	Both	Roane
47202	Knox	Amedisys Home Health Care	Home	Roane
47062	Knox	Camellia Home Health of East Tennessee	Home	Roane
47232	Knox	Careall Home Care Services	Home	Roane
47402	Knox	Covenant Homecare	Both	Roane
47222	Knox	East Tennessee Children's Hospital Home Health	Home	Roane
47042	Knox	Gentiva Health Services	Home	Roane
47182	Knox	Gentiva Health Services 2 (Girling Health Care)	Home	Roane
47432	Knox	Maxim Healthcare Services, Inc	Home	Roane
47012	Knox	NHC Homecare	Home	Roane
47092	Knox	Tennova Healthcare Home Health	Home	Roane
47132	Knox	UTMCK-Home Care Services: Hospice & Home Care	Both	Roane
52024	Lincoln	Deaconess Homecare	Home	Roane
54043	McMinn	NHC Homecare	Home	Roane
62052	Monroe	Intrepid USA Healthcare Services	Home	Roane
62062	Monroe	Sweetwater Hospital Home Health	Home	Roane
67024	Overton	Amedisys Home Health	Home	Roane
		Roane County Total Agencies	**26**	

Table Seven-C: Home Health Agencies Licensed To Serve Alere/Hamilton's Requested Counties (By State ID, within Each County Requested)				
Health Statistics ID	Agency County	Agency	Type	Patient County
01032	Anderson	Clinch River Home Health	Home	Scott
01042	Anderson	Professional Case Management of Tennessee	Home	Scott
07032	Campbell	Sunbelt Homecare	Home	Scott
19494	Davidson	Elk Valley Health Services Inc	Home	Scott
19544	Davidson	Home Care Solutions, Inc	Home	Scott
25044	Fentress	Quality Home Health	Home	Scott
32132	Hamblen	Premier Support Services, Inc	Home	Scott
32122	Hamblen	Univ. of TN Med. Ctr Home Health/Hospice Service	Both	Scott
47202	Knox	Amedisys Home Health Care	Home	Scott
47062	Knox	Camellia Home Health of East Tennessee	Home	Scott
47402	Knox	Covenant Homecare	Both	Scott
47222	Knox	East Tennessee Children's Hospital Home Health	Home	Scott
47042	Knox	Gentiva Health Services	Home	Scott
47182	Knox	Gentiva Health Services 2 (Girling Health Care)	Home	Scott
47432	Knox	Maxim Healthcare Services, Inc	Home	Scott
47092	Knox	Tennova Healthcare Home Health	Home	Scott
47132	Knox	UTMCK-Home Care Services: Hospice & Home Care	Both	Scott
62052	Monroe	Intrepid USA Healthcare Services	Home	Scott
96030	Other	Professional Home Health Care Agency	Home	Scott
67024	Overton	Amedisys Home Health	Home	Scott
76032	Scott	Deaconess Homecare	Home	Scott
		Scott County Total Agencies	**21**	
01052	Anderson	Home Option by Harden Health Care, The	Home	Sevier
05012	Blount	Blount Memorial Hospital Home Health Services	Home	Sevier
15032	Cocke	Smoky Mountain Home Health & Hospice	Both	Sevier
19494	Davidson	Elk Valley Health Services Inc	Home	Sevier
19544	Davidson	Home Care Solutions, Inc	Home	Sevier
32102	Hamblen	Amedisys Home Health Care	Home	Sevier
32132	Hamblen	Premier Support Services, Inc	Home	Sevier
32122	Hamblen	Univ. of TN Med. Ctr Home Health/Hospice Service	Both	Sevier
47202	Knox	Amedisys Home Health Care	Home	Sevier
47062	Knox	Camellia Home Health of East Tennessee	Home	Sevier
47402	Knox	Covenant Homecare	Both	Sevier
47222	Knox	East Tennessee Children's Hospital Home Health	Home	Sevier
47042	Knox	Gentiva Health Services	Home	Sevier
47182	Knox	Gentiva Health Services 2 (Girling Health Care)	Home	Sevier
47432	Knox	Maxim Healthcare Services, Inc	Home	Sevier
47012	Knox	NHC Homecare	Home	Sevier
47092	Knox	Tennova Healthcare Home Health	Home	Sevier
47132	Knox	UTMCK-Home Care Services: Hospice & Home Care	Both	Sevier
		Sevier County Total Agencies	**18**	
10031	Carter	Amedisys Home Health Care	Home	Sullivan
13032	Claiborne	Suncrest Home Health & Hospice	Both	Sullivan
15032	Cocke	Smoky Mountain Home Health & Hospice	Both	Sullivan
19494	Davidson	Elk Valley Health Services Inc	Home	Sullivan
19544	Davidson	Home Care Solutions, Inc	Home	Sullivan
30021	Greene	Advanced Home Care, Inc.	Home	Sullivan
30051	Greene	Procare Home Health Services	Home	Sullivan
32132	Hamblen	Premier Support Services, Inc	Home	Sullivan
47202	Knox	Amedisys Home Health Care	Home	Sullivan
82051	Sullivan	Advanced Home Care	Home	Sullivan
82061	Sullivan	Gentiva Health Services	Home	Sullivan
90121	Washington	Amedisys Home Health	Home	Sullivan
90081	Washington	Medical Center Homecare - Kingsport	Home	Sullivan
90091	Washington	Medical Center Homecare Services	Home	Sullivan
90131	Washington	NHC Homecare	Home	Sullivan
		Sullivan County Total Agencies	**15**	
05012	Blount	Blount Memorial Hospital Home Health Services	Home	Unicoi
10031	Carter	Amedisys Home Health Care	Home	Unicoi
15032	Cocke	Smoky Mountain Home Health & Hospice	Both	Unicoi
19494	Davidson	Elk Valley Health Services Inc	Home	Unicoi

Table Seven-C: Home Health Agencies Licensed To Serve Alere/Hamilton's Requested Counties (By State ID, within Each County Requested)				
Health Statistics ID	Agency County	Agency	Type	Patient County
19544	Davidson	Home Care Solutions, Inc	Home	Unicoi
30051	Greene	Procare Home Health Services	Home	Unicoi
32132	Hamblen	Premier Support Services, Inc	Home	Unicoi
47202	Knox	Amedisys Home Health Care	Home	Unicoi
82061	Sullivan	Gentiva Health Services	Home	Unicoi
90121	Washington	Amedisys Home Health	Home	Unicoi
90081	Washington	Medical Center Homecare - Kingsport	Home	Unicoi
90091	Washington	Medical Center Homecare Services	Home	Unicoi
90131	Washington	NHC Homecare	Home	Unicoi
		Unicoi County Total Agencies	**13**	
01032	Anderson	Clinch River Home Health	Home	Union
01052	Anderson	Home Option by Harden Health Care, The	Home	Union
01042	Anderson	Professional Case Management of Tennessee	Home	Union
05012	Blount	Blount Memorial Hospital Home Health Services	Home	Union
07032	Campbell	Sunbelt Homecare	Home	Union
13022	Claiborne	Amedisys Home Health of Tennessee	Home	Union
13032	Claiborne	Suncrest Home Health & Hospice	Both	Union
19494	Davidson	Elk Valley Health Services Inc	Home	Union
19544	Davidson	Home Care Solutions, Inc	Home	Union
32102	Hamblen	Amedisys Home Health Care	Home	Union
32132	Hamblen	Premier Support Services, Inc	Home	Union
32122	Hamblen	Univ. of TN Med. Ctr Home Health/Hospice Service	Both	Union
47202	Knox	Amedisys Home Health Care	Home	Union
47062	Knox	Camellia Home Health of East Tennessee	Home	Union
47402	Knox	Covenant Homecare	Both	Union
47222	Knox	East Tennessee Children's Hospital Home Health	Home	Union
47042	Knox	Gentiva Health Services	Home	Union
47182	Knox	Gentiva Health Services 2 (Girling Health Care)	Home	Union
47432	Knox	Maxim Healthcare Services, Inc	Home	Union
47012	Knox	NHC Homecare	Home	Union
47092	Knox	Tennova Healthcare Home Health	Home	Union
47132	Knox	UTMCK-Home Care Services: Hospice & Home Care	Both	Union
62052	Monroe	Intrepid USA Healthcare Services	Home	Union
96030	Other	Professional Home Health Care Agency	Home	Union
		Union County Total Agencies	**24**	
05012	Blount	Blount Memorial Hospital Home Health Services	Home	Washington
10031	Carter	Amedisys Home Health Care	Home	Washington
15032	Cocke	Smoky Mountain Home Health & Hospice	Both	Washington
19494	Davidson	Elk Valley Health Services Inc	Home	Washington
19544	Davidson	Home Care Solutions, Inc	Home	Washington
30021	Greene	Advanced Home Care, Inc.	Home	Washington
30041	Greene	Laughlin Home Health Agency	Home	Washington
30051	Greene	Procare Home Health Services	Home	Washington
32132	Hamblen	Premier Support Services, Inc	Home	Washington
47202	Knox	Amedisys Home Health Care	Home	Washington
82051	Sullivan	Advanced Home Care	Home	Washington
82061	Sullivan	Gentiva Health Services	Home	Washington
90121	Washington	Amedisys Home Health	Home	Washington
90081	Washington	Medical Center Homecare - Kingsport	Home	Washington
90091	Washington	Medical Center Homecare Services	Home	Washington
90131	Washington	NHC Homecare	Home	Washington
		Washington County Total Agencies	**16**	

Source: Department of Health Licensure - 9/12/2014 (Updated 4/7/2015)

ALEXE HAMILTON CO.

TennCare Enrollment Report for September 2015

MCO	REGION	Total
AMERIGROUP COMMUNITY CARE		406,748
BLUECARE	East Tennessee	202,263
BLUECARE	Middle Tennessee	160,378
BLUECARE	West Tennessee	149,723
UnitedHealthcare Community Plan	East Tennessee	170,098
UnitedHealthcare Community Plan	Middle Tennessee	166,046
UnitedHealthcare Community Plan	West Tennessee	139,930
TENNCARE SELECT HIGH	All	51,028
TENNCARE SELECT LOW	All	13,880
PACE		273
Awaiting MCO assignment		658
Grand Total		**1,461,025**

	Female				Female	Male					
COUNTY	0 - 18	19 - 20	21 - 64	65 -->	Total	0 - 18	19 - 20	21 - 64	65 -->	Male Total	Grand Total
ANDERSON	4,186	351	4,231	606	9,374	4,359	313	2,006	273	6,951	16,325
BEDFORD	3,758	275	3,028	236	7,297	3,958	217	1,239	120	5,534	12,831
BENTON	1,019	99	1,099	148	2,365	1,045	94	575	71	1,785	4,150
BLEDSOE	793	82	801	117	1,793	903	70	468	56	1,497	3,290
BLOUNT	5,949	514	5,905	670	13,038	5,983	381	2,636	299	9,299	22,337
BRADLEY	5,874	515	5,797	692	12,878	6,165	369	2,512	287	9,333	22,211
CAMPBELL	2,897	316	3,708	668	7,589	3,083	219	2,038	382	5,722	13,311
CANNON	749	68	804	131	1,752	791	69	377	53	1,290	3,042
CARROLL	1,796	169	2,123	327	4,415	1,983	172	1,062	134	3,351	7,766
CARTER	3,167	300	3,470	725	7,662	3,304	228	1,787	261	5,580	13,242
CHEATHAM	1,961	189	1,907	161	4,218	2,073	159	872	84	3,188	7,406
CHESTER	1,039	98	1,017	146	2,300	1,068	67	427	67	1,629	3,929
CLAIBORNE	2,055	224	2,458	552	5,289	2,190	173	1,465	259	4,087	9,376
CLAY	544	44	534	116	1,238	551	37	342	77	1,007	2,245
COCKE	2,767	253	3,088	462	6,570	2,903	193	1,698	218	5,012	11,582
COFFEE	3,610	326	3,495	388	7,819	3,667	243	1,535	176	5,621	13,440
CROCKETT	1,093	89	966	208	2,356	1,051	70	461	81	1,663	4,019
CUMBERLAND	3,240	291	3,244	498	7,273	3,402	243	1,579	241	5,465	12,738
DAVIDSON	42,189	2,751	35,775	3,371	84,086	43,393	2,263	14,571	1,697	61,924	146,010
DECATUR	645	78	722	192	1,637	744	51	403	64	1,262	2,899
DEKALB	1,364	115	1,334	202	3,015	1,440	88	698	106	2,332	5,347
DICKSON	2,932	249	2,936	310	6,427	3,126	220	1,244	134	4,724	11,151
DYER	2,630	295	2,891	430	6,246	2,806	241	1,267	159	4,473	10,719
FAYETTE	1,840	155	1,756	300	4,051	1,958	113	742	140	2,953	7,004
FENTRESS	1,351	140	1,530	360	3,381	1,479	121	1,004	186	2,790	6,171
FRANKLIN	1,996	185	2,094	269	4,544	2,114	158	969	114	3,355	7,899

	Female				Female	Male					
COUNTY	0 - 18	19 - 20	21 - 64	65 -->	Total	0 - 18	19 - 20	21 - 64	65 -->	Male Total	Grand Total
GIBSON	3,264	326	3,474	600	7,664	3,534	268	1,598	269	5,669	13,333
GILES	1,614	154	1,663	235	3,666	1,623	127	798	112	2,660	6,326
GRAINGER	1,459	151	1,468	310	3,388	1,465	122	869	150	2,606	5,994
GREENE	3,614	348	4,176	725	8,863	3,871	258	2,042	383	6,554	15,417
GRUNDY	1,062	130	1,252	219	2,663	1,215	100	723	123	2,161	4,824
HAMBLEN	4,579	283	3,726	519	9,107	4,650	307	1,605	215	6,777	15,884
HAMILTON	17,760	1,347	17,642	2,363	39,112	18,662	1,114	7,160	1,001	27,937	67,049
HANCOCK	503	60	622	147	1,332	556	48	354	69	1,027	2,359
HARDEMAN	1,797	171	1,916	334	4,218	1,758	148	901	158	2,965	7,183
HARDIN	1,699	179	1,905	375	4,158	1,780	170	954	204	3,108	7,266
HAWKINS	3,385	314	3,638	601	7,938	3,507	268	1,863	282	5,920	13,858
HAYWOOD	1,486	145	1,641	264	3,536	1,621	109	583	106	2,419	5,955
HENDERSON	1,830	164	1,941	265	4,200	1,932	144	850	103	3,029	7,229
HENRY	2,003	185	2,145	288	4,621	2,196	171	1,050	99	3,516	8,137
HICKMAN	1,519	153	1,609	194	3,475	1,749	137	866	86	2,838	6,313
HOUSTON	482	38	527	115	1,162	508	33	263	68	872	2,034
HUMPHREYS	1,084	89	1,134	154	2,461	1,111	71	540	56	1,778	4,239
JACKSON	668	60	730	136	1,594	726	62	416	92	1,296	2,890
JEFFERSON	3,247	259	3,130	480	7,116	3,349	225	1,547	205	5,326	12,442
JOHNSON	991	96	1,138	281	2,506	1,069	81	722	151	2,023	4,529
KNOX	19,940	1,609	20,273	2,420	44,242	20,913	1,303	8,794	1,112	32,122	76,364
LAKE	467	38	639	148	1,292	542	40	284	72	938	2,230
LAUDERDALE	2,011	196	2,145	310	4,662	2,107	165	915	126	3,313	7,975
LAWRENCE	2,672	238	2,682	411	6,003	2,859	168	1,344	151	4,522	10,525
LEWIS	780	67	747	129	1,723	767	70	343	61	1,241	2,964
LINCOLN	2,025	167	1,877	281	4,350	2,101	133	906	106	3,246	7,596
LOUDON	2,493	210	2,219	266	5,188	2,576	130	1,028	106	3,840	9,028
MACON	1,795	168	1,647	238	3,848	1,888	136	818	115	2,957	6,805
MADISON	6,631	537	6,799	843	14,810	6,762	426	2,433	335	9,956	24,766
MARION	1,791	172	1,976	230	4,169	1,817	133	875	131	2,956	7,125
MARSHALL	1,821	123	1,716	178	3,838	1,921	112	711	67	2,811	6,649
MAURY	5,035	359	4,746	535	10,675	5,298	299	1,862	189	7,648	18,323
MCMINN	3,059	282	3,197	521	7,059	3,283	221	1,476	230	5,210	12,269
MCNAIRY	1,767	183	2,077	354	4,381	1,949	149	1,131	188	3,417	7,798
MEIGS	799	75	871	90	1,835	840	61	429	44	1,374	3,209
MONROE	2,874	275	3,001	482	6,632	3,128	217	1,538	237	5,120	11,752
MONTGOMERY	9,238	636	8,878	678	19,430	9,467	508	3,068	242	13,285	32,715
MOORE	201	19	187	44	451	256	28	88	17	389	840
MORGAN	1,189	119	1,213	194	2,715	1,260	110	626	97	2,093	4,808
OBION	2,037	194	2,169	297	4,697	2,147	125	886	120	3,278	7,975
OVERTON	1,215	152	1,281	275	2,923	1,343	117	700	137	2,297	5,220
PERRY	564	38	501	79	1,182	530	54	297	31	912	2,094
PICKETT	250	28	296	83	657	305	38	158	46	547	1,204
POLK	1,023	121	1,089	153	2,386	1,061	78	579	71	1,789	4,175
PUTNAM	4,295	363	4,343	753	9,754	4,468	306	2,267	314	7,355	17,109
RHEA	2,386	208	2,268	353	5,215	2,458	171	1,123	133	3,885	9,100
ROANE	2,666	234	3,141	510	6,551	2,987	223	1,625	228	5,063	11,614
ROBERTSON	3,927	295	3,239	371	7,832	4,154	226	1,301	175	5,856	13,688
RUTHERFORD	13,853	1,096	11,921	975	27,845	14,459	799	4,267	420	19,945	47,790

COUNTY	Female 0 - 18	Female 19 - 20	Female 21 - 64	Female 65 -->	Female Total	Male 0 - 18	Male 19 - 20	Male 21 - 64	Male 65 -->	Male Total	Grand Total
SCOTT	1,889	183	2,092	385	4,549	2,021	144	1,123	191	3,479	8,028
SEQUATCHIE	1,017	86	1,046	148	2,297	1,054	74	557	49	1,734	4,031
SEVIER	5,585	460	4,871	453	11,369	6,011	354	2,055	159	8,579	19,948
SHELBY	75,682	5,986	69,053	6,815	157,536	77,355	5,309	22,911	2,900	108,475	266,011
SMITH	1,096	112	1,128	162	2,498	1,106	77	530	60	1,773	4,271
STEWART	732	70	796	111	1,709	783	66	390	54	1,293	3,002
SULLIVAN	7,973	715	9,062	1,309	19,059	8,471	604	4,492	564	14,131	33,190
SUMNER	7,913	652	7,415	790	16,770	8,354	531	2,914	313	12,112	28,882
TIPTON	3,668	347	3,529	364	7,908	3,855	296	1,377	129	5,657	13,565
TROUSDALE	530	72	505	71	1,178	512	38	241	36	827	2,005
UNICOI	946	94	1,060	256	2,356	1,047	84	505	119	1,755	4,111
UNION	1,378	131	1,267	160	2,936	1,303	99	697	85	2,184	5,120
VAN BUREN	328	32	342	59	761	359	28	189	49	625	1,386
WARREN	2,889	226	2,840	432	6,387	3,010	207	1,361	194	4,772	11,159
WASHINGTON	5,808	502	6,614	968	13,892	6,017	386	3,080	430	9,913	23,805
WAYNE	840	76	886	164	1,966	870	81	435	73	1,459	3,425
WEAKLEY	1,837	172	2,030	310	4,349	1,889	153	959	111	3,112	7,461
WHITE	1,762	166	1,803	296	4,027	1,892	125	1,006	123	3,146	7,173
WILLIAMSON	3,329	256	2,726	366	6,677	3,526	239	1,104	150	5,019	11,696
WILSON	5,048	393	4,769	471	10,681	5,311	303	1,897	192	7,703	18,384
Other	3,946	313	5,789	209	10,257	4,233	239	2,134	98	6,704	16,961
Grand Total	**388490**	**32069**	**378951**	**47390**	**846900**	**405046**	**26518**	**161510**	**21051**	**614125**	**1,461,025**

Reports include some membership additions that are the result of retroactivity; however, additional retroactivity may still occur. The "Other" county category reflects recipients who are Tennessee residents for which their domicile is temporarily located outside of the state.

Thank you for your feedback! The new delivers the following improvements: Search by zip code, improved table display, browse more data feature, download data, and more.

