

CRMC: Noffsinger evidence review

Hansel Noffsinger v. Cullman Regional Medical Center, Inc.

N.D. Alabama | 5:24-cv-00900-HDM | October 3, 2026

Working reporting brief. Not a publication-ready article or a prediction of the court outcome.

Assessment

There is a substantial, document-supported story about physician compensation, cost reductions and the financial explanation for a termination. The strongest material is an internal management proposal, sworn financial testimony, cash-payment records and coding audit summaries. These records support scrutiny of management decisions. They do not establish age discrimination, fraud, patient harm or the identity and subject of the physician letters mentioned by Cullman Daily.

The main substantive packet is present

Nine PDFs total **1,275 pages**. Two 15-page complaint bundles are visually identical, leaving **1,260 pages after removing that duplicate**; other exhibits overlap. The 1,119-page evidence bundle contains Document 25 and its accessible attachments through **25-61, the corrected exhibit**. The sealed originals 25-1 and 25-16 are appropriately absent; Document 28 supplies redacted declarations. The complaint with both attachments, answer, summary-judgment motion, hospital brief, opposition and hospital reply with its exhibit are present.

This is a complete core merits packet for the initial review, not every entry in the docket. Administrative filings and some discovery motions are not among these nine PDFs. A saved full docket report would be useful to preserve the procedural history; there is no need to redownload the entire evidence bundle.

Court status must stay precise

The September 25, 2026 docket screenshot supplied by the user shows Document 34 setting a hearing on CRMC's summary-judgment motion for **October 23, 2026 at 2:30 p.m., Courtroom V, U.S. Courthouse in Huntsville**. It shows no disposition of that motion. This is the status in the supplied docket, not a fresh PACER status check. Unlike McCormick, this supplied record does not show a final judgment.

Review scope

Reviewed the parties' principal arguments, both redacted declarations and targeted underlying exhibits and deposition testimony. Scanned reply and selected exhibits were OCR-read; key tables and corrected-exhibit pages were visually checked. The 1,119-page bundle was inventoried, not read line by line. Source references below identify docket pages and, where useful, the combined evidence PDF page.

The strongest financial evidence

1. Management proposed a new pay formula before termination

A June 6, 2022 email from Lisa Courtney to CFO Nesha Donaldson attached talking points for James. Under North, the attachment says: **"Noffsinger - Move to % of collections (this will make him leave)"**. The same attachment proposes changes across six clinic groups, including closing Occupational Health, relocating South to North, eliminating South staff except Villar, physician-hour requirements and other compensation changes. These are proposals, not proof every item was implemented. **Source:** 25-26, pp. 1-2; combined PDF pp. 163-164.

CRMC's explanation: Courtney says the parenthetical predicted his reaction to a financially prudent pay change and did not express a desire for him to leave. She says the eventual termination decision involved profitability and professionalism. Include this explanation wherever the note is used. **Sources:** 24, pp. 20-23; 28, Courtney declaration, paragraphs 27-34; 25-50, transcript p. 198.

2. The physician-level financial analysis came later

Courtney testified that CRMC did not allocate clinic costs to individual physicians or prepare physician-level financial statements. The cash-payment report was created when plaintiff's counsel requested it. Donaldson testified that CRMC currently compared physician salaries with cash collections, but was not doing that in 2022; it used clinic-level profit-and-loss statements. **Sources:** 25-50, PDF p. 23, transcript pp. 89-92 (combined p. 591); 25-57, PDF p. 12, transcript pp. 45-48 (combined p. 967).

The discovery-dispute exhibit states CRMC did not run a revenue report or use a specific revenue figure for the decision. CRMC says experience with documentation delays, coding corrections and associated costs supported its conclusion, together with professionalism concerns. **Source:** 33-1, pp. 2-8, especially p. 8. This makes the decision's financial basis a reporting question, not proof it was false or discriminatory.

3. The plaintiff offers a significant but incomplete comparison

Noffsinger's opposition lists **\$527,876.99 in cash payments** against **\$474,965.50 in base salary and RVU bonuses**, a difference of **\$52,911.49**, and contrasts this with three younger internal-medicine physicians retained by CRMC. This is the plaintiff's compensation comparison, **not a verified net profit**. It omits allocated clinic overhead, staff costs and other costs; CRMC says delayed documentation and coding corrections cost money. **Sources:** 29, pp. 18-21; 33, pp. 4-7; 25-50, transcript pp. 89-92.

Time periods also require reconciliation: the plaintiff's table runs July 2021-June 2022. The production email describes a June 15, 2021-June 15, 2022 report, which separately includes \$48,281.02 for Noffsinger in June 2021. Do not present the table as a fully reconciled annual profitability analysis. The report's negative signs represent accounting presentation, not negative receipts, according to the producing attorney. **Source:** 25-52, pp. 30-35; combined pp. 744-749.

Audits, care transitions and context

4. The audit concerns have actual supporting exhibits

The initial filed compliance summary records **10 reviewed records** and **7 instances classified as overbilled by one level**; it also records one underbilled by one level and two with no leveling change. The expanded summary records **178 reviewed records** and **136 instances classified as overbilled by one level**. Its separate leveling table uses 182 entries and gives 74.73% for that category. Use the counts and explain the denominator before quoting a percentage. **Sources:** 25-23, pp. 3-4; 25-25, pp. 3-4; combined pp. 152-153 and 159-160.

Only the six-page summaries of the larger audit reports are filed in these exhibits, not the underlying 45-page and 678-page reports. These sampled findings do not establish the error rate of all