Anderson County, Tennessee

People QuickFacts	Anderson County	Tennessee
Population, 2014 estimate	75,528	6,549,352
Population, 2010 (April 1) estimates base	75,126	6,346,275
Population, percent change - April 1, 2010 to July 1, 2014	0.5%	3.2%
Population, 2010	75,129	6,346,105
Persons under 5 years, percent, 2014	5.3%	6.1%
Persons under 18 years, percent, 2014	21.0%	22.8%
Persons 65 years and over, percent, 2014	18.9%	15.1%
Female persons, percent, 2014	51.5%	51.3%
White alone, percent, 2014 (a)	92.1%	78.9%
Black or African American alone, percent, 2014 (a)	4.2%	17.1%
American Indian and Alaska Native alone, percent, 2014 (a)	0.4%	0.4%
Asian alone, percent, 2014 (a)	1.4%	1.7%
Native Hawaiian and Other Pacific Islander alone, percent, 2014 (a)	Z	0.1%
Two or More Races, percent, 2014	1.9%	1.7%
Hispanic or Latino, percent, 2014 (b)	2.5%	5.0%
White alone, not Hispanic or Latino, percent, 2014	89.9%	74.6%
Living in same house 1 year & over, percent, 2009-2013	85.9%	84.6%
Foreign born persons, percent, 2009-2013	3.0%	4.6%
Language other than English spoken at home, pct age 5+, 2009-2013	3.8%	6.6%
High school graduate or higher, percent of persons age 25+, 2009-2013	83.8%	84.4%
Bachelor's degree or higher, percent of persons age 25+, 2009-2013	23.5%	23.8%
Veterans, 2009-2013	7,105	484,901
Mean travel time to work (minutes), workers age 16+, 2009-2013	23.0	24.3
Housing units, 2014	34,747	2,869,323
Homeownership rate, 2009-2013	68.5%	67.8%
Housing units in multi-unit structures, percent, 2009-2013	15.7%	18.3%
Median value of owner-occupied housing units, 2009-2013	$127,000	$139,200
Households, 2009-2013	30,548	2,475,195
Persons per household, 2009-2013	2.43	2.52
Per capita money income in past 12 months (2013 dollars), 2009-2013	$24,561	$24,409
Median household income, 2009-2013	$43,620	$44,298
Persons below poverty level, percent, 2009-2013	18.2%	17.6%

Business QuickFacts	Anderson County	Tennessee
Private nonfarm establishments, 2013	1,526	130,819[1]
Private nonfarm employment, 2013	39,455	2,394,068[1]
Private nonfarm employment, percent change, 2012-2013	-1.9%	2.1%[1]
Nonemployer establishments, 2013	4,421	470,330
Total number of firms, 2007	5,940	545,348
Black-owned firms, percent, 2007	S	8.4%
American Indian- and Alaska Native-owned firms, percent, 2007	S	0.5%
Asian-owned firms, percent, 2007	1.2%	2.0%
Native Hawaiian and Other Pacific Islander-owned firms, percent, 2007	F	0.1%
Hispanic-owned firms, percent, 2007	0.6%	1.6%
Women-owned firms, percent, 2007	20.9%	25.9%
Manufacturers shipments, 2007 ($1000)	1,911,158	140,447,760
Merchant wholesaler sales, 2007 ($1000)	208,283	80,116,528
Retail sales, 2007 ($1000)	907,783	77,547,291
Retail sales per capita, 2007	$12,381	$12,563
Accommodation and food services sales, 2007 ($1000)	126,580	10,626,759
Building permits, 2014	173	27,632

Geography QuickFacts	Anderson County	Tennessee
Land area in square miles, 2010	337.16	41,234.90

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Blount County, Tennessee

People QuickFacts	Blount County	Tennessee
Population, 2014 estimate	126,339	6,549,352
Population, 2010 (April 1) estimates base	123,016	6,346,275
Population, percent change - April 1, 2010 to July 1, 2014	2.7%	3.2%
Population, 2010	123,010	6,346,105
Persons under 5 years, percent, 2014	5.1%	6.1%
Persons under 18 years, percent, 2014	21.1%	22.8%
Persons 65 years and over, percent, 2014	18.4%	15.1%
Female persons, percent, 2014	51.5%	51.3%
White alone, percent, 2014 (a)	94.1%	78.9%
Black or African American alone, percent, 2014 (a)	3.0%	17.1%
American Indian and Alaska Native alone, percent, 2014 (a)	0.4%	0.4%
Asian alone, percent, 2014 (a)	1.0%	1.7%
Native Hawaiian and Other Pacific Islander alone, percent, 2014 (a)	Z	0.1%
Two or More Races, percent, 2014	1.5%	1.7%
Hispanic or Latino, percent, 2014 (b)	3.0%	5.0%
White alone, not Hispanic or Latino, percent, 2014	91.5%	74.6%
Living in same house 1 year & over, percent, 2009-2013	85.1%	84.6%
Foreign born persons, percent, 2009-2013	2.7%	4.6%
Language other than English spoken at home, pct age 5+, 2009-2013	3.9%	6.6%
High school graduate or higher, percent of persons age 25+, 2009-2013	86.7%	84.4%
Bachelor's degree or higher, percent of persons age 25+, 2009-2013	20.8%	23.8%
Veterans, 2009-2013	11,723	484,901
Mean travel time to work (minutes), workers age 16+, 2009-2013	23.9	24.3
Housing units, 2014	55,893	2,869,323
Homeownership rate, 2009-2013	73.3%	67.8%
Housing units in multi-unit structures, percent, 2009-2013	11.3%	18.3%
Median value of owner-occupied housing units, 2009-2013	$163,900	$139,200
Households, 2009-2013	48,728	2,475,195
Persons per household, 2009-2013	2.50	2.52
Per capita money income in past 12 months (2013 dollars), 2009-2013	$23,788	$24,409
Median household income, 2009-2013	$45,991	$44,298
Persons below poverty level, percent, 2009-2013	13.7%	17.6%

Business QuickFacts	Blount County	Tennessee
Private nonfarm establishments, 2013	2,263	130,819[1]
Private nonfarm employment, 2013	38,321	2,394,068[1]
Private nonfarm employment, percent change, 2012-2013	0.5%	2.1%[1]
Nonemployer establishments, 2013	8,431	470,330
Total number of firms, 2007	10,063	545,348
Black-owned firms, percent, 2007	F	8.4%
American Indian- and Alaska Native-owned firms, percent, 2007	0.3%	0.5%
Asian-owned firms, percent, 2007	0.9%	2.0%
Native Hawaiian and Other Pacific Islander-owned firms, percent, 2007	F	0.1%
Hispanic-owned firms, percent, 2007	S	1.6%
Women-owned firms, percent, 2007	25.7%	25.9%
Manufacturers shipments, 2007 ($1000)	5,312,323	140,447,760
Merchant wholesaler sales, 2007 ($1000)	898,029	80,116,528
Retail sales, 2007 ($1000)	1,551,134	77,547,291
Retail sales per capita, 2007	$12,945	$12,563
Accommodation and food services sales, 2007 ($1000)	208,506	10,626,759
Building permits, 2014	608	27,632

Geography QuickFacts	Blount County	Tennessee
Land area in square miles, 2010	558.71	41,234.90

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Carter County, Tennessee

People QuickFacts	Carter County	Tennessee
Population, 2014 estimate	56,886	6,549,352
Population, 2010 (April 1) estimates base	57,424	6,346,275
Population, percent change - April 1, 2010 to July 1, 2014	-0.9%	3.2%
Population, 2010	57,424	6,346,105
Persons under 5 years, percent, 2014	4.9%	6.1%
Persons under 18 years, percent, 2014	19.1%	22.8%
Persons 65 years and over, percent, 2014	19.7%	15.1%
Female persons, percent, 2014	51.0%	51.3%
White alone, percent, 2014 (a)	96.6%	78.9%
Black or African American alone, percent, 2014 (a)	1.6%	17.1%
American Indian and Alaska Native alone, percent, 2014 (a)	0.3%	0.4%
Asian alone, percent, 2014 (a)	0.4%	1.7%
Native Hawaiian and Other Pacific Islander alone, percent, 2014 (a)	Z	0.1%
Two or More Races, percent, 2014	1.2%	1.7%
Hispanic or Latino, percent, 2014 (b)	1.7%	5.0%
White alone, not Hispanic or Latino, percent, 2014	95.1%	74.6%
Living in same house 1 year & over, percent, 2009-2013	87.0%	84.6%
Foreign born persons, percent, 2009-2013	1.0%	4.6%
Language other than English spoken at home, pct age 5+, 2009-2013	2.1%	6.6%
High school graduate or higher, percent of persons age 25+, 2009-2013	79.8%	84.4%
Bachelor's degree or higher, percent of persons age 25+, 2009-2013	15.8%	23.8%
Veterans, 2009-2013	5,144	484,901
Mean travel time to work (minutes), workers age 16+, 2009-2013	22.8	24.3
Housing units, 2014	27,836	2,869,323
Homeownership rate, 2009-2013	72.3%	67.8%
Housing units in multi-unit structures, percent, 2009-2013	13.6%	18.3%
Median value of owner-occupied housing units, 2009-2013	$101,100	$139,200
Households, 2009-2013	24,079	2,475,195
Persons per household, 2009-2013	2.32	2.52
Per capita money income in past 12 months (2013 dollars), 2009-2013	$19,018	$24,409
Median household income, 2009-2013	$31,842	$44,298
Persons below poverty level, percent, 2009-2013	22.9%	17.6%

Business QuickFacts	Carter County	Tennessee
Private nonfarm establishments, 2013	686	130,819[1]
Private nonfarm employment, 2013	8,547	2,394,068[1]
Private nonfarm employment, percent change, 2012-2013	-2.6%	2.1%[1]
Nonemployer establishments, 2013	3,246	470,330
Total number of firms, 2007	3,938	545,348
Black-owned firms, percent, 2007	S	8.4%
American Indian- and Alaska Native-owned firms, percent, 2007	F	0.5%
Asian-owned firms, percent, 2007	S	2.0%
Native Hawaiian and Other Pacific Islander-owned firms, percent, 2007	F	0.1%
Hispanic-owned firms, percent, 2007	S	1.6%
Women-owned firms, percent, 2007	16.2%	25.9%
Manufacturers shipments, 2007 ($1000)	296,682	140,447,760
Merchant wholesaler sales, 2007 ($1000)	34,983	80,116,528
Retail sales, 2007 ($1000)	461,274	77,547,291
Retail sales per capita, 2007	$7,826	$12,563
Accommodation and food services sales, 2007 ($1000)	41,911	10,626,759
Building permits, 2014	51	27,632

Geography QuickFacts	Carter County	Tennessee
Land area in square miles, 2010	341.20	41,234.90

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Claiborne County, Tennessee

People QuickFacts	Claiborne County	Tennessee
Population, 2014 estimate	31,592	6,549,352
Population, 2010 (April 1) estimates base	32,213	6,346,275
Population, percent change - April 1, 2010 to July 1, 2014	-1.9%	3.2%
Population, 2010	32,213	6,346,105
Persons under 5 years, percent, 2014	4.7%	6.1%
Persons under 18 years, percent, 2014	19.6%	22.8%
Persons 65 years and over, percent, 2014	18.5%	15.1%
Female persons, percent, 2014	51.1%	51.3%
White alone, percent, 2014 (a)	96.7%	78.9%
Black or African American alone, percent, 2014 (a)	1.2%	17.1%
American Indian and Alaska Native alone, percent, 2014 (a)	0.3%	0.4%
Asian alone, percent, 2014 (a)	0.6%	1.7%
Native Hawaiian and Other Pacific Islander alone, percent, 2014 (a)	Z	0.1%
Two or More Races, percent, 2014	1.2%	1.7%
Hispanic or Latino, percent, 2014 (b)	1.1%	5.0%
White alone, not Hispanic or Latino, percent, 2014	95.7%	74.6%
Living in same house 1 year & over, percent, 2009-2013	89.2%	84.6%
Foreign born persons, percent, 2009-2013	1.0%	4.6%
Language other than English spoken at home, pct age 5+, 2009-2013	1.4%	6.6%
High school graduate or higher, percent of persons age 25+, 2009-2013	74.5%	84.4%
Bachelor's degree or higher, percent of persons age 25+, 2009-2013	13.3%	23.8%
Veterans, 2009-2013	2,138	484,901
Mean travel time to work (minutes), workers age 16+, 2009-2013	25.8	24.3
Housing units, 2014	15,009	2,869,323
Homeownership rate, 2009-2013	75.0%	67.8%
Housing units in multi-unit structures, percent, 2009-2013	7.0%	18.3%
Median value of owner-occupied housing units, 2009-2013	$94,900	$139,200
Households, 2009-2013	12,553	2,475,195
Persons per household, 2009-2013	2.46	2.52
Per capita money income in past 12 months (2013 dollars), 2009-2013	$18,583	$24,409
Median household income, 2009-2013	$33,229	$44,298
Persons below poverty level, percent, 2009-2013	22.9%	17.6%

Business QuickFacts	Claiborne County	Tennessee
Private nonfarm establishments, 2013	416	130,819[1]
Private nonfarm employment, 2013	7,026	2,394,068[1]
Private nonfarm employment, percent change, 2012-2013	3.0%	2.1%[1]
Nonemployer establishments, 2013	1,938	470,330
Total number of firms, 2007	2,503	545,348
Black-owned firms, percent, 2007	F	8.4%
American Indian- and Alaska Native-owned firms, percent, 2007	F	0.5%
Asian-owned firms, percent, 2007	F	2.0%
Native Hawaiian and Other Pacific Islander-owned firms, percent, 2007	F	0.1%
Hispanic-owned firms, percent, 2007	F	1.6%
Women-owned firms, percent, 2007	S	25.9%
Manufacturers shipments, 2007 ($1000)	436,150	140,447,760
Merchant wholesaler sales, 2007 ($1000)	25,974	80,116,528
Retail sales, 2007 ($1000)	155,854	77,547,291
Retail sales per capita, 2007	$5,011	$12,563
Accommodation and food services sales, 2007 ($1000)	21,624	10,626,759
Building permits, 2014	125	27,632

Geography QuickFacts	Claiborne County	Tennessee
Land area in square miles, 2010	434.58	41,234.90

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Cocke County, Tennessee

People QuickFacts	Cocke County	Tennessee
Population, 2014 estimate	35,374	6,549,352
Population, 2010 (April 1) estimates base	35,662	6,346,275
Population, percent change - April 1, 2010 to July 1, 2014	-0.8%	3.2%
Population, 2010	35,662	6,346,105
Persons under 5 years, percent, 2014	5.2%	6.1%
Persons under 18 years, percent, 2014	20.9%	22.8%
Persons 65 years and over, percent, 2014	19.2%	15.1%
Female persons, percent, 2014	51.6%	51.3%
White alone, percent, 2014 (a)	95.3%	78.9%
Black or African American alone, percent, 2014 (a)	2.0%	17.1%
American Indian and Alaska Native alone, percent, 2014 (a)	0.5%	0.4%
Asian alone, percent, 2014 (a)	0.4%	1.7%
Native Hawaiian and Other Pacific Islander alone, percent, 2014 (a)	0.1%	0.1%
Two or More Races, percent, 2014	1.6%	1.7%
Hispanic or Latino, percent, 2014 (b)	2.2%	5.0%
White alone, not Hispanic or Latino, percent, 2014	93.6%	74.6%
Living in same house 1 year & over, percent, 2009-2013	86.1%	84.6%
Foreign born persons, percent, 2009-2013	1.6%	4.6%
Language other than English spoken at home, pct age 5+, 2009-2013	2.5%	6.6%
High school graduate or higher, percent of persons age 25+, 2009-2013	76.7%	84.4%
Bachelor's degree or higher, percent of persons age 25+, 2009-2013	9.5%	23.8%
Veterans, 2009-2013	3,385	484,901
Mean travel time to work (minutes), workers age 16+, 2009-2013	27.9	24.3
Housing units, 2014	17,363	2,869,323
Homeownership rate, 2009-2013	70.5%	67.8%
Housing units in multi-unit structures, percent, 2009-2013	8.4%	18.3%
Median value of owner-occupied housing units, 2009-2013	$99,700	$139,200
Households, 2009-2013	14,917	2,475,195
Persons per household, 2009-2013	2.36	2.52
Per capita money income in past 12 months (2013 dollars), 2009-2013	$17,476	$24,409
Median household income, 2009-2013	$30,573	$44,298
Persons below poverty level, percent, 2009-2013	26.1%	17.6%

Business QuickFacts	Cocke County	Tennessee
Private nonfarm establishments, 2013	484	130,819[1]
Private nonfarm employment, 2013	6,036	2,394,068[1]
Private nonfarm employment, percent change, 2012-2013	1.8%	2.1%[1]
Nonemployer establishments, 2013	2,185	470,330
Total number of firms, 2007	2,791	545,348
Black-owned firms, percent, 2007	F	8.4%
American Indian- and Alaska Native-owned firms, percent, 2007	F	0.5%
Asian-owned firms, percent, 2007	S	2.0%
Native Hawaiian and Other Pacific Islander-owned firms, percent, 2007	F	0.1%
Hispanic-owned firms, percent, 2007	F	1.6%
Women-owned firms, percent, 2007	S	25.9%
Manufacturers shipments, 2007 ($1000)	601,262	140,447,760
Merchant wholesaler sales, 2007 ($1000)	D	80,116,528
Retail sales, 2007 ($1000)	326,897	77,547,291
Retail sales per capita, 2007	$9,236	$12,563
Accommodation and food services sales, 2007 ($1000)	44,255	10,626,759
Building permits, 2014	1	27,632

Geography QuickFacts	Cocke County	Tennessee
Land area in square miles, 2010	434.57	41,234.90

Thank you for your feedback! The new delivers the following improvements: Search by zip code, improved table display, browse more data feature, download data, and more.

Greene County, Tennessee

People QuickFacts	Greene County	Tennessee
Population, 2014 estimate	68,335	6,549,352
Population, 2010 (April 1) estimates base	68,831	6,346,275
Population, percent change - April 1, 2010 to July 1, 2014	-0.7%	3.2%
Population, 2010	68,831	6,346,105
Persons under 5 years, percent, 2014	4.7%	6.1%
Persons under 18 years, percent, 2014	20.0%	22.8%
Persons 65 years and over, percent, 2014	20.0%	15.1%
Female persons, percent, 2014	50.9%	51.3%
White alone, percent, 2014 (a)	95.7%	78.9%
Black or African American alone, percent, 2014 (a)	2.2%	17.1%
American Indian and Alaska Native alone, percent, 2014 (a)	0.3%	0.4%
Asian alone, percent, 2014 (a)	0.5%	1.7%
Native Hawaiian and Other Pacific Islander alone, percent, 2014 (a)	0.1%	0.1%
Two or More Races, percent, 2014	1.1%	1.7%
Hispanic or Latino, percent, 2014 (b)	2.8%	5.0%
White alone, not Hispanic or Latino, percent, 2014	93.2%	74.6%
Living in same house 1 year & over, percent, 2009-2013	87.7%	84.6%
Foreign born persons, percent, 2009-2013	1.9%	4.6%
Language other than English spoken at home, pct age 5+, 2009-2013	3.2%	6.6%
High school graduate or higher, percent of persons age 25+, 2009-2013	80.0%	84.4%
Bachelor's degree or higher, percent of persons age 25+, 2009-2013	15.5%	23.8%
Veterans, 2009-2013	5,888	484,901
Mean travel time to work (minutes), workers age 16+, 2009-2013	23.4	24.3
Housing units, 2014	32,162	2,869,323
Homeownership rate, 2009-2013	72.7%	67.8%
Housing units in multi-unit structures, percent, 2009-2013	6.9%	18.3%
Median value of owner-occupied housing units, 2009-2013	$110,800	$139,200
Households, 2009-2013	28,677	2,475,195
Persons per household, 2009-2013	2.33	2.52
Per capita money income in past 12 months (2013 dollars), 2009-2013	$19,801	$24,409
Median household income, 2009-2013	$35,545	$44,298
Persons below poverty level, percent, 2009-2013	22.0%	17.6%

Business QuickFacts	Greene County	Tennessee
Private nonfarm establishments, 2013	1,096	130,819[1]
Private nonfarm employment, 2013	21,597	2,394,068[1]
Private nonfarm employment, percent change, 2012-2013	3.3%	2.1%[1]
Nonemployer establishments, 2013	4,027	470,330
Total number of firms, 2007	5,936	545,348
Black-owned firms, percent, 2007	S	8.4%
American Indian- and Alaska Native-owned firms, percent, 2007	F	0.5%
Asian-owned firms, percent, 2007	0.7%	2.0%
Native Hawaiian and Other Pacific Islander-owned firms, percent, 2007	F	0.1%
Hispanic-owned firms, percent, 2007	0.4%	1.6%
Women-owned firms, percent, 2007	23.4%	25.9%
Manufacturers shipments, 2007 ($1000)	1,813,963	140,447,760
Merchant wholesaler sales, 2007 ($1000)	D	80,116,528
Retail sales, 2007 ($1000)	681,959	77,547,291
Retail sales per capita, 2007	$10,355	$12,563
Accommodation and food services sales, 2007 ($1000)	61,990	10,626,759
Building permits, 2014	94	27,632

Geography QuickFacts	Greene County	Tennessee
Land area in square miles, 2010	622.17	41,234.90

Thank you for your feedback! The new delivers the following improvements: Search by zip code, improved table display, browse more data feature, download data, and more.

Hamblen County, Tennessee

People QuickFacts	Hamblen County	Tennessee
Population, 2014 estimate	63,036	6,549,352
Population, 2010 (April 1) estimates base	62,541	6,346,275
Population, percent change - April 1, 2010 to July 1, 2014	0.8%	3.2%
Population, 2010	62,544	6,346,105
Persons under 5 years, percent, 2014	6.2%	6.1%
Persons under 18 years, percent, 2014	23.4%	22.8%
Persons 65 years and over, percent, 2014	17.6%	15.1%
Female persons, percent, 2014	51.3%	51.3%
White alone, percent, 2014 (a)	91.7%	78.9%
Black or African American alone, percent, 2014 (a)	4.5%	17.1%
American Indian and Alaska Native alone, percent, 2014 (a)	0.8%	0.4%
Asian alone, percent, 2014 (a)	1.0%	1.7%
Native Hawaiian and Other Pacific Islander alone, percent, 2014 (a)	0.2%	0.1%
Two or More Races, percent, 2014	1.8%	1.7%
Hispanic or Latino, percent, 2014 (b)	10.9%	5.0%
White alone, not Hispanic or Latino, percent, 2014	82.4%	74.6%
Living in same house 1 year & over, percent, 2009-2013	86.9%	84.6%
Foreign born persons, percent, 2009-2013	7.0%	4.6%
Language other than English spoken at home, pct age 5+, 2009-2013	10.4%	6.6%
High school graduate or higher, percent of persons age 25+, 2009-2013	80.4%	84.4%
Bachelor's degree or higher, percent of persons age 25+, 2009-2013	16.0%	23.8%
Veterans, 2009-2013	5,244	484,901
Mean travel time to work (minutes), workers age 16+, 2009-2013	21.4	24.3
Housing units, 2014	27,024	2,869,323
Homeownership rate, 2009-2013	69.6%	67.8%
Housing units in multi-unit structures, percent, 2009-2013	15.7%	18.3%
Median value of owner-occupied housing units, 2009-2013	$125,000	$139,200
Households, 2009-2013	24,315	2,475,195
Persons per household, 2009-2013	2.55	2.52
Per capita money income in past 12 months (2013 dollars), 2009-2013	$21,261	$24,409
Median household income, 2009-2013	$39,596	$44,298
Persons below poverty level, percent, 2009-2013	19.2%	17.6%

Business QuickFacts	Hamblen County	Tennessee
Private nonfarm establishments, 2013	1,291	130,819[1]
Private nonfarm employment, 2013	25,882	2,394,068[1]
Private nonfarm employment, percent change, 2012-2013	1.3%	2.1%[1]
Nonemployer establishments, 2013	3,564	470,330
Total number of firms, 2007	5,080	545,348
Black-owned firms, percent, 2007	S	8.4%
American Indian- and Alaska Native-owned firms, percent, 2007	F	0.5%
Asian-owned firms, percent, 2007	S	2.0%
Native Hawaiian and Other Pacific Islander-owned firms, percent, 2007	F	0.1%
Hispanic-owned firms, percent, 2007	1.1%	1.6%
Women-owned firms, percent, 2007	21.0%	25.9%
Manufacturers shipments, 2007 ($1000)	3,214,013	140,447,760
Merchant wholesaler sales, 2007 ($1000)	591,685	80,116,528
Retail sales, 2007 ($1000)	1,055,016	77,547,291
Retail sales per capita, 2007	$17,030	$12,563
Accommodation and food services sales, 2007 ($1000)	91,273	10,626,759
Building permits, 2014	53	27,632

Geography QuickFacts	Hamblen County	Tennessee
Land area in square miles, 2010	161.18	41,234.90

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Hancock County, Tennessee

People QuickFacts	Hancock County	Tennessee
Population, 2014 estimate	6,657	6,549,352
Population, 2010 (April 1) estimates base	6,819	6,346,275
Population, percent change - April 1, 2010 to July 1, 2014	-2.4%	3.2%
Population, 2010	6,819	6,346,105
Persons under 5 years, percent, 2014	5.6%	6.1%
Persons under 18 years, percent, 2014	21.2%	22.8%
Persons 65 years and over, percent, 2014	18.5%	15.1%
Female persons, percent, 2014	50.5%	51.3%
White alone, percent, 2014 (a)	97.7%	78.9%
Black or African American alone, percent, 2014 (a)	0.4%	17.1%
American Indian and Alaska Native alone, percent, 2014 (a)	0.4%	0.4%
Asian alone, percent, 2014 (a)	0.2%	1.7%
Native Hawaiian and Other Pacific Islander alone, percent, 2014 (a)	Z	0.1%
Two or More Races, percent, 2014	1.3%	1.7%
Hispanic or Latino, percent, 2014 (b)	0.4%	5.0%
White alone, not Hispanic or Latino, percent, 2014	97.3%	74.6%
Living in same house 1 year & over, percent, 2009-2013	88.9%	84.6%
Foreign born persons, percent, 2009-2013	0.6%	4.6%
Language other than English spoken at home, pct age 5+, 2009-2013	0.5%	6.6%
High school graduate or higher, percent of persons age 25+, 2009-2013	72.6%	84.4%
Bachelor's degree or higher, percent of persons age 25+, 2009-2013	9.0%	23.8%
Veterans, 2009-2013	489	484,901
Mean travel time to work (minutes), workers age 16+, 2009-2013	30.2	24.3
Housing units, 2014	3,604	2,869,323
Homeownership rate, 2009-2013	74.7%	67.8%
Housing units in multi-unit structures, percent, 2009-2013	8.1%	18.3%
Median value of owner-occupied housing units, 2009-2013	$75,900	$139,200
Households, 2009-2013	2,835	2,475,195
Persons per household, 2009-2013	2.32	2.52
Per capita money income in past 12 months (2013 dollars), 2009-2013	$14,326	$24,409
Median household income, 2009-2013	$23,892	$44,298
Persons below poverty level, percent, 2009-2013	30.8%	17.6%

Business QuickFacts	Hancock County	Tennessee
Private nonfarm establishments, 2013	47	130,819[2]
Private nonfarm employment, 2013	383	2,394,068[2]
Private nonfarm employment, percent change, 2012-2013	-6.6%	2.1%[2]
Nonemployer establishments, 2013	438	470,330
Total number of firms, 2007	305	545,348
Black-owned firms, percent, 2007	F	8.4%
American Indian- and Alaska Native-owned firms, percent, 2007	F	0.5%
Asian-owned firms, percent, 2007	F	2.0%
Native Hawaiian and Other Pacific Islander-owned firms, percent, 2007	F	0.1%
Hispanic-owned firms, percent, 2007	F	1.6%
Women-owned firms, percent, 2007	S	25.9%
Manufacturers shipments, 2007 ($1000)	0[1]	140,447,760
Merchant wholesaler sales, 2007 ($1000)	D	80,116,528
Retail sales, 2007 ($1000)	24,369	77,547,291
Retail sales per capita, 2007	$3,649	$12,563
Accommodation and food services sales, 2007 ($1000)	1,382	10,626,759
Building permits, 2014	0	27,632

Geography QuickFacts	Hancock County	Tennessee
Land area in square miles, 2010	222.34	41,234.90

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Hawkins County, Tennessee

People QuickFacts	Hawkins County	Tennessee
Population, 2014 estimate	56,735	6,549,352
Population, 2010 (April 1) estimates base	56,836	6,346,275
Population, percent change - April 1, 2010 to July 1, 2014	-0.2%	3.2%
Population, 2010	56,833	6,346,105
Persons under 5 years, percent, 2014	5.1%	6.1%
Persons under 18 years, percent, 2014	21.1%	22.8%
Persons 65 years and over, percent, 2014	19.2%	15.1%
Female persons, percent, 2014	50.9%	51.3%
White alone, percent, 2014 (a)	96.5%	78.9%
Black or African American alone, percent, 2014 (a)	1.5%	17.1%
American Indian and Alaska Native alone, percent, 2014 (a)	0.3%	0.4%
Asian alone, percent, 2014 (a)	0.5%	1.7%
Native Hawaiian and Other Pacific Islander alone, percent, 2014 (a)	Z	0.1%
Two or More Races, percent, 2014	1.2%	1.7%
Hispanic or Latino, percent, 2014 (b)	1.4%	5.0%
White alone, not Hispanic or Latino, percent, 2014	95.3%	74.6%
Living in same house 1 year & over, percent, 2009-2013	88.4%	84.6%
Foreign born persons, percent, 2009-2013	0.9%	4.6%
Language other than English spoken at home, pct age 5+, 2009-2013	1.5%	6.6%
High school graduate or higher, percent of persons age 25+, 2009-2013	81.1%	84.4%
Bachelor's degree or higher, percent of persons age 25+, 2009-2013	12.7%	23.8%
Veterans, 2009-2013	5,150	484,901
Mean travel time to work (minutes), workers age 16+, 2009-2013	24.7	24.3
Housing units, 2014	26,839	2,869,323
Homeownership rate, 2009-2013	76.9%	67.8%
Housing units in multi-unit structures, percent, 2009-2013	9.2%	18.3%
Median value of owner-occupied housing units, 2009-2013	$108,900	$139,200
Households, 2009-2013	23,348	2,475,195
Persons per household, 2009-2013	2.41	2.52
Per capita money income in past 12 months (2013 dollars), 2009-2013	$20,662	$24,409
Median household income, 2009-2013	$37,357	$44,298
Persons below poverty level, percent, 2009-2013	16.2%	17.6%

Business QuickFacts	Hawkins County	Tennessee
Private nonfarm establishments, 2013	590	130,819[1]
Private nonfarm employment, 2013	9,342	2,394,068[1]
Private nonfarm employment, percent change, 2012-2013	3.0%	2.1%[1]
Nonemployer establishments, 2013	2,956	470,330
Total number of firms, 2007	3,486	545,348
Black-owned firms, percent, 2007	S	8.4%
American Indian- and Alaska Native-owned firms, percent, 2007	F	0.5%
Asian-owned firms, percent, 2007	F	2.0%
Native Hawaiian and Other Pacific Islander-owned firms, percent, 2007	F	0.1%
Hispanic-owned firms, percent, 2007	S	1.6%
Women-owned firms, percent, 2007	24.5%	25.9%
Manufacturers shipments, 2007 ($1000)	1,148,701	140,447,760
Merchant wholesaler sales, 2007 ($1000)	D	80,116,528
Retail sales, 2007 ($1000)	286,874	77,547,291
Retail sales per capita, 2007	$5,031	$12,563
Accommodation and food services sales, 2007 ($1000)	31,738	10,626,759
Building permits, 2014	11	27,632

Geography QuickFacts	Hawkins County	Tennessee
Land area in square miles, 2010	486.98	41,234.90

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Jefferson County, Tennessee

People QuickFacts	Jefferson County	Tennessee
Population, 2014 estimate	52,677	6,549,352
Population, 2010 (April 1) estimates base	51,570	6,346,275
Population, percent change - April 1, 2010 to July 1, 2014	2.1%	3.2%
Population, 2010	51,407	6,346,105
Persons under 5 years, percent, 2014	5.2%	6.1%
Persons under 18 years, percent, 2014	20.8%	22.8%
Persons 65 years and over, percent, 2014	19.1%	15.1%
Female persons, percent, 2014	50.9%	51.3%
White alone, percent, 2014 (a)	95.3%	78.9%
Black or African American alone, percent, 2014 (a)	2.4%	17.1%
American Indian and Alaska Native alone, percent, 2014 (a)	0.4%	0.4%
Asian alone, percent, 2014 (a)	0.5%	1.7%
Native Hawaiian and Other Pacific Islander alone, percent, 2014 (a)	Z	0.1%
Two or More Races, percent, 2014	1.3%	1.7%
Hispanic or Latino, percent, 2014 (b)	3.5%	5.0%
White alone, not Hispanic or Latino, percent, 2014	92.2%	74.6%
Living in same house 1 year & over, percent, 2009-2013	85.6%	84.6%
Foreign born persons, percent, 2009-2013	1.8%	4.6%
Language other than English spoken at home, pct age 5+, 2009-2013	3.1%	6.6%
High school graduate or higher, percent of persons age 25+, 2009-2013	80.4%	84.4%
Bachelor's degree or higher, percent of persons age 25+, 2009-2013	13.6%	23.8%
Veterans, 2009-2013	4,980	484,901
Mean travel time to work (minutes), workers age 16+, 2009-2013	26.0	24.3
Housing units, 2014	23,635	2,869,323
Homeownership rate, 2009-2013	74.5%	67.8%
Housing units in multi-unit structures, percent, 2009-2013	8.7%	18.3%
Median value of owner-occupied housing units, 2009-2013	$121,800	$139,200
Households, 2009-2013	19,797	2,475,195
Persons per household, 2009-2013	2.53	2.52
Per capita money income in past 12 months (2013 dollars), 2009-2013	$20,619	$24,409
Median household income, 2009-2013	$39,745	$44,298
Persons below poverty level, percent, 2009-2013	18.3%	17.6%
Business QuickFacts	**Jefferson County**	**Tennessee**
Private nonfarm establishments, 2013	651	130,819[1]
Private nonfarm employment, 2013	10,691	2,394,068[1]
Private nonfarm employment, percent change, 2012-2013	5.5%	2.1%[1]
Nonemployer establishments, 2013	3,051	470,330
Total number of firms, 2007	4,060	545,348
Black-owned firms, percent, 2007	F	8.4%
American Indian- and Alaska Native-owned firms, percent, 2007	F	0.5%
Asian-owned firms, percent, 2007	F	2.0%
Native Hawaiian and Other Pacific Islander-owned firms, percent, 2007	F	0.1%
Hispanic-owned firms, percent, 2007	F	1.6%
Women-owned firms, percent, 2007	19.9%	25.9%
Manufacturers shipments, 2007 ($1000)	862,933	140,447,760
Merchant wholesaler sales, 2007 ($1000)	35,299	80,116,528
Retail sales, 2007 ($1000)	554,331	77,547,291
Retail sales per capita, 2007	$10,994	$12,563
Accommodation and food services sales, 2007 ($1000)	48,272	10,626,759
Building permits, 2014	98	27,632
Geography QuickFacts	**Jefferson County**	**Tennessee**
Land area in square miles, 2010	274.08	41,234.90

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Johnson County, Tennessee

People QuickFacts	Johnson County	Tennessee
Population, 2014 estimate	17,859	6,549,352
Population, 2010 (April 1) estimates base	18,244	6,346,275
Population, percent change - April 1, 2010 to July 1, 2014	-2.1%	3.2%
Population, 2010	18,244	6,346,105
Persons under 5 years, percent, 2014	4.3%	6.1%
Persons under 18 years, percent, 2014	17.5%	22.8%
Persons 65 years and over, percent, 2014	20.5%	15.1%
Female persons, percent, 2014	46.5%	51.3%
White alone, percent, 2014 (a)	96.1%	78.9%
Black or African American alone, percent, 2014 (a)	2.3%	17.1%
American Indian and Alaska Native alone, percent, 2014 (a)	0.3%	0.4%
Asian alone, percent, 2014 (a)	0.3%	1.7%
Native Hawaiian and Other Pacific Islander alone, percent, 2014 (a)	Z	0.1%
Two or More Races, percent, 2014	1.0%	1.7%
Hispanic or Latino, percent, 2014 (b)	1.8%	5.0%
White alone, not Hispanic or Latino, percent, 2014	94.4%	74.6%
Living in same house 1 year & over, percent, 2009-2013	88.1%	84.6%
Foreign born persons, percent, 2009-2013	1.0%	4.6%
Language other than English spoken at home, pct age 5+, 2009-2013	2.1%	6.6%
High school graduate or higher, percent of persons age 25+, 2009-2013	72.7%	84.4%
Bachelor's degree or higher, percent of persons age 25+, 2009-2013	9.0%	23.8%
Veterans, 2009-2013	1,503	484,901
Mean travel time to work (minutes), workers age 16+, 2009-2013	25.7	24.3
Housing units, 2014	8,914	2,869,323
Homeownership rate, 2009-2013	75.9%	67.8%
Housing units in multi-unit structures, percent, 2009-2013	6.0%	18.3%
Median value of owner-occupied housing units, 2009-2013	$101,200	$139,200
Households, 2009-2013	6,921	2,475,195
Persons per household, 2009-2013	2.36	2.52
Per capita money income in past 12 months (2013 dollars), 2009-2013	$16,470	$24,409
Median household income, 2009-2013	$29,609	$44,298
Persons below poverty level, percent, 2009-2013	26.4%	17.6%

Business QuickFacts	Johnson County	Tennessee
Private nonfarm establishments, 2013	243	130,819[1]
Private nonfarm employment, 2013	2,863	2,394,068[1]
Private nonfarm employment, percent change, 2012-2013	2.7%	2.1%[1]
Nonemployer establishments, 2013	1,060	470,330
Total number of firms, 2007	1,364	545,348
Black-owned firms, percent, 2007	F	8.4%
American Indian- and Alaska Native-owned firms, percent, 2007	F	0.5%
Asian-owned firms, percent, 2007	F	2.0%
Native Hawaiian and Other Pacific Islander-owned firms, percent, 2007	F	0.1%
Hispanic-owned firms, percent, 2007	F	1.6%
Women-owned firms, percent, 2007	16.2%	25.9%
Manufacturers shipments, 2007 ($1000)	118,206	140,447,760
Merchant wholesaler sales, 2007 ($1000)	D	80,116,528
Retail sales, 2007 ($1000)	93,196	77,547,291
Retail sales per capita, 2007	$5,156	$12,563
Accommodation and food services sales, 2007 ($1000)	6,610	10,626,759
Building permits, 2014	1	27,632

Geography QuickFacts	Johnson County	Tennessee
Land area in square miles, 2010	298.48	41,234.90

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Knox County, Tennessee

People QuickFacts	Knox County	Tennessee
Population, 2014 estimate	448,644	6,549,352
Population, 2010 (April 1) estimates base	432,234	6,346,275
Population, percent change - April 1, 2010 to July 1, 2014	3.8%	3.2%
Population, 2010	432,226	6,346,105
Persons under 5 years, percent, 2014	5.8%	6.1%
Persons under 18 years, percent, 2014	21.5%	22.8%
Persons 65 years and over, percent, 2014	14.5%	15.1%
Female persons, percent, 2014	51.4%	51.3%
White alone, percent, 2014 (a)	86.3%	78.9%
Black or African American alone, percent, 2014 (a)	9.0%	17.1%
American Indian and Alaska Native alone, percent, 2014 (a)	0.4%	0.4%
Asian alone, percent, 2014 (a)	2.2%	1.7%
Native Hawaiian and Other Pacific Islander alone, percent, 2014 (a)	0.1%	0.1%
Two or More Races, percent, 2014	2.0%	1.7%
Hispanic or Latino, percent, 2014 (b)	3.9%	5.0%
White alone, not Hispanic or Latino, percent, 2014	83.0%	74.6%
Living in same house 1 year & over, percent, 2009-2013	86.8%	84.6%
Foreign born persons, percent, 2009-2013	4.7%	4.6%
Language other than English spoken at home, pct age 5+, 2009-2013	6.3%	6.6%
High school graduate or higher, percent of persons age 25+, 2009-2013	90.2%	84.4%
Bachelor's degree or higher, percent of persons age 25+, 2009-2013	34.3%	23.8%
Veterans, 2009-2013	28,744	484,901
Mean travel time to work (minutes), workers age 16+, 2009-2013	21.4	24.3
Housing units, 2014	198,917	2,869,323
Homeownership rate, 2009-2013	65.2%	67.8%
Housing units in multi-unit structures, percent, 2009-2013	23.1%	18.3%
Median value of owner-occupied housing units, 2009-2013	$157,400	$139,200
Households, 2009-2013	181,100	2,475,195
Persons per household, 2009-2013	2.35	2.52
Per capita money income in past 12 months (2013 dollars), 2009-2013	$28,136	$24,409
Median household income, 2009-2013	$47,694	$44,298
Persons below poverty level, percent, 2009-2013	14.6%	17.6%

Business QuickFacts	Knox County	Tennessee
Private nonfarm establishments, 2013	10,971	130,819[1]
Private nonfarm employment, 2013	205,667	2,394,068[1]
Private nonfarm employment, percent change, 2012-2013	-0.1%	2.1%[1]
Nonemployer establishments, 2013	33,182	470,330
Total number of firms, 2007	40,476	545,348
Black-owned firms, percent, 2007	4.9%	8.4%
American Indian- and Alaska Native-owned firms, percent, 2007	0.6%	0.5%
Asian-owned firms, percent, 2007	1.9%	2.0%
Native Hawaiian and Other Pacific Islander-owned firms, percent, 2007	S	0.1%
Hispanic-owned firms, percent, 2007	1.7%	1.6%
Women-owned firms, percent, 2007	25.6%	25.9%
Manufacturers shipments, 2007 ($1000)	4,470,899	140,447,760
Merchant wholesaler sales, 2007 ($1000)	7,402,469	80,116,528
Retail sales, 2007 ($1000)	8,209,407	77,547,291
Retail sales per capita, 2007	$19,329	$12,563
Accommodation and food services sales, 2007 ($1000)	919,247	10,626,759
Building permits, 2014	1,912	27,632

Geography QuickFacts	Knox County	Tennessee
Land area in square miles, 2010	508.22	41,234.90

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Loudon County, Tennessee

People QuickFacts	Loudon County	Tennessee
Population, 2014 estimate	50,771	6,549,352
Population, 2010 (April 1) estimates base	48,559	6,346,275
Population, percent change - April 1, 2010 to July 1, 2014	4.6%	3.2%
Population, 2010	48,556	6,346,105
Persons under 5 years, percent, 2014	5.3%	6.1%
Persons under 18 years, percent, 2014	19.8%	22.8%
Persons 65 years and over, percent, 2014	24.5%	15.1%
Female persons, percent, 2014	51.1%	51.3%
White alone, percent, 2014 (a)	95.7%	78.9%
Black or African American alone, percent, 2014 (a)	1.6%	17.1%
American Indian and Alaska Native alone, percent, 2014 (a)	0.5%	0.4%
Asian alone, percent, 2014 (a)	0.8%	1.7%
Native Hawaiian and Other Pacific Islander alone, percent, 2014 (a)	0.2%	0.1%
Two or More Races, percent, 2014	1.2%	1.7%
Hispanic or Latino, percent, 2014 (b)	7.9%	5.0%
White alone, not Hispanic or Latino, percent, 2014	88.6%	74.6%
Living in same house 1 year & over, percent, 2009-2013	88.6%	84.6%
Foreign born persons, percent, 2009-2013	5.6%	4.6%
Language other than English spoken at home, pct age 5+, 2009-2013	7.4%	6.6%
High school graduate or higher, percent of persons age 25+, 2009-2013	84.7%	84.4%
Bachelor's degree or higher, percent of persons age 25+, 2009-2013	25.2%	23.8%
Veterans, 2009-2013	5,244	484,901
Mean travel time to work (minutes), workers age 16+, 2009-2013	25.7	24.3
Housing units, 2014	22,245	2,869,323
Homeownership rate, 2009-2013	76.8%	67.8%
Housing units in multi-unit structures, percent, 2009-2013	8.4%	18.3%
Median value of owner-occupied housing units, 2009-2013	$177,600	$139,200
Households, 2009-2013	19,543	2,475,195
Persons per household, 2009-2013	2.49	2.52
Per capita money income in past 12 months (2013 dollars), 2009-2013	$27,045	$24,409
Median household income, 2009-2013	$51,074	$44,298
Persons below poverty level, percent, 2009-2013	16.1%	17.6%

Business QuickFacts	Loudon County	Tennessee
Private nonfarm establishments, 2013	907	130,819[1]
Private nonfarm employment, 2013	12,520	2,394,068[1]
Private nonfarm employment, percent change, 2012-2013	-0.4%	2.1%[1]
Nonemployer establishments, 2013	3,319	470,330
Total number of firms, 2007	4,243	545,348
Black-owned firms, percent, 2007	F	8.4%
American Indian- and Alaska Native-owned firms, percent, 2007	S	0.5%
Asian-owned firms, percent, 2007	S	2.0%
Native Hawaiian and Other Pacific Islander-owned firms, percent, 2007	F	0.1%
Hispanic-owned firms, percent, 2007	S	1.6%
Women-owned firms, percent, 2007	23.5%	25.9%
Manufacturers shipments, 2007 ($1000)	1,502,305	140,447,760
Merchant wholesaler sales, 2007 ($1000)	360,584	80,116,528
Retail sales, 2007 ($1000)	435,619	77,547,291
Retail sales per capita, 2007	$9,607	$12,563
Accommodation and food services sales, 2007 ($1000)	50,805	10,626,759
Building permits, 2014	206	27,632

Geography QuickFacts	Loudon County	Tennessee
Land area in square miles, 2010	229.22	41,234.90

Thank you for your feedback! The new delivers the following improvements: Search by zip code, improved table display, browse more data feature, download data, and more.

Morgan County, Tennessee

People QuickFacts	Morgan County	Tennessee
Population, 2014 estimate	21,660	6,549,352
Population, 2010 (April 1) estimates base	21,987	6,346,275
Population, percent change - April 1, 2010 to July 1, 2014	-1.5%	3.2%
Population, 2010	21,987	6,346,105
Persons under 5 years, percent, 2014	4.2%	6.1%
Persons under 18 years, percent, 2014	19.7%	22.8%
Persons 65 years and over, percent, 2014	16.1%	15.1%
Female persons, percent, 2014	45.2%	51.3%
White alone, percent, 2014 (a)	94.2%	78.9%
Black or African American alone, percent, 2014 (a)	3.7%	17.1%
American Indian and Alaska Native alone, percent, 2014 (a)	0.4%	0.4%
Asian alone, percent, 2014 (a)	0.2%	1.7%
Native Hawaiian and Other Pacific Islander alone, percent, 2014 (a)	Z	0.1%
Two or More Races, percent, 2014	1.4%	1.7%
Hispanic or Latino, percent, 2014 (b)	1.2%	5.0%
White alone, not Hispanic or Latino, percent, 2014	93.2%	74.6%
Living in same house 1 year & over, percent, 2009-2013	84.8%	84.6%
Foreign born persons, percent, 2009-2013	1.0%	4.6%
Language other than English spoken at home, pct age 5+, 2009-2013	1.8%	6.6%
High school graduate or higher, percent of persons age 25+, 2009-2013	79.6%	84.4%
Bachelor's degree or higher, percent of persons age 25+, 2009-2013	7.4%	23.8%
Veterans, 2009-2013	1,991	484,901
Mean travel time to work (minutes), workers age 16+, 2009-2013	31.2	24.3
Housing units, 2014	8,889	2,869,323
Homeownership rate, 2009-2013	80.6%	67.8%
Housing units in multi-unit structures, percent, 2009-2013	2.7%	18.3%
Median value of owner-occupied housing units, 2009-2013	$90,700	$139,200
Households, 2009-2013	7,455	2,475,195
Persons per household, 2009-2013	2.55	2.52
Per capita money income in past 12 months (2013 dollars), 2009-2013	$17,747	$24,409
Median household income, 2009-2013	$37,631	$44,298
Persons below poverty level, percent, 2009-2013	20.8%	17.6%

Business QuickFacts	Morgan County	Tennessee
Private nonfarm establishments, 2013	159	130,819[2]
Private nonfarm employment, 2013	1,649	2,394,068[2]
Private nonfarm employment, percent change, 2012-2013	8.0%	2.1%[2]
Nonemployer establishments, 2013	1,173	470,330
Total number of firms, 2007	1,127	545,348
Black-owned firms, percent, 2007	F	8.4%
American Indian- and Alaska Native-owned firms, percent, 2007	F	0.5%
Asian-owned firms, percent, 2007	F	2.0%
Native Hawaiian and Other Pacific Islander-owned firms, percent, 2007	F	0.1%
Hispanic-owned firms, percent, 2007	F	1.6%
Women-owned firms, percent, 2007	39.1%	25.9%
Manufacturers shipments, 2007 ($1000)	0[1]	140,447,760
Merchant wholesaler sales, 2007 ($1000)	D	80,116,528
Retail sales, 2007 ($1000)	58,482	77,547,291
Retail sales per capita, 2007	$2,986	$12,563
Accommodation and food services sales, 2007 ($1000)	3,500	10,626,759
Building permits, 2014	0	27,632

Geography QuickFacts	Morgan County	Tennessee
Land area in square miles, 2010	522.18	41,234.90

Thank you for your feedback! The new delivers the following improvements: Search by zip code, improved table display, browse more data feature, download data, and more.

Roane County, Tennessee

People QuickFacts	Roane County	Tennessee
Population, 2014 estimate	52,748	6,549,352
Population, 2010 (April 1) estimates base	54,180	6,346,275
Population, percent change - April 1, 2010 to July 1, 2014	-2.6%	3.2%
Population, 2010	54,181	6,346,105
Persons under 5 years, percent, 2014	4.6%	6.1%
Persons under 18 years, percent, 2014	19.8%	22.8%
Persons 65 years and over, percent, 2014	21.2%	15.1%
Female persons, percent, 2014	50.9%	51.3%
White alone, percent, 2014 (a)	94.5%	78.9%
Black or African American alone, percent, 2014 (a)	2.7%	17.1%
American Indian and Alaska Native alone, percent, 2014 (a)	0.4%	0.4%
Asian alone, percent, 2014 (a)	0.6%	1.7%
Native Hawaiian and Other Pacific Islander alone, percent, 2014 (a)	Z	0.1%
Two or More Races, percent, 2014	1.7%	1.7%
Hispanic or Latino, percent, 2014 (b)	1.7%	5.0%
White alone, not Hispanic or Latino, percent, 2014	93.1%	74.6%
Living in same house 1 year & over, percent, 2009-2013	89.4%	84.6%
Foreign born persons, percent, 2009-2013	1.9%	4.6%
Language other than English spoken at home, pct age 5+, 2009-2013	1.9%	6.6%
High school graduate or higher, percent of persons age 25+, 2009-2013	83.7%	84.4%
Bachelor's degree or higher, percent of persons age 25+, 2009-2013	17.3%	23.8%
Veterans, 2009-2013	6,179	484,901
Mean travel time to work (minutes), workers age 16+, 2009-2013	25.8	24.3
Housing units, 2014	25,573	2,869,323
Homeownership rate, 2009-2013	74.4%	67.8%
Housing units in multi-unit structures, percent, 2009-2013	10.8%	18.3%
Median value of owner-occupied housing units, 2009-2013	$120,300	$139,200
Households, 2009-2013	22,117	2,475,195
Persons per household, 2009-2013	2.40	2.52
Per capita money income in past 12 months (2013 dollars), 2009-2013	$23,936	$24,409
Median household income, 2009-2013	$42,223	$44,298
Persons below poverty level, percent, 2009-2013	15.0%	17.6%

Business QuickFacts	Roane County	Tennessee
Private nonfarm establishments, 2013	717	130,819[1]
Private nonfarm employment, 2013	8,315	2,394,068[1]
Private nonfarm employment, percent change, 2012-2013	-2.2%	2.1%[1]
Nonemployer establishments, 2013	3,085	470,330
Total number of firms, 2007	3,683	545,348
Black-owned firms, percent, 2007	S	8.4%
American Indian- and Alaska Native-owned firms, percent, 2007	S	0.5%
Asian-owned firms, percent, 2007	S	2.0%
Native Hawaiian and Other Pacific Islander-owned firms, percent, 2007	F	0.1%
Hispanic-owned firms, percent, 2007	F	1.6%
Women-owned firms, percent, 2007	29.2%	25.9%
Manufacturers shipments, 2007 ($1000)	369,666	140,447,760
Merchant wholesaler sales, 2007 ($1000)	D	80,116,528
Retail sales, 2007 ($1000)	436,400	77,547,291
Retail sales per capita, 2007	$8,186	$12,563
Accommodation and food services sales, 2007 ($1000)	46,029	10,626,759
Building permits, 2014	7	27,632

Geography QuickFacts	Roane County	Tennessee
Land area in square miles, 2010	360.71	41,234.90

Thank you for your feedback! The new delivers the following improvements: Search by zip code, improved table display, browse more data feature, download data, and more.

Scott County, Tennessee

People QuickFacts	Scott County	Tennessee
Population, 2014 estimate	21,987	6,549,352
Population, 2010 (April 1) estimates base	22,228	6,346,275
Population, percent change - April 1, 2010 to July 1, 2014	-1.1%	3.2%
Population, 2010	22,228	6,346,105
Persons under 5 years, percent, 2014	6.3%	6.1%
Persons under 18 years, percent, 2014	24.5%	22.8%
Persons 65 years and over, percent, 2014	15.6%	15.1%
Female persons, percent, 2014	50.8%	51.3%
White alone, percent, 2014 (a)	98.2%	78.9%
Black or African American alone, percent, 2014 (a)	0.3%	17.1%
American Indian and Alaska Native alone, percent, 2014 (a)	0.3%	0.4%
Asian alone, percent, 2014 (a)	0.3%	1.7%
Native Hawaiian and Other Pacific Islander alone, percent, 2014 (a)	Z	0.1%
Two or More Races, percent, 2014	1.0%	1.7%
Hispanic or Latino, percent, 2014 (b)	0.7%	5.0%
White alone, not Hispanic or Latino, percent, 2014	97.5%	74.6%
Living in same house 1 year & over, percent, 2009-2013	88.4%	84.6%
Foreign born persons, percent, 2009-2013	0.4%	4.6%
Language other than English spoken at home, pct age 5+, 2009-2013	0.8%	6.6%
High school graduate or higher, percent of persons age 25+, 2009-2013	75.0%	84.4%
Bachelor's degree or higher, percent of persons age 25+, 2009-2013	10.3%	23.8%
Veterans, 2009-2013	1,172	484,901
Mean travel time to work (minutes), workers age 16+, 2009-2013	26.9	24.3
Housing units, 2014	9,864	2,869,323
Homeownership rate, 2009-2013	77.5%	67.8%
Housing units in multi-unit structures, percent, 2009-2013	5.8%	18.3%
Median value of owner-occupied housing units, 2009-2013	$81,500	$139,200
Households, 2009-2013	8,206	2,475,195
Persons per household, 2009-2013	2.67	2.52
Per capita money income in past 12 months (2013 dollars), 2009-2013	$17,121	$24,409
Median household income, 2009-2013	$28,401	$44,298
Persons below poverty level, percent, 2009-2013	28.3%	17.6%

Business QuickFacts	Scott County	Tennessee
Private nonfarm establishments, 2013	317	130,819[1]
Private nonfarm employment, 2013	3,462	2,394,068[1]
Private nonfarm employment, percent change, 2012-2013	5.1%	2.1%[1]
Nonemployer establishments, 2013	1,339	470,330
Total number of firms, 2007	1,582	545,348
Black-owned firms, percent, 2007	S	8.4%
American Indian- and Alaska Native-owned firms, percent, 2007	F	0.5%
Asian-owned firms, percent, 2007	F	2.0%
Native Hawaiian and Other Pacific Islander-owned firms, percent, 2007	F	0.1%
Hispanic-owned firms, percent, 2007	F	1.6%
Women-owned firms, percent, 2007	27.5%	25.9%
Manufacturers shipments, 2007 ($1000)	401,688	140,447,760
Merchant wholesaler sales, 2007 ($1000)	28,362	80,116,528
Retail sales, 2007 ($1000)	159,566	77,547,291
Retail sales per capita, 2007	$7,270	$12,563
Accommodation and food services sales, 2007 ($1000)	14,628	10,626,759
Building permits, 2014	3	27,632

Geography QuickFacts	Scott County	Tennessee
Land area in square miles, 2010	532.30	41,234.90

Thank you for your feedback! The new delivers the following improvements: Search by zip code, improved table display, browse more data feature, download data, and more.

Sullivan County, Tennessee

People QuickFacts	Sullivan County	Tennessee
Population, 2014 estimate	157,047	6,549,352
Population, 2010 (April 1) estimates base	156,823	6,346,275
Population, percent change - April 1, 2010 to July 1, 2014	0.1%	3.2%
Population, 2010	156,823	6,346,105
Persons under 5 years, percent, 2014	5.0%	6.1%
Persons under 18 years, percent, 2014	19.9%	22.8%
Persons 65 years and over, percent, 2014	20.3%	15.1%
Female persons, percent, 2014	51.6%	51.3%
White alone, percent, 2014 (a)	95.1%	78.9%
Black or African American alone, percent, 2014 (a)	2.4%	17.1%
American Indian and Alaska Native alone, percent, 2014 (a)	0.4%	0.4%
Asian alone, percent, 2014 (a)	0.7%	1.7%
Native Hawaiian and Other Pacific Islander alone, percent, 2014 (a)	Z	0.1%
Two or More Races, percent, 2014	1.4%	1.7%
Hispanic or Latino, percent, 2014 (b)	1.7%	5.0%
White alone, not Hispanic or Latino, percent, 2014	93.7%	74.6%
Living in same house 1 year & over, percent, 2009-2013	85.7%	84.6%
Foreign born persons, percent, 2009-2013	1.5%	4.6%
Language other than English spoken at home, pct age 5+, 2009-2013	2.9%	6.6%
High school graduate or higher, percent of persons age 25+, 2009-2013	84.1%	84.4%
Bachelor's degree or higher, percent of persons age 25+, 2009-2013	20.5%	23.8%
Veterans, 2009-2013	14,321	484,901
Mean travel time to work (minutes), workers age 16+, 2009-2013	21.7	24.3
Housing units, 2014	74,115	2,869,323
Homeownership rate, 2009-2013	74.1%	67.8%
Housing units in multi-unit structures, percent, 2009-2013	14.1%	18.3%
Median value of owner-occupied housing units, 2009-2013	$121,700	$139,200
Households, 2009-2013	66,239	2,475,195
Persons per household, 2009-2013	2.32	2.52
Per capita money income in past 12 months (2013 dollars), 2009-2013	$23,850	$24,409
Median household income, 2009-2013	$39,479	$44,298
Persons below poverty level, percent, 2009-2013	18.3%	17.6%

Business QuickFacts	Sullivan County	Tennessee
Private nonfarm establishments, 2013	3,298	130,819[1]
Private nonfarm employment, 2013	65,497	2,394,068[1]
Private nonfarm employment, percent change, 2012-2013	-0.2%	2.1%[1]
Nonemployer establishments, 2013	9,395	470,330
Total number of firms, 2007	12,859	545,348
Black-owned firms, percent, 2007	S	8.4%
American Indian- and Alaska Native-owned firms, percent, 2007	0.3%	0.5%
Asian-owned firms, percent, 2007	S	2.0%
Native Hawaiian and Other Pacific Islander-owned firms, percent, 2007	F	0.1%
Hispanic-owned firms, percent, 2007	0.8%	1.6%
Women-owned firms, percent, 2007	23.0%	25.9%
Manufacturers shipments, 2007 ($1000)	5,463,624	140,447,760
Merchant wholesaler sales, 2007 ($1000)	1,055,317	80,116,528
Retail sales, 2007 ($1000)	2,026,276	77,547,291
Retail sales per capita, 2007	$13,200	$12,563
Accommodation and food services sales, 2007 ($1000)	255,074	10,626,759
Building permits, 2014	249	27,632

Geography QuickFacts	Sullivan County	Tennessee
Land area in square miles, 2010	413.36	41,234.90

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Unicoi County, Tennessee

People QuickFacts	Unicoi County	Tennessee
Population, 2014 estimate	17,963	6,549,352
Population, 2010 (April 1) estimates base	18,313	6,346,275
Population, percent change - April 1, 2010 to July 1, 2014	-1.9%	3.2%
Population, 2010	18,313	6,346,105
Persons under 5 years, percent, 2014	4.4%	6.1%
Persons under 18 years, percent, 2014	19.4%	22.8%
Persons 65 years and over, percent, 2014	21.8%	15.1%
Female persons, percent, 2014	50.8%	51.3%
White alone, percent, 2014 (a)	98.0%	78.9%
Black or African American alone, percent, 2014 (a)	0.5%	17.1%
American Indian and Alaska Native alone, percent, 2014 (a)	0.3%	0.4%
Asian alone, percent, 2014 (a)	0.2%	1.7%
Native Hawaiian and Other Pacific Islander alone, percent, 2014 (a)	Z	0.1%
Two or More Races, percent, 2014	1.0%	1.7%
Hispanic or Latino, percent, 2014 (b)	4.4%	5.0%
White alone, not Hispanic or Latino, percent, 2014	93.8%	74.6%
Living in same house 1 year & over, percent, 2009-2013	87.5%	84.6%
Foreign born persons, percent, 2009-2013	3.4%	4.6%
Language other than English spoken at home, pct age 5+, 2009-2013	5.0%	6.6%
High school graduate or higher, percent of persons age 25+, 2009-2013	76.1%	84.4%
Bachelor's degree or higher, percent of persons age 25+, 2009-2013	12.9%	23.8%
Veterans, 2009-2013	1,449	484,901
Mean travel time to work (minutes), workers age 16+, 2009-2013	22.0	24.3
Housing units, 2014	8,845	2,869,323
Homeownership rate, 2009-2013	75.1%	67.8%
Housing units in multi-unit structures, percent, 2009-2013	6.8%	18.3%
Median value of owner-occupied housing units, 2009-2013	$115,900	$139,200
Households, 2009-2013	7,601	2,475,195
Persons per household, 2009-2013	2.33	2.52
Per capita money income in past 12 months (2013 dollars), 2009-2013	$20,152	$24,409
Median household income, 2009-2013	$32,292	$44,298
Persons below poverty level, percent, 2009-2013	21.7%	17.6%

Business QuickFacts	Unicoi County	Tennessee
Private nonfarm establishments, 2013	248	130,819[1]
Private nonfarm employment, 2013	4,053	2,394,068[1]
Private nonfarm employment, percent change, 2012-2013	0.6%	2.1%[1]
Nonemployer establishments, 2013	777	470,330
Total number of firms, 2007	1,233	545,348
Black-owned firms, percent, 2007	F	8.4%
American Indian- and Alaska Native-owned firms, percent, 2007	F	0.5%
Asian-owned firms, percent, 2007	S	2.0%
Native Hawaiian and Other Pacific Islander-owned firms, percent, 2007	S	0.1%
Hispanic-owned firms, percent, 2007	S	1.6%
Women-owned firms, percent, 2007	S	25.9%
Manufacturers shipments, 2007 ($1000)	348,551	140,447,760
Merchant wholesaler sales, 2007 ($1000)	D	80,116,528
Retail sales, 2007 ($1000)	119,502	77,547,291
Retail sales per capita, 2007	$6,751	$12,563
Accommodation and food services sales, 2007 ($1000)	13,024	10,626,759
Building permits, 2014	1	27,632

Geography QuickFacts	Unicoi County	Tennessee
Land area in square miles, 2010	186.17	41,234.90

Thank you for your feedback! The new delivers the following improvements: Search by zip code, improved table display, browse more data feature, download data, and more.

Union County, Tennessee

People QuickFacts	Union County	Tennessee
Population, 2014 estimate	19,113	6,549,352
Population, 2010 (April 1) estimates base	19,109	6,346,275
Population, percent change - April 1, 2010 to July 1, 2014	Z	3.2%
Population, 2010	19,109	6,346,105
Persons under 5 years, percent, 2014	6.5%	6.1%
Persons under 18 years, percent, 2014	23.3%	22.8%
Persons 65 years and over, percent, 2014	16.3%	15.1%
Female persons, percent, 2014	50.4%	51.3%
White alone, percent, 2014 (a)	97.7%	78.9%
Black or African American alone, percent, 2014 (a)	0.3%	17.1%
American Indian and Alaska Native alone, percent, 2014 (a)	0.4%	0.4%
Asian alone, percent, 2014 (a)	0.2%	1.7%
Native Hawaiian and Other Pacific Islander alone, percent, 2014 (a)	0.1%	0.1%
Two or More Races, percent, 2014	1.3%	1.7%
Hispanic or Latino, percent, 2014 (b)	1.5%	5.0%
White alone, not Hispanic or Latino, percent, 2014	96.5%	74.6%
Living in same house 1 year & over, percent, 2009-2013	90.7%	84.6%
Foreign born persons, percent, 2009-2013	0.5%	4.6%
Language other than English spoken at home, pct age 5+, 2009-2013	1.3%	6.6%
High school graduate or higher, percent of persons age 25+, 2009-2013	73.1%	84.4%
Bachelor's degree or higher, percent of persons age 25+, 2009-2013	8.2%	23.8%
Veterans, 2009-2013	998	484,901
Mean travel time to work (minutes), workers age 16+, 2009-2013	34.1	24.3
Housing units, 2014	9,085	2,869,323
Homeownership rate, 2009-2013	81.7%	67.8%
Housing units in multi-unit structures, percent, 2009-2013	6.0%	18.3%
Median value of owner-occupied housing units, 2009-2013	$95,800	$139,200
Households, 2009-2013	7,406	2,475,195
Persons per household, 2009-2013	2.57	2.52
Per capita money income in past 12 months (2013 dollars), 2009-2013	$17,426	$24,409
Median household income, 2009-2013	$34,399	$44,298
Persons below poverty level, percent, 2009-2013	23.6%	17.6%

Business QuickFacts	Union County	Tennessee
Private nonfarm establishments, 2013	191	130,819[1]
Private nonfarm employment, 2013	1,747	2,394,068[1]
Private nonfarm employment, percent change, 2012-2013	1.2%	2.1%[1]
Nonemployer establishments, 2013	1,234	470,330
Total number of firms, 2007	1,489	545,348
Black-owned firms, percent, 2007	F	8.4%
American Indian- and Alaska Native-owned firms, percent, 2007	F	0.5%
Asian-owned firms, percent, 2007	F	2.0%
Native Hawaiian and Other Pacific Islander-owned firms, percent, 2007	F	0.1%
Hispanic-owned firms, percent, 2007	S	1.6%
Women-owned firms, percent, 2007	20.1%	25.9%
Manufacturers shipments, 2007 ($1000)	125,615	140,447,760
Merchant wholesaler sales, 2007 ($1000)	6,581	80,116,528
Retail sales, 2007 ($1000)	60,543	77,547,291
Retail sales per capita, 2007	$3,198	$12,563
Accommodation and food services sales, 2007 ($1000)	5,737	10,626,759
Building permits, 2014	50	27,632

Geography QuickFacts	Union County	Tennessee
Land area in square miles, 2010	223.55	41,234.90

Thank you for your feedback! The new delivers the following improvements: Search by zip code, improved table display, browse more data feature, download data, and more.

Washington County, Tennessee

People QuickFacts	Washington County	Tennessee
Population, 2014 estimate	126,242	6,549,352
Population, 2010 (April 1) estimates base	122,979	6,346,275
Population, percent change - April 1, 2010 to July 1, 2014	2.7%	3.2%
Population, 2010	122,979	6,346,105
Persons under 5 years, percent, 2014	5.2%	6.1%
Persons under 18 years, percent, 2014	19.8%	22.8%
Persons 65 years and over, percent, 2014	16.9%	15.1%
Female persons, percent, 2014	51.1%	51.3%
White alone, percent, 2014 (a)	92.1%	78.9%
Black or African American alone, percent, 2014 (a)	4.3%	17.1%
American Indian and Alaska Native alone, percent, 2014 (a)	0.4%	0.4%
Asian alone, percent, 2014 (a)	1.4%	1.7%
Native Hawaiian and Other Pacific Islander alone, percent, 2014 (a)	0.1%	0.1%
Two or More Races, percent, 2014	1.8%	1.7%
Hispanic or Latino, percent, 2014 (b)	3.3%	5.0%
White alone, not Hispanic or Latino, percent, 2014	89.4%	74.6%
Living in same house 1 year & over, percent, 2009-2013	83.8%	84.6%
Foreign born persons, percent, 2009-2013	3.2%	4.6%
Language other than English spoken at home, pct age 5+, 2009-2013	4.3%	6.6%
High school graduate or higher, percent of persons age 25+, 2009-2013	86.5%	84.4%
Bachelor's degree or higher, percent of persons age 25+, 2009-2013	29.3%	23.8%
Veterans, 2009-2013	11,882	484,901
Mean travel time to work (minutes), workers age 16+, 2009-2013	20.9	24.3
Housing units, 2014	58,889	2,869,323
Homeownership rate, 2009-2013	66.1%	67.8%
Housing units in multi-unit structures, percent, 2009-2013	23.2%	18.3%
Median value of owner-occupied housing units, 2009-2013	$145,300	$139,200
Households, 2009-2013	51,771	2,475,195
Persons per household, 2009-2013	2.30	2.52
Per capita money income in past 12 months (2013 dollars), 2009-2013	$25,355	$24,409
Median household income, 2009-2013	$42,075	$44,298
Persons below poverty level, percent, 2009-2013	18.3%	17.6%

Business QuickFacts	Washington County	Tennessee
Private nonfarm establishments, 2013	2,783	130,819[1]
Private nonfarm employment, 2013	50,828	2,394,068[1]
Private nonfarm employment, percent change, 2012-2013	-0.4%	2.1%[1]
Nonemployer establishments, 2013	7,661	470,330
Total number of firms, 2007	10,153	545,348
Black-owned firms, percent, 2007	2.0%	8.4%
American Indian- and Alaska Native-owned firms, percent, 2007	F	0.5%
Asian-owned firms, percent, 2007	S	2.0%
Native Hawaiian and Other Pacific Islander-owned firms, percent, 2007	F	0.1%
Hispanic-owned firms, percent, 2007	1.0%	1.6%
Women-owned firms, percent, 2007	21.7%	25.9%
Manufacturers shipments, 2007 ($1000)	1,577,657	140,447,760
Merchant wholesaler sales, 2007 ($1000)	1,090,845	80,116,528
Retail sales, 2007 ($1000)	1,869,147	77,547,291
Retail sales per capita, 2007	$16,014	$12,563
Accommodation and food services sales, 2007 ($1000)	247,065	10,626,759
Building permits, 2014	654	27,632

Geography QuickFacts	Washington County	Tennessee
Land area in square miles, 2010	326.47	41,234.90

SUPPORT LETTERS

THE UNIVERSITY of TENNESSEE UT
GRADUATE SCHOOL of MEDICINE

UT OB/GYN Center
1928 Alcoa Highway
Suite 127
Knoxville, TN 37920-1511
Phone: 865.305.8787
Fax: 865.305.8260

November 23, 2015

Melanie M. Hill
Health Services & Development Agency
Andrew Jackson Bldg., 9th Floor
502 Deaderick Street
Nashville, Tennessee 37243

Re: Alere Women's and Children's Health, LLC
East TN CON Expansion

Dear Ms. Hill:

On behalf of University of Tennessee OB/GYN resident clinic and our patients, we would like express our enthusiastic support for the Alere Women's and Children's Health expansion throughout East TN.

We have utilized Alere's (formerly Matria) services for many years, and have found that their team of OB RNs, ongoing education, and daily support are a great option for our appropriate high risk pregnant patients. Specifically, those patients with a history of preterm delivery who are prescribed weekly 17P progesterone injections benefit greatly by having an OB nurse available to go into their homes to give their injections rather than traveling to their OB office weekly (from ~16wks through 36 wks gestation). No other homecare companies in our area can provide these services for our patients, and I understand that all of the Tenncare plans cover this option with Alere.

There is a significant need for increased access to the various services that Alere provides, and we are confident that the approval of this project will help in reducing costs and improve the quality of healthcare in our region. In the past, it has been challenging when patients who need these services were outside of Alere's CON counties, which makes it difficult to provide consistent care to everyone. Approval of this requested CON expansion would eliminate those boundaries and allow us to offer better options to our appropriate patients, improving patient care and outcomes for both mother and baby.

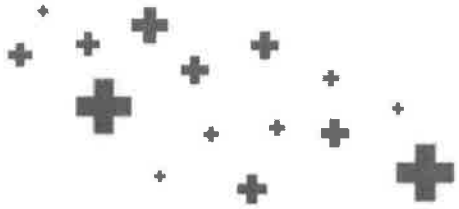
Thank you for your time and consideration of this request.

Sincerely,

Walter W Schoutko

Dr. Walter W. Schoutko MD
Assistant Professor
Department of OB/GYN
Medical Director Resident Clinic

BlueCare
Tennessee
1 Cameron Hill Circle
Chattanooga, TN 37402-0001
bluecare.bcbst.com



December 3, 2015

Melanie M. Hill
Executive Director
Tennessee Health Services & Development Agency
Andrew Jackson Bldg., 9th Floor
502 Deaderick Street
Nashville, Tennessee 37243

Re: Alere Women's and Children's Health, LLC
CON Application No. 1506-025

Dear Ms. Hill:

I want to express BlueCare Tennessee's strong support for the certificate of need application filed by Alere Women's and Children's Health, LLC.

Since 1994, BlueCare Tennessee has been providing health care coverage to persons who qualify for TennCare in the state of Tennessee. Our organization currently serves more than 500,000 members across the state. And, in addition to TennCare, Cover Kids and Medicare Advantage programs. We work with Alere on a regular basis to care for our TennCare members, and we rely on Alere's specialized expertise to assist us in providing high-quality, personalized care at an affordable cost.

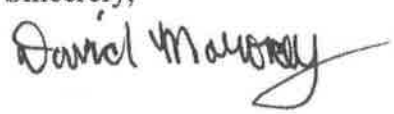
BlueCare Tennessee is very focused on preventing preterm births. Babies who are born too soon can have serious medical issues. For example, children who are born before 37 weeks often develop breathing or developmental problems that can lead to a lifetime of doctor or hospital visits. To minimize this risk, BlueCare of Tennessee proactively works to identify members who have a history of preterm delivery, and, where appropriate, we use weekly injections of "17P" – a progesterone formulation – to quiet the uterus and allow those mothers to carry to full term. Our goal is to do what is best for the mother and child, and if we can extend a pregnancy for even a few weeks longer it can have hugely beneficial implications for the health of the baby.

With its single focus on caring for high-risk pregnancy women and their children, Alere is an ideal partner to assist us in this important work. Alere's staff of obstetrical nurses are uniquely qualified to treat patients who need 17P, and to provide the regular and careful monitoring that those patients require. Alere's nurses are on call and available 24 hours a day. This high level of supervision and monitoring of high-risk patients significantly reduces the cost of care and improves maternal and fetal health. No other home health agency provides the specialized services offered by Alere.

BlueCare Tennessee is, therefore, very eager to see that Alere's services are available throughout all Tennessee counties. Approval of Alere's certificate of need application will improve access to this important, very specialized kind of care and result in important cost savings for the State of Tennessee, and we encourage your Agency to approve the application at the earliest opportunity.

Thank you for your attention in this matter. Please do not hesitate to contact me with any questions.

Sincerely,



David M. Moroney, MD
VP & Chief Medical Officer

July 30, 2015

Melanie M. Hill
Executive Director
Tennessee Health Services & Development Agency
Andrew Jackson Bldg., 9th Floor
502 Deaderick Street
Nashville, Tennessee 37243

Re: Alere Women's and Children's Health, LLC
CON Application No. 1506-025

Dear Ms. Hill:

I want to express Amerigroup Tennessee, Inc.'s strong support for the certificate of need application filed by Alere Women's and Children's Health, LLC.

Since 2007, Amerigroup has been one of two health plans that provide health care coverage to persons who qualify for TennCare in the Middle Tennessee region. We work with Alere on a regular basis to care for our TennCare members, and we rely on Alere's specialized expertise to assist us in providing high-quality, personalized care at an affordable cost.

With its single focus on caring for high-risk pregnancy women and their children, Alere is an ideal partner to assist us in this important work. Alere's obstetrical nurses are uniquely qualified to treat patients who need 17P and to do the regular and careful monitoring that those patients need. Alere's nurses are on call and available 24 hours a day. This high level of supervision and monitoring of high-risk patients significantly reduces the cost of care and improves maternal and fetal health. No other home health agency can provide the specialized services to the high-risk pregnancy population offered by Alere.

Amerigroup is, therefore, very eager to see that Alere's services are available throughout all Middle Tennessee counties. Approval of Alere's certificate of need application will improve access to this important, very specialized kind of care and result in important cost savings for the State of Tennessee, and we encourage your Agency to approve the application at the earliest opportunity.

Thank you or your attention in this matter. Please do not hesitate to contact me with any questions.

Sincerely,

JoAnne Hunnicutt, LPN
Amerigroup
Maternal/Child Program Manager
615-232-2129

DEC 7 '15 PM 3:01

AFFIDAVIT

STATE OF TENNESSEE

COUNTY OF DAVIDSON

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

SIGNATURE/TITLE
CONSULTANT

Sworn to and subscribed before me this 7th day of December (Month), 2015 (Year) a Notary

Public in and for the County/State of DAVIDSON

LAURA BILBREY
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

NOTARY PUBLIC

My commission expires June 21 (Month/Day), 2016 (Year).

State of Tennessee
Health Services and Development Agency
Andrew Jackson, 9th Floor, 502 Deaderick Street, Nashville, TN 37243
www.tn.gov/hsda Phone: 615-741-2364 Fax: 615-741-9884

January 1, 2016

John Wellborn
Development Support Group
4219 Hillsboro Road, Suite 210
Nashville, TN 37215

RE: Certificate of Need Application -- Alere Women's and Children's Health - CN1512-057
For the addition of 23 counties to its existing 13-county licensed service area. The proposed additional counties include the following: Anderson, Blount, Campbell, Carter, Claiborne, Cocke, Grainger, Greene, Hamblen, Hancock, Hawkins, Jefferson, Johnson, Knox, Loudon, Morgan, Roane, Scott, Sevier, Sullivan, Unicoi, Union, and Washington Counties. The project will not change the parent office of the applicant located at 651 East 4th Street, Suite 100, Chattanooga (Hamilton County), TN, 37403, nor will it change the provision of services exclusively limited to the care of high-risk obstetrical patients with antepartum and postpartum needs. The service area of the project consists of the additional 23 counties noted above. The total project cost is $80,600.

Dear Mr. Wellborn:

This is to acknowledge the receipt of supplemental information to your application for a Certificate of Need. Please be advised that your application is now considered to be complete by this office.

Your application is being forwarded to Trent Sansing at the Tennessee Department of Health for Certificate of Need review by the Division of Policy, Planning and Assessment. You may be contacted by Mr. Sansing or someone from his office for additional clarification while the application is under review by the Department. Mr. Sansing's contact information is Trent.Sansing@tn.gov or 615-253-4702.

In accordance with Tennessee Code Annotated, §68-11-1601, et seq., as amended by Public Chapter 780, the 60-day review cycle for this project will begin on January 1, 2016.. The first sixty (60) days of the cycle are assigned to the Department of Health, during which time a public hearing may be held on your application. You will be contacted by a representative from this Agency to establish the date, time and place of the hearing should one be requested. At the end of the sixty (60) day period, a written report from the Department of Health or its representative will be forwarded to this office for Agency review within the thirty (30)-day period immediately following. You will receive a copy of their findings. The Health Services and Development Agency will review your application on March 23, 2016.

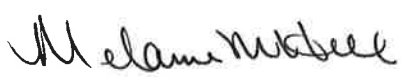
Any communication regarding projects under consideration by the Health Services and Development Agency shall be in accordance with T.C.A. § 68-11-1607(d):

(1) No communications are permitted with the members of the agency once the Letter of Intent initiating the application process is filed with the agency. Communications between agency members and agency staff shall not be prohibited. Any communication received by an agency member from a person unrelated to the applicant or party opposing the application shall be reported to the Executive Director and a written summary of such communication shall be made part of the certificate of need file.

(2) All communications between the contact person or legal counsel for the applicant and the Executive Director or agency staff after an application is deemed complete and placed in the review cycle are prohibited unless submitted in writing or confirmed in writing and made part of the certificate of need application file. Communications for the purposes of clarification of facts and issues that may arise after an application has been deemed complete and initiated by the Executive Director or agency staff are not prohibited.

Should you have questions or require additional information, please contact me.

Sincerely,



Melanie M. Hill
Executive Director

cc: Trent Sansing, TDH/Health Statistics, PPA

State of Tennessee
Health Services and Development Agency
Andrew Jackson, 9th Floor, 502 Deaderick Street, Nashville, TN 37243
www.tn.gov/hsda Phone: 615-741-2364 Fax: 615-741-9884

MEMORANDUM

TO: Trent Sansing, CON Director
Office of Policy, Planning and Assessment
Division of Health Statistics
Andrew Johnson Tower, 2nd Floor
710 James Robertson Parkway
Nashville, Tennessee 37243

FROM: Melanie M. Hill
Executive Director

DATE: January 1, 2016

RE: Certificate of Need Application
Alere Women's and Children's Health - CN1512-057

Please find enclosed an application for a Certificate of Need for the above-referenced project.

This application has undergone initial review by this office and has been deemed complete. It is being forwarded to your agency for a sixty (60) day review period to begin on January 1, 2016 and end on March 1, 2016.

Should there be any questions regarding this application or the review cycle, please contact this office.

Enclosure

cc: John Wellborn

LETTER OF INTENT -- HEALTH SERVICES & DEVELOPMENT AGENCY

The Publication of Intent is to be published on or before December 10, 2015, for one day, in the following newspapers:

(a) the *Elizabethton Star,* which is a newspaper of general circulation in *Carter* County;

(b) the *Greeneville Sun*, which is a newspaper of general circulation in *Greene* County;

(c) the *Rogersville Review*, which is a newspaper of general circulation in *Hawkins and Hancock* Counties;

(d) the *Tomahawk*, which is a newspaper of general circulation in *Johnson* County;

(e) the *Kingsport Times-News*, which is a newspaper of general circulation in *Sullivan* County;

(f) the *Erwin Record*, which is a newspaper of general circulation in *Unicoi* County;

(g) the *Johnson City Press*, which is a newspaper of general circulation in *Washington* County;

(h) the *Knoxville News-Sentinel*, which is a newspaper of general circulation in *Anderson, Blount, Campbell, Claiborne, Cocke, Grainger, Hamblen, Jefferson, Knox, Loudon, Morgan, Roane, Scott, Sevier, and Union* Counties.

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. §§ 68-11-1601 et seq., and the Rules of the Health Services and Development Agency, that Alere Women's and Children's Health LLC (a home health agency with its principal office in Hamilton County), owned and managed by Alere Women's and Children's Health, LLC (a limited liability company), intends to file an application for a Certificate of Need to provide home health agency services exclusively limited to the care of high-risk obstetrical patients with antepartum and postpartum needs, in the following 23 counties, to be added to its current service area, at a cost estimated at $80,600: Anderson, Blount, Campbell, Carter, Claiborne, Cocke, Grainger, Greene, Hamblen, Hancock, Hawkins, Jefferson, Johnson, Knox, Loudon, Morgan, Roane, Scott Sevier, Sullivan, Unicoi, Union, and Washington.

The applicant is licensed as a Home Health Agency by the Board for Licensing Health Care facilities. The applicant's principal office is located at 651 East Fourth Street, Suite 100, Chattanooga, TN 37403. The project does not contain major medical equipment or initiate or

discontinue any other health service; and it will not affect any facility's licensed bed complements.

The anticipated date of filing the application is on or before December 15, 2015. The contact person for the project is John Wellborn, who may be reached at Development Support Group, 4219 Hillsboro Road, Suite 210, Nashville, TN 37215; (615) 665-2022.

	1 DECEMBER 2015	bphillips@bassberry.com
(Signature)	(Date)	(E-mail Address)

Supplemental #1
-Original-

Alere Woman's and Children's Health, LLC (Hamilton Co)

CN1512-057

SUPPLEMENTAL #1
December 16, 2015
4:08 pm

BASS BERRY + SIMS PLC

W. Brantley Phillips, Jr.
bphillips@bassberry.com
(615) 742-7723

December 16, 2015

VIA HAND DELIVERY

Jeff Grimm, HSD Examiner
Tennessee Health Services & Development Agency
Andrew Jackson Bldg., 9th Floor
502 Deaderick Street
Nashville TN 37243

Re: CON Application CN1512-057
Alere Women's & Children's Health (Hamilton Co.)

Dear Mr. Grimm:

Along with John Wellborn, our firm represents Alere Women's & Children's Health ("Alere") in connection with the above-reference Certificate of Need application. We are writing in response to your request dated December 11th for additional information. Our responses are numbered to correspond to the delineation of your questions. Per the applicable HSDA rule, we are providing this response in triplicate (with affidavit).

1. **Section A, Applicant Profile, Item 3**

As was the case with Alere's Davidson County application approved in CN1506-025A at the October 28, 2015 Agency meeting, the address for Alere Women's and Children's Health LLC continues to be noted as 3200 Windy Hill Rd in Atlanta, Georgia in the Licensed Facilities Report on the Department of Health website in lieu of the Hamilton address shown in the application. Based on the supplemental response in CN1506-025A, the renewal submitted by Alere in January 2015 with accurate local office addresses for its agencies appears to remain as pending. Please provide an update on developments in this regard.

Alere is unable to provide the requested update and refers the Agency to TDH-Licensure. As previously noted, however, Alere has submitted its annual renewal information with accurate local office addresses for its agencies. Copies of the Alere TDH filing showing the correct local address is attached to this response letter.

2. **Section A, Applicant Profile, Item 12**

HSDA staff is aware that Alere's home health agencies in Tennessee independently contract with Tenncare MCOs in the absence of Medicare provider certification for

reasons explained during review and hearing of Alere's recent application, CN1506-025A. It appears that the explanation provided in the 7/29/15 supplemental response for CN1506-025A would also apply to this application. If so, please confirm by providing a more detailed summary for this item.

The same explanation does apply with respect to this application.

Unlike all (or virtually all) other home health providers in Tennessee, Alere is not paid using either the TennCare or Medicare fee schedules. Indeed, most of the highly specialized services provided by Alere are not covered by either the TennCare or Medicare fee schedules. Nonetheless, the TennCare MCOs want to make these services available to their members due to the demonstrated health benefits and the significant cost savings that Alere's services make possible through sharply reduced maternal and NICU hospitalizations. To accomplish this, the TennCare MCOs independently contract with Alere on a fee-for-service basis using a negotiated fee schedule that is separate and distinct from either the TennCare or Medicare fee schedules. Under this arrangement, the MCOs pay Alere out of their own pockets and do not seek reimbursement for Alere's services from TennCare. Simply stated, Alere is not paid with TennCare dollars. Nor do the MCOs submit encounter data regarding Alere's services to TennCare.

Should the Agency have any further questions on this topic, Alere can arrange for HSDA staff to speak with Mr. Kit Dockery, Principal, Ancillary Networks, at BlueCare in Chattanooga. Mr. Dockery is very familiar with this topic, and we are happy to facilitate a discussion as needed.

3. **Section B, Project Description, Item II**

Discussion of the development of the proposal is noted. Please provide the following additional information for the highlights noted in this section of the application:

- **Have there been any changes in the applicant's scope of services from original CON approved in 1998 leading to licensure by TDH? Please also confirm that the agency's scope of services do not include in-home skilled nursing services for newborns by an obstetrical Registered Nurse staff member.**

No. As new home care technologies and services are developed to deliver home healthcare, they may be utilized by Alere. But, such clinical decisions remain under the scope of home health care as approved by HSDA originally, and as defined by statute and State rules and regulations. Please also allow this to confirm that Alere's services do not include in-home skilled nursing services for newborns.

- **From the applicant's experience, please discuss how the proposed service will safeguard against potential medication errors that might possibly result in serious**

harm ***(note: this question relates to skilled nursing service involving "medication infusion" and is based on comments found on page 11).***

Alere follows policies relative to safely managing infusion pumps. The policies include the requirement to validate all pump programming/dosing with two Registered Nurses ("RN") prior to patient placement. This is done to ensure the dosage is programmed per the plan of treatment. The pumps are programmed with maximum and minimum dosages as well as lock-out settings that prevent the patient from making changes to the pump that could result in the delivery of the wrong dosage of medication.

4. **Section C, Need, Item (Project Specific Criteria - Home Health Services)**

<u>Items 1-4</u> – The need assessment prepared by the Department of Health using information from the 2014 JAR showing capacity of existing providers to serve an additional 23,627 home health patients of all ages is noted. It would be helpful to include comment in the response for this item relative to the ability of existing agencies to serve the target female population by briefly summarizing Alere's survey findings addressed on pages 19 – 22 of the application.

Alere's survey of existing home health agencies revealed that none employs high-risk OB nurses. Likewise, none of the existing agencies surveyed indicated having either the experience or equipment necessary for treating the unique patient population that Alere seeks to serve. Specifically, none of the surveyed agencies have the equipment necessary to assess the fetus during the antepartum period.

<u>Item 6</u> – Table 5-A Please explain the heading in the column labeled Cost Per Visit – SNF Only.

There was a typographical error in Table Five-A (p. 42) and Fifteen-A (p. 63). Please see the attached revised pages 42R and 63R, which replace reference to "SNF" with "Skilled Nursing." Because Alere provides only skilled care nursing visits, and agencies other than Alere report that statistic in their JAR, it was considered helpful to provide it. The data was intended to meet or exceed what was required in the Agency review of the prior application for Alere-Davidson County.

5. **Section C, Need Item 3 and 4.A (Service Area Demographics)**

<u>Item 3</u> - The additional 23 counties plus the applicant's existing 13 counties amounts to a total service area of 36 counties. In addition to the need referenced in the attached support letters, what part, if any, did geography play in the applicant's decision to add the 23 counties to its licensed service area?

Geography played an important role. TennCare recipients account for a sizeable number of Alere's patients. TennCare MCO's are Statewide. It is efficient for Alere's

Hamilton County agency to seek regionwide licensure in one Certificate of Need in order to be available to MCOs and physician practices, wherever their patients reside. Piecemeal application based on county-by-county service requests would be an inefficient and very costly exercise.

Given the office's location in Hamilton County on the SE border of Tennessee with Alabama and Georgia and the large size of the combined 36 county service area extended to Tennessee's border with Virginia and Kentucky, what consideration was given to adding a 2nd office more centrally located in the proposed 23 county region such as Knox County? Please discuss.

Alere already has an office presence in the Knoxville area in connection with its coporate affiliate, OptumHealth. Depending on operational experience, Alere expects to add an additional FTE to that office in order to provider staffing support for the additional services contemplated by this application.

How will the applicant maintain an active marketing presence in the additional counties given its parent office location in Chattanooga? Please clarify.

See response to Item 3 above. Initially, Alere expects to address any marketing needs using sales resources that are now located in adjacent states. Once this project is fully implemented, Alere will relocate additional marketing resources to East Tennessee as needed and depending on operational experience.

Item 4.A – Table 6 is noted. HSDA received an updated version of the total population by county, including the population of the age 15-44 age cohort, from the Department of Health in September 2015. Please check with a representative of Health Statistics to obtain a copy for review & comparison to the data provided in the table.

Pursuant to your request and clarification by telephone on December 14th, we have obtained the September 2015 projections for service area counties. The only new data on female population of childbearing age available currently is for 2016 (which is not relevant) and for 2018, which is this project's Year Two.

To test the impact of new 2018 childbearing female population data, we prepared new supplemental Table 12-C, which is attached and expands on the submitted Table 12-B. The new Table 12-C demonstrates that the impact of the new data on the demand projection in Alere Hamilton's Year Two is positive but insignificant – only a 1.2% variance from the original Table 12-B and the projections currently in the application. Based on this, we understand that further amendments of the projected cases and of the Projected Data Charts and related narrative would not be necessary. These new data do not adversely impact project demand, need or financial feasibility as already presented in the original filing.

6. **Section C, Need Item 6 (Applicant's Projected Utilization)**
Applicant's Historical and Projected Utilization- Please address the following items:

- **The comments in the 1st item on page 52 appear to indicate that the applicant had a 14-county licensed service area in 2014 in lieu of the 13-county service area approved in Matria HealthCare, Inc. - Chattanooga, CN9807-039A, and identified in other parts of this application. Please clarify.**

  Any reference to a 14-county licensed service area was a typographical error. Please see the revised Page 52R, which is attached.

- **In Table 11A, what accounts for the applicant's low patient volumes of 50 patients served in 2014, a decrease of 32% from 74 patients served in 2013?**

  Alere's patient volumes can vary from year-to-year for reasons that are not easily identifiable. Importantly, based on Alere's many decades of experience in this market, the variation from 2013 to 2014 does not reflect any sustained trend that would affect the long-term financial viability of this project.

- **Based on the applicant's low historical patient volumes, please discuss in more detail the applicant's plans to ramp-up operations to facilitate the expansion of the service to the extent desired and proposed in the application. Please clarify.**

  In view of the letters of support for this project received both payors and providers, Alere is confident that this project will be supported by a strong base of referrals. Indeed, at present, Alere is being forced to turn away patient referrals because of the geographic limitations of its existing service area in East Tennessee. Once those limitations are eliminated, Alere expects to add new patients almost immediately.

7. **Section C, Economic Feasibility Item 2 and Item 4**

Review of the Consolidated Balance Sheets for the parent company revealed an excess of current liabilities over current assets for the 2014 and 2013 fiscal year periods such that the company's current ratio may be below industry norm. Although it is understood that the capital costs of the proposal are primarily consulting fees and are minimal, is sufficient cash from cash reserves available to support the project in light of United Health Group's current obligations (such as accounts payable) as identified in current liabilities?

Yes, as a *Fortune 15* company with annual revenues in excess of $130 billion, United Health Group has sufficient cash to cover all implementation costs associated with this application.

8. Section C. Economic Feasibility Item 6.B

Please clarify the column header of Table 15A that is labeled as "Cost Per Visit SNF Only".

Please see the response to your question #4 above.

9. Section C, Orderly Development, Item 3 (Staffing)

The response is noted. The applicant will find information for the requested overview of wage patterns on the Labor and Workforce Development website with several data resources provided by the Department's Employment Security Division. You can access by navigating to the "Employers" tab on the site. Scroll down to "Resources" then follow the links leading to Labor Market Information. (Note: you might also try www.tn.gov/workforce/section/employers).

Alere has reviewed the referenced website, which provides 2015 annual salary surveys for hundreds of defined occupations, including two types of healthcare employees. That website, however, only lists salary data for "licensed practical and vocational nurses", which are not RNs. Because Alere employs RNs only, it is not possible to compare Alere's projected salaries with information made available by the state Department of Labor & Workforce Development.

10. Proof of Publication

Although referenced in the application, publisher's affidavits or copies of the LOI with date and mast intact was omitted from the application. Please provide this information to confirm publication of the LOI in each of the eight (8) newspapers identified in the copy of the LOI that HSDA received on December 1, 2015.

In your response, please verify publication of the LOI in a newspaper of general circulation whose coverage area includes any or all of the additional proposed 23 counties.

Please also complete the table below to help illustrate publication of the LOI for the project.

Name of Newspaper of General Circulation	Address	How often is this Newspaper Distributed?	Applicant's Proposed Service Area County (total of 23)	Date LOI Published
Elizabethton Star	300 N. Sycamore St. Elizabethton, TN 37643	Tuesday-Friday; Sunday	Carter	December 2, 2015
Greeneville Sun	121 W. Summer St. Greeneville, TN 37743	Monday-Saturday	Greene	December 3, 2015
Rogersville Review	316 E. Main St. Rogersville, TN 37857	Wednesday; Saturday	Hawkins; Hancock	December 2, 2015
Tomahawk	118 Church St. Mountain City, TN 37683	Wednesday	Johnson	December 2, 2015
Kingsport Times-News	701 Lynn Garden Drive Kingsport, TN 37660	Daily	Sullivan	December 2, 2015
Erwin Record	218 Gay Street Erwin, TN 37650	Wednesday	Unicoi	December 2, 2015
Johnson City Press	204 W. Main St. Johnson City, TN 37604	Daily	Washington	December 2, 2015
Knoxville News-Sentinel	2332 News Sentinel Drive Knoxville, TN 37921	Daily	Anderson, Blount, Campbell, Claiborne, Cocke, Grainger, Hamblen, Jefferson, Knox, Loudon, Morgan, Roane, Scott, Sevier, Union	December 2, 2015

SUPPLEMENTAL #1
December 16, 2015
4:08 pm

Thank you for your assistance in this matter. We hope that the foregoing provides the additional information that HSDA requires in order to accept the pending application into the next review cycle. Please do not hesitate to contact us further as needed.

With kind regards, I remain,

Very truly yours,

W. Brantley Phillips, Jr.

WBP:
Attachments

cc: John Wellborn

SUPPLEMENTAL #1
December 16, 2015
4:08 pm

AFFIDAVIT

STATE OF TENNESSEE

COUNTY OF DAVIDSON

NAME OF FACILITY: **Alere Women's & Children's Health**

I, **W. Brantley Phillips, Jr.**, after first being duly sworn, state under oath that I am the applicant named in this Certificate of Need application or the lawful agent thereof, that I have reviewed all of the supplemental information submitted herewith, and that it is true, accurate, and complete.

Signature/Title

Sworn to and subscribed before me, a Notary Public, this the 16th day of December, 2015, witness my hand at office in the County of Davidson, State of Tennessee.

NOTARY PUBLIC

My commission expires May 3, 2016.

HF-0043

Revised 7/02

KAREN REECER
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY

Applicant's Clinical Leadership

Donna Whitsell, RN, is Alere/Hamilton County's Home Care Director. She has 30 years of nursing experience in the field of Obstetrics. She has been an Alere Home Care Director for 5 years and has successfully passed all State Surveys and Joint Commission surveys. This position is equivalent to the Director of Nursing position in other types of agencies.

Donna Whitsell reports to Laura Milner, RN, who is the Statewide Senior Home Care Director for all three of Alere's Tennessee offices (Nashville, Chattanooga, Memphis), in addition to serving as the Home Care Director for Alere/Davidson County.

Alere home health agencies do not require a local Medical Director because they work under the direction of the patients' physicians, with whom they are in continuous contact. Nationally, the Alere Medical Director is Norman Ryan, MD. His extensive CV is attached at the end of this letter.

How Alere Contracts

As explained in the application, Alere does not meet the requirements for a Medicare provider number. This is because Alere treats young, pregnant women exclusively--and does not consistently maintain the minimum average patient census needed to participate in Medicare. The lack of a Medicare provider number, however, does not limit Alere's ability to work with the TennCare MCOs. No exemption or waiver from TennCare is necessary for Alere because the TennCare regulations requiring participation in Medicare in order to obtain reimbursement from TennCare do not apply to Alere.

Unlike all (or virtually all) other home health providers in Tennessee, Alere is not paid using either the TennCare or Medicare fee schedules. Indeed, most of the highly specialized services provided by Alere are not covered by either the TennCare or Medicare fee schedules. Nonetheless, the TennCare MCOs want to make these services available to their members due to the demonstrated health benefits and the significant cost savings that Alere's services make possible through sharply reduced maternal and

NICU hospitalizations. To accomplish this, the TennCare MCOs independently contract with Alere on a fee-for-service basis using a negotiated fee schedule that is separate and distinct from either the TennCare or Medicare fee schedules. Under this arrangement, the MCOs pay Alere out of their own pockets and do not seek reimbursement for Alere's services from TennCare. Simply stated, Alere is not paid with TennCare dollars. Nor do the MCOs submit encounter data regarding Alere's services to TennCare.

Ownership

There are no individuals with membership interests in the applicant LLC. There are no plans to expand its ownership in the future. As stated in the application on page 5 (Executive Summary), Alere Women's and Children's Health, LLC is a wholly owned subsidiary of Alere Health, LLC, which is wholly owned by OptumHealth Care Solutions, Inc., which is ultimately owned by United Health Group, a publicly traded company.

United Health Group is a very large publicly traded company with multiple divisions and services. The only home health care entity it owns directly or indirectly is Alere Women's and Children's Health, LLC. It owns no licensed physical facilities such as hospitals or nursing homes. Alere Women's and Children's Health, LLC has home health agencies licensed in twenty States.

B.II.B. IDENTIFY THE NUMBER AND TYPE OF BEDS INCREASED, DECREASED, CONVERTED, RELOCATED, DESIGNATED, AND/OR REDISTRIBUTED BY THIS APPLICATION. DESCRIBE THE REASONS FOR CHANGE IN BED ALLOCATIONS AND DESCRIBE THE IMPACT THE BED CHANGE WILL HAVE ON EXISTING SERVICES.

Not applicable. This project is for the expansion of an existing home health agency's service area. No facilities are included in the project.

Table Five-A: 2014 Costs & Charges (Gross Revenues) of Selected Agencies in the Service Area For All Disciplines (Except Cost/Visit Data)				
Agency*	Cost Per Skilled Nursing Visit	Gross Revenue Per Unduplicated Patient	Gross Revenue Per Visit	Gross Revenue Per Hour
1	$111	$2,563	$151.63	NA
2	$110	$2,965	$151.06	NA
3	$91	$3,115	$213.84	$65.24
4	$153	$5,900	$150.55	NA
5	NA	$94,022	$772.64	NA
6	$125	$1,655	$37.80	NA
7	$58	$111,470	$19,031.47	$35.10
8	$145	$4,349	$233.41	NA
9	$89	$14,983	$633.24	$39.88
10	$106	$8,579	$247.17	$109.71
11	NA	$16,584	NA	$22.79
12	$84	$4,831	$98.41	NA
13	$161	$4,385	$152.84	NA
Alere/ Hamilton Year One	NR	$6,811	NR	NR

Source: 2014 Joint Annual Reports; and Alere management.

*Key to Agencies:

1. Advanced Home Care, Inc., Sullivan County
2. Advanced Home Care, Inc., Greene County
3. Careall Home Service, Knox County
4. Clinch River Home Health, Anderson County
5. Elk Valley Health Services, Inc., Davidson County
6. Hometown Health Care, Inc., Hawkins County
7. Maxim Healthcare Services, Inc., Knox County
8. Medical Center Homecare of Kingsport, Washington County
9. ProCare Home Health Services, Greene County
10. Quality Home Care, Fentress County
11. Quality Private Duty Care, Fentress County
12. Sunbelt Homecare, Campbell County
13. Sweetwater Hospital Home Health, Monroe County

Table Five-B: Alere/Hamilton's Average Charges (Gross Revenue) Per Unduplicated Patient (All Counties)		
	CY 2014	Year Two
Total Gross Revenue	$379,702	$1,014,839
Patients	51	149
Total Gross Revenue Per Patient	$7,445	$6,811

Source: Alere management.

C(II).6.B. COMPARE THE PROPOSED CHARGES TO THOSE OF SIMILAR FACILITIES IN THE SERVICE AREA/ADJOINING SERVICE AREAS, OR TO PROPOSED CHARGES OF PROJECTS RECENTLY APPROVED BY THE HSDA. IF APPLICABLE, COMPARE THE PROJECTED CHARGES OF THE PROJECT TO THE CURRENT MEDICARE ALLOWABLE FEE SCHEDULE BY COMMON PROCEDURE TERMINOLOGY (CPT) CODE(S).

Table Fifteen-A: 2014 Costs & Charges (Gross Revenues) of Selected Agencies in the Service Area For All Disciplines (Except Cost/Visit Data)

Agency*	Cost Per Skilled Nursing Visit	Gross Revenue Per Unduplicated Patient	Gross Revenue Per Visit	Gross Revenue Per Hour
1	$111	$2,563	$151.63	NA
2	$110	$2,965	$151.06	NA
3	$91	$3,115	$213.84	$65.24
4	$153	$5,900	$150.55	NA
5	NA	$94,022	$772.64	NA
6	$125	$1,655	$37.80	NA
7	$58	$111,470	$19,031.47	$35.10
8	$145	$4,349	$233.41	NA
9	$89	$14,983	$633.24	$39.88
10	$106	$8,579	$247.17	$109.71
11	NA	$16,584	NA	$22.79
12	$84	$4,831	$98.41	NA
13	$161	$4,385	$152.84	NA
Alere/ Hamilton Year One	NR	$6,811	NR	NR

Source: 2014 Joint Annual Reports; and Alere management.

*Key to Agencies:

1. Advanced Home Care, Inc., Sullivan Co
2. Advanced Home Care, Inc., Greene Co
3. Careall Home Service, Knox Co
4. Clinch River Home Health, Anderson Co
5. Elk Valley Health Services, Inc., Davidson Co
6. Hometown Health Care, Inc., Hawkins Co
7. Maxim Healthcare Services, Inc., Knox Co
8. Medical Center Homecare (KP)Washington Co
9. ProCare Home Health Services, Greene Co
10. Quality Home Care, Fentress Co
11. Quality Private Duty Care, Fentress Co
12. Sunbelt Homecare, Campbell Co
13. Sweetwater Hospital Home Health, Monroe Co

Table Fifteen-B: Alere/Hamilton's Average Charges (Gross Revenue) Per Unduplicated Patients(All Counties)

	CY 2014	Year Two
Total Gross Revenue	$379,702	$1,014,839
Patients	51	149
Total Gross Revenue Per Patient	$7,445	$6,811

Source: Alere management.

The applicant focuses on patients whose youth makes them ineligible for Medicare, so the Medicare fee schedule is not applicable.

C(I).6. PROVIDE APPLICABLE UTILIZATION AND/OR OCCUPANCY STATISTICS FOR YOUR INSTITUTION FOR EACH OF THE PAST THREE (3) YEARS AND THE PROJECTED ANNUAL UTILIZATION FOR EACH OF THE TWO (2) YEARS FOLLOWING COMPLETION OF THE PROJECT. ADDITIONALLY, PROVIDE THE DETAILS REGARDING THE METHODOLOGY USED TO PROJECT UTILIZATION. THE METHODOLOGY MUST INCLUDE DETAILED CALCULATIONS OR DOCUMENTATION FROM REFERRAL SOURCES, AND IDENTIFICATION OF ALL ASSUMPTIONS.

Applicant's Historical Utilization

Following this page is Table Eleven-A, providing the past three years of utilization for the three Alere Women's and Children's Health agencies in Tennessee. The second following page is Table Eleven-B, providing comprehensive statistics on the 2014 utilization of Alere Women's and Children's Health (Hamilton County) as reported in its 2014 Joint Annual Report.

Applicant's Projected Utilization

The applicant projected its utilization from the proposed service area using a two-step process, as stated below. The steps are reflected in Tables Twelve-A and -B, which follow the historical Alere utilization charts that begin after this page.

1. Alere/Hamilton's 2014 overall use rate in its current 13-county service area was calculated. Alere/Hamilton's Tennessee patients by county during 2014 were totaled (44 from Tennessee) and divided by the 2014 female population of childbearing age for its current counties (147,943) to derive the target population's average Tennessee service area use rate of Alere / Hamilton, which was 0.030%. See Table Twelve-A below.

2. Alere/Hamilton's 2014 average use rate was then applied to the projected Years One and Two population of females of childbearing age in the *proposed* service area. That resulted in a projection of approximately 94 additional Alere patients in both 2017 and 2018. See Table Twelve-B below.

SUPPLEMENTAL #1

December 16, 2015
4:08 pm

SUPPLEMENTAL Table Twelve-C: Alere Patients By Proposed New Counties--Year Two (2018)							
Proposed Counties To Be Added to Alere Hamilton's Service Areas	Year One 2017 Female Population 15-44	Year 2018 Female Population 15-44	9-15 TDH Update of Year 2018 Female Pop 15-44	Agency's 2014 Average Use Rate in Its Current Counties	Year One Projected Potential New Alere Patients	Year Two Projected Potential New Alere Patients	Year Two 2018 Update--Projected New Alere Patients
Anderson	13,155	13,223	12,871	0.030%	3.95	3.97	3.86
Blount	24,336	24,702	23,653	0.030%	7.30	7.41	7.10
Campbell	7,762	7,806	6,895	0.030%	2.33	2.34	2.07
Carter	10,247	10,230	9,950	0.030%	3.07	3.07	2.99
Claiborne	6,152	6,154	6,161	0.030%	1.85	1.85	1.85
Cocke	7,196	7,387	6,214	0.030%	2.16	2.22	1.86
Grainger	4,190	4,249	3,865	0.030%	1.26	1.27	1.16
Greene	12,624	12,694	12,129	0.030%	3.79	3.81	3.64
Hamblen	12,055	12,182	11,618	0.030%	3.62	3.65	3.49
Hancock	1,105	1,121	1,116	0.030%	0.33	0.34	0.33
Hawkins	8,877	8,628	9,744	0.030%	2.66	2.59	2.92
Jefferson	10,405	10,535	10,044	0.030%	3.12	3.16	3.01
Johnson	2,679	2,708	2,601	0.030%	0.80	0.81	0.78
Knox	92,158	92,350	98,288	0.030%	27.65	27.71	29.49
Loudon	7,899	7,865	8,002	0.030%	2.37	2.36	2.40
Morgan	3,508	3,523	3,503	0.030%	1.05	1.06	1.05
Roane	8,721	8,714	8,513	0.030%	2.62	2.61	2.55
Scott	4,073	4,111	4,208	0.030%	1.22	1.23	1.26
Sevier	17,725	18,007	17,745	0.030%	5.32	5.40	5.32
Sullivan	24,153	23,641	25,946	0.030%	7.25	7.09	7.78
Unicoi	3,155	3,181	2,984	0.030%	0.95	0.95	0.90
Union	3,390	3,399	3,265	0.030%	1.02	1.02	0.98
Washington	26,225	26,327	27,133	0.030%	7.87	7.90	8.14
NEW COUNTIES TOTAL	**311,790**	**312,737**	**316,448**	**0.030%**	**93.54**	**93.82**	**94.93**
PROJECTED ALERE PATIENTS					**60**	**94**	**95**
MINIMAL CHANGE BY UPDATE			**1.20%**				**1.20%**

SUPPLEMENTAL #1
December 16, 2015
4:08 pm

Kimberly Fortner, M.D.
Maternal-Fetal Medicine

Mark Hennessy, M.D.
Maternal-Fetal Medicine

Bobby Howard, M.D.
Maternal-Fetal Medicine

Kristina Shumard, M.D.
Maternal-Fetal Medicine

Craig Towers, M.D.
Maternal-Fetal Medicine

Lynlee Wolfe, M.D.
Maternal-Fetal Medicine

Barbara Mynatt
Administrator

High Risk Obstetrical Consultants, P.C.

(HI-ROC)

Office Locations:
Gray, TN • Kingsport, TN • Knoxville, TN
1930 Alcoa Hwy Bldg A Suite 435 Knoxville, TN 37920
Phone: 865-305-8888 • Fax: 865-305-6180
(www.Hi-Roc.com)

Kristin Frazer, MS, CGC
Certified Genetic Counselor

Stephanie Porter, WHNP

Jo Kendrick, WHNP, CDE
Diabetes Coordinator

Lorin Grimsley, ED, CDE

Christina Goss, WHNP

Beth Weltz, WHNP

Danielle Spurling, WHNP

December 4th, 2015

Melanie M. Hill
Health Services & Development Agency
Andrew Jackson Bldg., 9th Floor
502 Deaderick Street
Nashville, Tennessee 37243

Re: Alere Women's and Children's Health, LLC
East TN CON Expansion

Dear Ms. Hill:

The physicians and staff at High Risk Obstetrical Consultants (HI-ROC) would like to offer our sincere support to Alere Women's Health for their CON application to expand its services in East Tennessee. There is a significant need for the unique services that Alere provides to the high-risk OB patient population, and we feel that the approval of this request will help us in our efforts in reducing costs and improving the healthcare options in our region.

Our Maternal Fetal Medicine group is a specialty practice that focuses on high risk pregnancy-related conditions that threaten the health of the mother, the child or both. Many of our patients are at risk of delivering prematurely or have other pregnancy-related complications, and have benefitted from Alere's homecare services in the past. Alere's programs focus on these high risk patients and allows them to monitor these patients on a regular basis and to minimize unnecessary office and hospital visits.

We have worked with Alere for several years in helping care for these challenging patients, and while we've been very happy with the care that Alere has provided, we've had many challenges when working around the limited number of counties that they were available in. These challenges have affected our ability to provide consistent care and options for many of our outreach patients, unfortunately based solely on patient's home address. Alere's team of obstetrical RNs, many of whom live in our local communities and also work in our OB units,

SUPPLEMENTAL #1
December 16, 2015
4:08 pm

Kimberly Fortner, M.D.
Maternal-Fetal Medicine

Mark Hennessy, M.D.
Maternal-Fetal Medicine

Bobby Howard, M.D.
Maternal-Fetal Medicine

Kristina Shumard, M.D.
Maternal-Fetal Medicine

Craig Towers, M.D.
Maternal-Fetal Medicine

Lynlee Wolfe, M.D.
Maternal-Fetal Medicine

Barbara Mynatt
Administrator

High Risk Obstetrical Consultants, PLLC

(HI-ROC)

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Phone: 865-305-8888 • Fax: 865-305-6180
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Kristin Prazer, MS, CGC
Certified Genetic Counselor

Stephanie Porter, WHNP

Jo Kendrick, WHNP, CDE
Diabetes Coordinator

Lorin Grimsley, ED, CDE

Christina Goss, WHNP

Beth Weltz, WHNP

Danielle Spurling, WHNP

provide them a powerful opportunity to positively impact each patient's care and clinical outcomes.

We appreciate the opportunity to support this application, and hope your Board will rule favorably in granting this requested CON expansion in East Tennessee.

Sincerely,

The Physicians of High Risk Obstetrical Consultants
Knoxville, TN

Craig Towers MD

Bobby Howard MD

Lynlee Wolfe MD

Kimberly Fortner

Mark Hennessy MD

SUPPLEMENTAL #1

December 16, 2015
4:08 pm

THE UNIVERSITY of TENNESSEE UT
GRADUATE SCHOOL of MEDICINE

UT OB/GYN Center
1928 Alcoa Highway
Suite 127
Knoxville, TN 37920-1511
Phone: 865.305.8787
Fax: 865.305.8260

November 23, 2015

Melanie M. Hill
Health Services & Development Agency
Andrew Jackson Bldg., 9th Floor
502 Deaderick Street
Nashville, Tennessee 37243

Re: Alere Women's and Children's Health, LLC
East TN CON Expansion

Dear Ms. Hill:

On behalf of University of Tennessee OB/GYN resident clinic and our patients, we would like express our enthusiastic support for the Alere Women's and Children's Health expansion throughout East TN.

We have utilized Alere's (formerly Matria) services for many years, and have found that their team of OB RNs, ongoing education, and daily support are a great option for our appropriate high risk pregnant patients. Specifically, those patients with a history of preterm delivery who are prescribed weekly 17P progesterone injections benefit greatly by having an OB nurse available to go into their homes to give their injections rather than traveling to their OB office weekly (from ~16wks through 36 wks gestation). No other homecare companies in our area can provide these services for our patients, and I understand that all of the Tenncare plans cover this option with Alere.

There is a significant need for increased access to the various services that Alere provides, and we are confident that the approval of this project will help in reducing costs and improve the quality of healthcare in our region. In the past, it has been challenging when patients who need these services were outside of Alere's CON counties, which makes it difficult to provide consistent care to everyone. Approval of this requested CON expansion would eliminate those boundaries and allow us to offer better options to our appropriate patients, improving patient care and outcomes for both mother and baby.

Thank you for your time and consideration of this request.

Sincerely,

Walter W Schoutko

Dr. Walter W. Schoutko MD
Assistant Professor
Department of OB/GYN
Medical Director Resident Clinic

BlueCare Tennessee
1 Cameron Hill Circle
Chattanooga, TN 37402-0001
bluecare.bcbst.com

SUPPLEMENTAL #1
December 16, 2015
4:08 pm

December 3, 2015

Melanie M. Hill
Executive Director
Tennessee Health Services & Development Agency
Andrew Jackson Bldg., 9th Floor
502 Deaderick Street
Nashville, Tennessee 37243

Re: Alere Women's and Children's Health, LLC
CON Application No. 1506-025

Dear Ms. Hill:

I want to express BlueCare Tennessee's strong support for the certificate of need application filed by Alere Women's and Children's Health, LLC.

Since 1994, BlueCare Tennessee has been providing health care coverage to persons who qualify for TennCare in the state of Tennessee. Our organization currently serves more than 500,000 members across the state. And, in addition to TennCare, Cover Kids and Medicare Advantage programs. We work with Alere on a regular basis to care for our TennCare members, and we rely on Alere's specialized expertise to assist us in providing high-quality, personalized care at an affordable cost.

BlueCare Tennessee is very focused on preventing preterm births. Babies who are born too soon can have serious medical issues. For example, children who are born before 37 weeks often develop breathing or developmental problems that can lead to a lifetime of doctor or hospital visits. To minimize this risk, BlueCare of Tennessee proactively works to identify members who have a history of preterm delivery, and, where appropriate, we use weekly injections of "17P" – a progesterone formulation – to quiet the uterus and allow those mothers to carry to full term. Our goal is to do what is best for the mother and child, and if we can extend a pregnancy for even a few weeks longer it can have hugely beneficial implications for the health of the baby.

With its single focus on caring for high-risk pregnancy women and their children, Alere is an ideal partner to assist us in this important work. Alere's staff of obstetrical nurses are uniquely qualified to treat patients who need 17P, and to provide the regular and careful monitoring that those patients require. Alere's nurses are on call and available 24 hours a day. This high level of supervision and monitoring of high-risk patients significantly reduces the cost of care and improves maternal and fetal health. No other home health agency provides the specialized services offered by Alere.

SUPPLEMENTAL #1
December 16, 2015
4:08 pm

BlueCare Tennessee is, therefore, very eager to see that Alere's services are available throughout all Tennessee counties. Approval of Alere's certificate of need application will improve access to this important, very specialized kind of care and result in important cost savings for the State of Tennessee, and we encourage your Agency to approve the application at the earliest opportunity.

Thank you for your attention in this matter. Please do not hesitate to contact me with any questions.

Sincerely,

David M. Moroney, MD
VP & Chief Medical Officer

SUPPLEMENTAL #1
December 16, 2015
4:08 pm

December 9, 2015

Melanie M. Hill
Executive Director
Tennessee Health Services & Development Agency
Andrew Jackson Bldg., 9th Floor
502 Deaderick Street
Nashville, Tennessee 37243

Re: Alere Women's and Children's Health, LLC
CON Application No. 1512-056 and -57

Dear Ms. Hill:

I want to express UnitedHealthcare Community Plan's strong support for the certificate of need application filed by Alere Women's and Children's Health, LLC.

Since 2007, UnitedHealthcare Community Plan has been one of three health plans that provide health care coverage to persons who qualify for TennCare in the Middle Tennessee region. Our organization currently serves over 450,000 members across the state. And, in addition to TennCare, we participate in the Temporary Assistance to Needy Families and Medicare Advantage programs. We work with Alere on a regular basis to care for our TennCare members, and we rely on Alere's specialized expertise to assist us in providing high-quality, personalized care at an affordable cost.

UnitedHealthcare Community Plan is very focused on preventing preterm births. Babies who are born too soon can have serious medical issues. For example, children who are born before 37 weeks often develop breathing or developmental problems that can lead to a lifetime of doctor or hospital visits. To minimize this risk, United Healthcare Community Plan proactively works to identify members who have a history of preterm delivery, and, where appropriate, we use weekly injections of "17P" – a progesterone formulation – to quiet the uterus and allow those mothers to carry to full term. Our goal is to do what is best for the mother and child, and if we can extend a pregnancy for even a few weeks longer it can have hugely beneficial implications for the health of the baby.

With its single focus on caring for high-risk pregnancy women and their children, Alere is an ideal partner to assist us in this important work. Alere's staff of obstetrical nurses is uniquely qualified to treat patients who need 17P and to do the regular and careful monitoring that those patients need. Alere's nurses are on call and available 24 hours a day. This high level of supervision and monitoring of high-risk patients significantly reduces the

8 Cadillac Drive, Brentwood, TN 37027
1-800-690-1606 www.uhccp.com
UnitedHealthcare Plan of the River Valley, Inc.

SUPPLEMENTAL #1
December 16, 2015
4:08 pm

cost of care and improves maternal and fetal health. No other home health agency can provide the specialized services offered by Alere.

UnitedHealthcare Community Plan is, therefore, very eager to see that Alere's services are available throughout all Middle Tennessee counties. Approval of Alere's certificate of need application will improve access to this important, very specialized kind of care and result in important cost savings for the State of Tennessee, and we encourage your Agency to approve the application at the earliest opportunity.

Thank you or your attention in this matter. Please do not hesitate to contact me with any questions.

Sincerely,

Joel F. Bradley MD
Chief Medical Officer
UnitedHealthcare Community Plan of Tennessee
8 Cadillac Dr
Brentwood ,TN. 37027

COPY
Supplemental- #2

Alere Women's & Childrens Health

CN1512-057

SUPPLEMENTAL #2
December 18, 2015
4:00 pm

BASS BERRY + SIMS PLC

W. Brantley Phillips, Jr.
bphillips@bassberry.com
(615) 742-7723

December 18, 2015

VIA HAND DELIVERY

Jeff Grimm, HSD Examiner
Tennessee Health Services & Development Agency
Andrew Jackson Bldg., 9th Floor
502 Deaderick Street
Nashville TN 37243

Re: CON Application CN1512-057
Alere Women's & Children's Health (Hamilton Co.)

Dear Mr. Grimm:

We are writing in response to your request dated December 17th for additional information. Our responses are numbered to correspond to the delineation of your questions. Per the applicable HSDA rule, we are providing this response in triplicate (with affidavit).

1. Proof of Publication

Although referenced in the application, publisher's affidavits or copies of the LOI with date and mast intact was omitted from the application. Please provide this information to confirm publication of the LOI in all 8 of the newspapers identified in the copy of the LOI that HSDA received on December 1, 2015.

The table was completed as requested and returned in your 12/16/15 supplemental response.

However, the requested proof of publication was omitted from the response. Please submit a publisher's affidavit for each of the 8 newspapers confirming publication on the dates identified in the table.

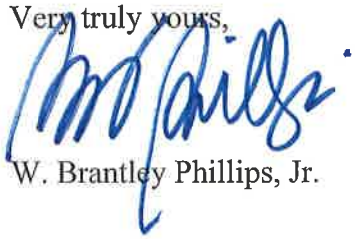
Please find attached proofs of publication from the following newspapers: the *Elizabethton Star*, *The Greeneville Sun*, *The Rogersville Review*, *The Tomahawk*, *Kingsport Times-News*, *The Erwin Record*, *Johnson City Press* and *The Knoxville News-Sentinel*.

Thank you for your assistance in this matter. We hope that the foregoing provides the additional information that HSDA requires in order to accept the pending application into the next review cycle. Please do not hesitate to contact us further as needed.

SUPPLEMENTAL #2
December 18, 2015
4:00 pm

With kind regards, I remain,

Very truly yours,



W. Brantley Phillips, Jr.

WBP:
Attachments

cc: John Wellborn

SUPPLEMENTAL #2
December 18, 2015
4:00 pm

AFFIDAVIT

STATE OF TENNESSEE

COUNTY OF DAVIDSON

NAME OF FACILITY: **Alere Women's & Children's Health**

I, **W. Brantley Phillips, Jr.**, after first being duly sworn, state under oath that I am the applicant named in this Certificate of Need application or the lawful agent thereof, that I have reviewed all of the supplemental information submitted herewith, and that it is true, accurate, and complete.

Signature/Title

Sworn to and subscribed before me, a Notary Public, this the 18th day of December, 2015, witness my hand at office in the County of Davidson, State of Tennessee.

NOTARY PUBLIC

My commission expires May 3, 2016.

HF-0043

Revised 7/02

KAREN REECER
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY

SUPPLEMENTAL #2

December 18, 2015
4:00 pm

AFFP
CERTIFICATE OF NEED

Affidavit of Publication

STATE OF TENNESSEE } SS
COUNTY OF CARTER }

Lynn Richardson, being duly sworn, says:

That she is Publisher of the Elizabethton Star, a daily newspaper of general circulation, printed and published in Elizabethton, Carter County, Tennessee; that the publication, a copy of which is attached hereto, was published in the said newspaper on the following dates:

December 02, 2015

That said newspaper was regularly issued and circulated on those dates.

The sum charged by the Newspaper for said publication does not exceed the lowest rate paid by commercial customers for an advertisement of similar size and frequency in the same newspaper in which the public notice appeared.

There are no agreements between the Elizabethton Star and the officer or attorney charged with the duty of placing the attached legal advertising notices whereby any advantage, gain or profit accrued to said officer or attorney.

SIGNED:

Lynn J. Richardson

Publisher

Subscribed to and sworn to me this 2nd day of December 2015.

Kristina Cruz

Kristina Cruz, Notary Public, Carter County, Tennessee

My commission expires: June 04, 2017

04156847 00100687

KRISTINA D. CRUZ
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF CARTER

BASS, BERRY & SIMS PLC
900 S. GAY ST., SUITE 1700
KNOXVILLE, TN 37902

PUBLIC NOTICE

NOTIFICATION OF INTENT
TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. §§ 68-11-1601 et seq., and the Rules of the Health Services and Development Agency, that Alere Women's and Children's Health LLC (a home health agency with its principal office in Hamilton County), owned and managed by Alere Women's and Children's Health, LLC (a limited liability company), intends to file an application for a Certificate of Need to provide home health agency services exclusively limited to the care of high-risk obstetrical patients with antepartum and postpartum needs, in the following 23 counties, to be added to its current service area, at a cost estimated at $80,600: Anderson, Blount, Campbell, Carter, Claiborne, Cocke, Grainger, Greene, Hamblen, Hancock, Hawkins, Jefferson, Johnson, Knox, Loudon, Morgan, Roane, Scott, Sevier, Sullivan, Unicoi, Union, and Washington.

The applicant is licensed as a Home Health Agency by the Board for Licensing Health Care facilities. The applicant's principal office is located at 651 East Fourth Street, Suite 100, Chattanooga, TN 37403. The project does not contain major medical equipment or initiate or discontinue any other health service; and it will not affect any facility's licensed bed complements.

The anticipated date of filing the application is on or before December 15, 2015. The contact person for the project is John Wellborn, who may be reached at Development Support Group, 4219 Hillsboro Road, Suite 210, Nashville, TN 37215; (615) 665-2022.

Upon written request by interested parties, a local Fact-Finding public hearing shall be conducted. Written requests for hearing should be sent to:

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

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

Elizabethton Star: Dec. 2, 2015
CERTIFICATE OF NEED

SUPPLEMENTAL #2

December 18, 2015

4:00 pm

PROOF OF PUBLICATION

Acct. Name:

BASS, BERRY & SIMS,

Acct. # 136428

COST OF PUBLICATION

Total $0.00

STATE OF TENNESSEE

COUNTY OF GREENE

PERSONALLY appeared before me _____

_____ of Greene County, Tennessee.

who being duly sworn, made oath that he/she is a representative of the Publisher of THE GREENEVILLE SUN, a newspaper of general circulation, published in the City of Greeneville, County of Greene and State of Tennessee and that the hereto attached publication appeared in the same on the following dates:

NOTIFICATION OF INTENT T

12/03/2015

The Greeneville Sun

P.O. BOX 1630, GREENEVILLE, TN 37744

(423) 638-4181

Subscribed and sworn to before me on this 3rd day of December, 2015

JANET L. MEDCALF STATE OF TENNESSEE NOTARY PUBLIC GREENE COUNTY

Newspaper Representative: _____

Notary Public: _____

My Commission Expires: 6/26/16

The referenced publication of notice has also been posted (1) On the newspaper's website, where it shall be published contemporaneously with the notice's first print publication and will remain on the website for at least as long as the notice appears in the newspaper; and (2) On a statewide web site established and maintained as an initiative and service of the Tennessee Press Association as a repository for such notices.

SUPPLEMENTAL #2

December 18, 2015

4:00 pm

The Greeneville Sun Classifieds

Place your ad by calling 423.638.4185 Fax to 423.638.7348 • Online at GreenevilleSun.com

1 PUBLIC NOTICES

Public Notices

AUCTION
Storage Inn
2145 East Andrew Johnson Hwy
December 4th 4PM
[illegible]

NOTICE OF GRAND JURY MEETING

[illegible]

Signed,
Pam H. Venerable
Circuit Court Clerk

NOTICE*NOTICE*NOTICE

[illegible]

NOTICE*NOTICE*NOTICE

The Greeneville Sun Classifieds 638-4185

Public Notices

PUBLIC NOTICE

[illegible]

NOTICE OF PUBLIC HEARING

[illegible]

Public Notices

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. §§ 68-11-1601 et seq., and the Rules of the Health Services and Development Agency, that Alere Women's and Children's Health LLC (a home health agency with its principal office in Hamilton County), owned and managed by Alere Women's and Children's Health, LLC (a limited liability company), intends to file an application for a Certificate of Need to provide home health agency services exclusively limited to the care of high-risk obstetrical patients with antepartum and postpartum needs, in the following 23 counties, to be added to its current service area, at a cost estimated at $50,000: Anderson, Blount, Campbell, Carter, Claiborne, Cocke, Grainger, Greene, Hamblen, Hancock, Hawkins, Jefferson, Johnson, Knox, Loudon, Morgan, Roane, Scott, Sevier, Sullivan, Unicoi, Union, and Washington.

The applicant is licensed as a Home Health Agency by the Board for Licensing Health Care Facilities. The applicant's principal office is located at 501 East Fourth Street, Suite 100, Chattanooga, TN 37403. The project does not contain major medical equipment or initiate or discontinue any other health service, and it will not affect any facility's licensed bed complements.

The anticipated date of filing the application is on or before December 15, 2015. The contact person for the project is John Wellborn, who may be reached at Development Support Group, 4219 Hillsboro Road, Suite 210, Nashville, TN 37215; (615) 665-2022.

Upon written request by interested parties, a local Fact-Finding public hearing shall be conducted. Written requests for hearing should be sent to:

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

Pursuant to TCA Sec. 68-11-1607(c)(1): (A) any health care institution wishing to oppose a Certificate of Need application must file a written objection with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.
12/3/15

Public Notices

NOTICE OF TRUSTEE'S SALE

[illegible]

ALSO KNOWN AS: 17505 Kingsport Highway, Fall Branch, TN 37656

[illegible]

PATRICIA JEAN SHELTON
SECRETARY OF HOUSING AND URBAN DEVELOPMENT

[illegible]

DATED November 6, 2015
WILSON & ASSOCIATES, P.L.L.C.,
Successor Trustee
FOR SALE INFORMATION, VISIT: WWW.MYFIR.COM and WWW.REALTYTRAC.COM
11/19/15, 11/26/15, 12/3/15

2 ANNOUNCEMENTS

Lost and Found

LOST YOUR PET?

Place your ad online at www.greenevillesun.com click place an ad

Re-ward your pet back home safe and sound!

It's a free service for your special pet.

The Greeneville Sun

Lost and Found

Found 2 puppies in Clemmons community 11/30/2015. One brown and white the other black and white. Contact 423-[illegible]

FOUND DOG: [illegible]

LOST CAT: [illegible]

[illegible]

Lost - Set of Car Keys. [illegible]

LOST YOUR PET?
We may have found it!
Call Humane Society
Animal Shelter
638-4771

Lost and Found

LOST: Solid grey cat, female, 10 years old, red collar with phone number on tag, answers to "Bella". Last seen Around Reformation Church. $35 reward. [illegible]

(423) 620-7951

WARNING: [illegible]

Of Interest

SMOKY MOUNTAINS!!

[illegible]

Stay up to date with latest health news. Look for The Health Pages every Monday in *The Greeneville Sun*.

TRUST

It's the Reason 45% of Greene county residents read The Greeneville Sun Classifieds on a daily basis. Classifieds give you affordable access to those loyal readers.

Call 638-4185

Of Interest

REACH 300,000+ READERS IN PRINT

We SELL Stuff FAST!

ADVERTISE YOUR ITEMS in

[illegible]

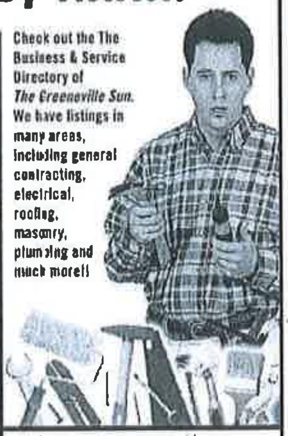
423-638-4185 for details or email your ad

The Greeneville Sun

Is your honey-do list getting out of hand?

SERVICES

Check out the The Business & Service Directory of *The Greeneville Sun*. We have listings in many areas, including general contracting, electrical, roofing, masonry, plumbing and much more!!



The Greeneville Sun
CLASSIFIEDS
423-638-4185
121 W. Summer St. • Greeneville, TN
GreenevilleSun.com

Contract Bridge By Steve Becker

Stop, Look and Listen

[illegible]

Personals

[illegible]

Garage / Yard Sales

Having A Yard Sale?

Let Everyone Know Where You Are!

Advertise Your Sale! Call For Details 638-4185

The Greeneville Sun

We can sell your merchandise fast! Call for Details 638-4185

Visit: GreenevilleMarketplace.com

SUPPLEMENTAL #2

December 18, 2015

4:00 pm

PROOF OF PUBLICATION

Acct. Name:

BASS BERRY + SIMS

Acct. # 258905

COST OF PUBLICATION

Total $119.50

STATE OF TENNESSEE

COUNTY OF HAWKINS

PERSONALLY appeared before me Tommy Campbell

_____of Hawkins County, Tennessee.

who being duly sworn, made oath that he/she is a representative of the Publisher of THE ROGERSVILLE REVIEW, a newspaper of general circulation, published in the City of Rogersville, County of Hawkins and State of Tennessee and that the hereto attached publication appeared in the same on the following dates:

NOTIFICATION OF INTENT T

12/02/2015

The Rogersville Review

P.O. BOX 100, ROGERSVILLE, TN 37857

(423) 272-7422

Subscribed and sworn to before me on this 2nd day of December, 2015

Newspaper Representative: _____

Notary Public: Sharon T Roberts

My Commission Expires: May 06, 2018

SHARON T. ROBERTS STATE OF TENNESSEE NOTARY PUBLIC COUNTY OF HAWKINS

The referenced publication of notice has also been posted (1) On the newspaper's website, where it shall be published contemporaneously with the notice's first print publication and will remain on the website for at least as long as the notice appears in the newspaper; and (2) On a statewide web site established and maintained as an initiative and service of the Tennessee Press Association as a repository for such notices.

SUPPLEMENTAL #2

December 18, 2015

4:00 pm

NOTIFICATION OF INTENT
TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. §§ 68-11-1601 et seq., and the Rules of the Health Services and Development Agency, that Alere Women's and Children's Health LLC (a home health agency with its principal office in Hamilton County), owned and managed by Alere Women's and Children's Health, LLC (a limited liability company), intends to file an application for a Certificate of Need to provide home health agency services exclusively limited to the care of high-risk obstetrical patients with antepartum and postpartum needs, in the following 23 counties, to be added to its current service area, at a cost estimated at $80,600: Anderson, Blount, Campbell, Carter, Claiborne, Cocke, Grainger, Greene, Hamblen, Hancock, Hawkins, Jefferson, Johnson, Knox, Loudon, Morgan, Roane, Scott, Sevier, Sullivan, Unicoi, Union, and Washington.

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1x 12/02/2015

SUPPLEMENTAL #2

December 18, 2015
4:00 pm

THE TOMAHAWK
MOUNTAIN CITY, TN

PROOF OF PUBLICATION

State of Tennessee
Johnson County, as:

Personally appeared before me, a notary public in and for said county and state, BILL THOMAS, publisher and proprietor of THE TOMAHAWK, INC., a weekly newspaper of general circulation, printed and published in Mountain City, Johnson County, Tennessee, and who, being duly sworn, upon oath, says that the notice of which the attached is a true copy, was duly published in said newspaper for 1 successive times, the first publication being on the 2nd day of December, 2015
second on _____ day of _____, 20____
third on _____ day of _____, 20____
fourth on _____ day of _____, 20____

(Signed) Bill T

Subscribed and sworn before me this 18th day of December, 2015

"This legal notice was published online at www.thetomahawk.com and www.publicnoticeads.com during the duration of the run dates listed. This publication fully complies with Tennessee Code Annotated 1–3–120."

PAULA NELIS WALTER
STATE OF TENNESSEE NOTARY PUBLIC
JOHNSON COUNTY

Paula Nelis Walter
Notary Public

My commission expires 8/21, 2016

Publication Fee _____ $_____
Proof filed with Clerk _____, 20____

SUPPLEMENTAL #2

December 18, 2015

4:00 pm

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SUPPLEMENTAL #2

December 18, 2015

4:00 pm

KINGSPORT TIMES-NEWS

PUBLICATION CERTIFICATE

Kingsport, TN 12/3/15

This is to certify that the Legal Notice hereto attached was published in the Kingsport Times-News, a daily newspaper published in the City of Kingsport, County of Sullivan, State of Tennessee, beginning in the issue of December 2, 2015, and appearing 1 consecutive weeks/times, as per order of Baas, Berry, & Sims

Signed Sheryl Edwards

NOTIFICATION OF INTENT
TO APPLY FOR A CERTIFICATE OF NEED

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Persons wishing to oppose a Certificate of Need application must file a written objection with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled, and (B) any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

PUB1T: 12/02/2015

STATE OF TENNESSEE, SULLIVAN COUNTY, TO-WIT:

Personally appeared before me this 3rd day of December 2015, Sheryl Edwards of the Kingsport Times-News and in due form of law made oath that the foregoing statement was true to the best of my knowledge and belief.

JANICE L. REESER NOTARY PUBLIC AT LARGE WASHINGTON COUNTY, TN

Janice L. Reeser
NOTARY PUBLIC

My commission expires 3-2-2016

SUPPLEMENTAL #2
December 18, 2015
4:00 pm

STATE OF TENNESSEE
COUNTY OF UNICOI

DAMARIS HIGGINS of Erwin. County of Unicoi, State of Tennessee, deposeth that she is Marketing Services Director of **The Erwin Record,** a newspaper published at Erwin, Unicoi County, Tennessee, and that the notice hereto attached was published in said paper on the dates listed below. Furthermore, this legal notice was published online at www.erwinrecord.net & www.publicnoticeads.com during the duration of the run dates listed. This publication fully complies with Tennessee Code Annotated 1-3-120.

January		2015
February		2015
March		2015
April		2015
May		2015
June		2015
July		2015
August		2015
September		2015
October		2015
November		2015
December	2	2015

By _____

Sworn to and subscribed before me
this 2nd (date) day of December (month) 2015

Keith Whitson

Keith Whitson **Notary Public**

R. KEITH WHITSON
STATE OF TENNESSEE NOTARY PUBLIC
UNICOI COUNTY

SUPPLEMENTAL #2

December 18, 2015

4:00 pm

EMBER,
OWARD
County

d or
Clerk of
the date
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EMBER,
LUCILLE
County

d or
Clerk of
the date
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rred.

d
EMBER,
R DALE
by the

ed or
Clerk of
the date
e dece-
rred.

Court. Announcements made day of sale take precedence over any advertisement.

SALE WILL BE CONDUCTED AT THE COURTHOUSE STEPS

VEWINGS OF PROPERTY ARE BY APPOINTMENT ONLY.
Please call the number below for showings.

HONORABLE DARREN C. SHELTON, CIRCUIT COURT CLERK
ACTING AS SPECIAL COMMISSIONER
(423) 743-3541

Legals

Legals

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

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502 Deaderick Street
Nashville, TN 37243

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SEE ALSO THE REVERSION OF WATER RIGHTS OF RECORD IN BOOK 203, PAGE 563, REGISTER'S OFFICE OF UNICOI COUNTY, TENNESSEE.

THIS IS IMPROVED PROPERTY KNOWN AS 3003 UPPER STONE MTN RD, UNICOI, TN 37692.

PROPERTY ID: 014 00603 000

THE SALE OF THE SUBJECT PROPERTY IS WITHOUT WARRANTY OF ANY KIND, AND IS FURTHER SUBJECT TO THE RIGHT OF ANY TENANT(S) OR OTHER PARTIES OR ENTITIES IN POSSESSION OF THE PROPERTY. ANY REPRESENTATION CONCERNING ANY ASPECT OF THE SUBJECT PROPERTY BY A THIRD PARTY IS NOT THE REPRESENTATION/RESPONSIBILITY OF TRUSTEE(S)/ SUBSTITUTE TRUSTEE(S) OR THEIR OFFICE.

THIS SALE IS SUBJECT TO ANY UNPAID TAXES, IF ANY, ANY PRIOR LIENS OR ENCUMBRANCES LEASES, EASEMENTS AND ALL OTHER MATTERS WHICH TAKE PRIORITY OVER THE DEED OF TRUST UNDER WHICH THIS FORECLOSURE SALE IS CONDUCTED, INCLUDING BUT NOT LIMITED TO THE PRIORITY OF ANY FIXTURE FILING. IF THE U.S. DEPARTMENT OF THE TREASURY/ INTERNAL REVENUE SERVICE, THE STATE OF TENNESSEE DEPARTMENT OF REVENUE, OR THE STATE OF TENNESSEE DEPARTMENT OF LABOR AND WORK FORCE DEVELOPMENT ARE LISTED AS INTERESTED PARTIES IN THE ADVERTISEMENT, THEN THE NOTICE OF THIS FORECLOSURE IS BEING GIVEN TO THEM, AND THE SALE WILL BE SUBJECT TO THE APPLICABLE GOVERNMENTAL ENTITIES RIGHT TO REDEEM THE PROPERTY, ALL AS REQUIRED BY 26 U.S.C. 7425 AND T.C.A. 67-1-1433. THE NOTICE REQUIREMENTS OF T.C.A. 35-5-101 ET SEQ. HAVE BEEN MET.

THE RIGHT IS RESERVED TO ADJOURN THE DAY OF THE SALE TO ANOTHER DAY, TIME AND PLACE CERTAIN WITHOUT FURTHER PUBLICATION, UPON ANNOUNCEMENT AT THE TIME AND PLACE FOR THE SALE SET FORTH ABOVE. THE TRUSTEE/SUBSTITUTE TRUSTEE RESERVES THE RIGHT TO RESCIND THE SALE

IF YOU PURCHASE A PROPERTY AT THE FORECLOSURE SALE, THE ENTIRE PURCHASE PRICE IS DUE AND PAYABLE AT THE CONCLUSION OF THE AUCTION IN THE FORM OF A CERTIFIED/BANK CHECK MADE PAYABLE TO OR ENDORSED TO LAW OFFICE OF J. PHILLIP JONES. NO PERSONAL CHECKS WILL BE ACCEPTED. TO THIS END, YOU MUST BRING SUFFICIENT FUNDS TO OUTBID THE LENDER AND ANY OTHER BIDDERS. INSUFFICIENT FUNDS WILL NOT BE ACCEPTED. AMOUNTS RECEIVED IN EXCESS OF THE WINNING BID WILL BE REFUNDED TO THE SUCCESSFUL PURCHASER AT THE TIME THE FORECLOSURE DEED IS DELIVERED.

OTHER INTERESTED PARTIES: NONE OF RECORD

THIS IS AN ATTEMPT TO COLLECT A DEBT AND ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE.

This is improved property known as 3003 UPPER STONE MTN RD, UNICOI, TN 37692.

J. PHILLIP JONES/JESSICA D. BINKLEY, SUBSTITUTE TRUSTEE
1800 HAYES STREET
NASHVILLE, TN 37203
(615) 254-4430
www.phillipjoneslaw.com
www.auction.com
F15-1037

SUPPLEMENTAL #2

December 18, 2015
4:00 pm

JOHNSON CITY PRESS
204 W. Main Street
Johnson City, TN 37604
AFFIDAVIT OF PUBLICATION

AD# 1272729

DATES: 12-2-2015

State of Tennessee)
Carter County)
Washington County)

Teresa Hicks makes the oath that sh

daily newspaper published in Johns

advertisement was published in sai

12-2-2015 and end

Sworn to and Subscribed before me

CONNIE N. GUINN
STATE OF TENNESSEE NOTARY PUBLIC
WASHINGTON COUNTY

My commission expires on 03/28/2017

NOTIFICATION OF INTENT
TO APPLY FOR A CERTIFICATE OF NEED

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Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

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This legal notice was published online at www.johnsoncitypress.com and www.publicnoticeads.com during the duration of the run dates listed. This publication fully complies with Tennessee Code Annotated 1-3-20

SUPPLEMENTAL #2
December 18, 2015
4:00 pm

JOHNSON CITY PRESS
204 W. Main Street
Johnson City, TN 37604
AFFIDAVIT OF PUBLICATION

AD# 1272729

DATES: 12-2-2015

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State of Tennessee)
Carter County)
Washington County)

Teresa Hicks makes the oath that she is a Representative of The Johnson City Press, a daily newspaper published in Johnson City, in said County and State, and that the advertisement was published in said paper for 1 insertion (s) commencing on 12-2-2015 and ending on 12-2-2015.

Teresa Hicks

Sworn to and Subscribed before me this 12 2 2015
Month Day Year

CONNIE N. GUINN
STATE OF TENNESSEE NOTARY PUBLIC
WASHINGTON COUNTY

Connie N. Guinn
Notary Public

My commission expires on 03/28/2017

This legal notice was published online at www.johnsoncitypress.com and www.publicnoticeads.com during the duration of the run dates listed. This publication fully complies with Tennessee Code Annotated 1-3-20

SUPPLEMENTAL #2

December 18, 2015
4:00 pm

Attn: Laura Bilbrey
To: BASS, BERRY & SIMS PLC

(Advertising) NOTIFICATION OF INTENT TO APPLY FOR **(Ref No:** 819310)

P.O.#:

PUBLISHER'S AFFIDA

State of Tennessee }
s.s
County of Knox }

Before me, the undersigned, a Notary Public in and for said c
Watkins first duly sworn, according to law, says that he/she is
Knoxville News-Sentinel, a daily newspaper published at Kno
the advertisement of:

(The Above-Reference

of which the annexed is a copy, was published in said paper o

12/02/2015

and that the statement of account herewith is correct to the be
belief.

Louise Watkins

Subscribed and sworn to before me this 2nd day of December 20 15

Ashley Breeden
Notary Public

My commission expires _____ 20_____

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

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502 Deaderick Street
Nashville, TN 37243

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

ASHLEY BREEDEN
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF KNOX

MY COMMISSION EXPIRES:
MAY 5, 2019

SUPPLEMENTAL #2
December 18, 2015
4:00 pm

Attn: Laura Bilbrey
To: BASS, BERRY & SIMS PLC

(Advertising) NOTIFICATION OF INTENT TO APPLY FO

P.O.#:

PUBLISHER'S AFFIDAVIT

State of Tennessee }
s.s
County of Knox }

Before me, the undersigned, a Notary Public in and for said county, this day personally came Louise Watkins first duly sworn, according to law, says that he/she is a duly authorized representative of *The Knoxville News-Sentinel*, a daily newspaper published at Knoxville, in said county and state, and that the advertisement of:

(The Above-Referenced)

of which the annexed is a copy, was published in said paper on the following date(s):

12/02/2015

and that the statement of account herewith is correct to the best of his/her knowledge, information, and belief.

Louise Watkins

Subscribed and sworn to before me this 2nd day of December 20 15

Ashley Breeden
Notary Public

My commission expires _____ 20____

ASHLEY BREEDEN
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF KNOX
MY COMMISSION EXPIRES: MAY 5, 2019

Supplemental #3
-ORIGINAL-

Alere Women's & Children's Health (Hamilton Co)

CN1512-057

BASS BERRY + SIMS PLC

W. Brantley Phillips, Jr.
bphillips@bassberry.com
(615) 742-7723

SUPPLEMENTAL #3
December 21, 2015
2:55 pm

December 21, 2015

VIA HAND DELIVERY

Jeff Grimm, HSD Examiner
Tennessee Health Services & Development Agency
Andrew Jackson Bldg., 9th Floor
502 Deaderick Street
Nashville TN 37243

Re: CON Application CN1512-057
Alere Women's & Children's Health (Hamilton Co.)

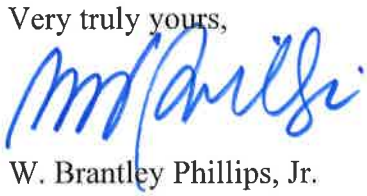
Dear Mr. Grimm:

Enclosed is a copy of the proof of publication from *The Tomahawk*, which was inadvertently omitted from the materials submitted to the Agency on December 18, 2015.

Thank you for your assistance in this matter. Please do not hesitate to contact us further as needed.

With kind regards, I remain,

Very truly yours,



W. Brantley Phillips, Jr.

WBP:lgb
Attachment

cc: John Wellborn

SUPPLEMENTAL #3

December 21, 2015
2:55 pm

THE TOMAHAWK
MOUNTAIN CITY, TN

PROOF OF PUBLICATION

State of Tennessee
Johnson County, as:

Personally appeared before me, a notary public in and for said county and state, BILL THOMAS, publisher and proprietor of THE TOMAHAWK, INC., a weekly newspaper of general circulation, printed and published in Mountain City, Johnson County, Tennessee, and who, being duly sworn, upon oath, says that the notice of which the attached is a true copy, was duly published in said newspaper for 1 successive times, the first publication being on the 2nd day of December, 20 15
second on _____ day of _____, 20 _____
third on _____ day of _____, 20 _____
fourth on _____ day of _____, 20 _____

(Signed) Bill Thomas

Subscribed and sworn before me this 18th day of December, 20 15

"This legal notice was published online at www.thetomahawk.com and www.publicnoticeads.com during the duration of the run dates listed. This publication fully complies with Tennessee Code Annotated 1–3–120."

PAULA NELIS WALTER
STATE OF TENNESSEE NOTARY PUBLIC
JOHNSON COUNTY

Paula Nelis Walter
Notary Public

My commission expires 8/21, 20 16

Publication Fee _____ $ _____
Proof filed with Clerk _____, 20 _____

SUPPLEMENTAL #3

December 21, 2015
2:55 pm

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. §§ 68-11-1601 et seq., and the Rules of the Health Services and Development Agency, that Alere Women's and Children's Health LLC (a home health agency with its principal office in Hamilton County), owned and managed by Alere Women's and Children's Health, LLC (a limited liability company), intends to file an application for a Certificate of Need to provide home health agency services exclusively limited to the care of high-risk obstetrical patients with antepartum and postpartum needs, in the following 23 counties, to be added to its current service area, at a cost estimated at $80,600: Anderson, Blount, Campbell, Carter, Claiborne, Cocke, Grainger, Greene, Hamblen, Hancock, Hawkins, Jefferson, Johnson, Knox, Loudon, Morgan, Roane, Scott, Sevier, Sullivan, Unicoi, Union, and Washington.

The applicant is licensed as a Home Health Agency by the Board for Licensing Health Care facilities. The applicant's principal office is located at 651 East Fourth Street, Suite 100, Chattanooga, TN 37403. The project does not contain major medical equipment or initiate or discontinue any other health service; and it will not affect any facility's licensed bed complements.

The anticipated date of filing the application is on or before December 15, 2015. The contact person for the project is John Wellborn, who may be reached at Development Support Group, 4219 Hillsboro Road, Suite 210, Nashville, TN 37215; (615) 665-2022.

Upon written request by interested parties, a local Fact-Finding public hearing shall be conducted. Written requests for hearing should be sent to:

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

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

SUPPLEMENTAL #3
December 21, 2015
2:55 pm

DEC 21 '15 PM 2:55

AFFIDAVIT

STATE OF TENNESSEE

COUNTY OF DAVIDSON

NAME OF FACILITY: **Alere Women's & Children's Health**

I, W. Brantley Phillips, Jr., after first being duly sworn, state under oath that I am the applicant named in this Certificate of Need application or the lawful agent thereof, that I have reviewed all of the supplemental information submitted herewith, and that it is true, accurate, and complete.

Signature/Title

Sworn to and subscribed before me, a Notary Public, this the 21st day of December, 2015, witness my hand at office in the County of Davidson, State of Tennessee.

NOTARY PUBLIC

My commission expires June 21, 2016.

LAURA BILBREY
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

H4-0043

Revised 7/02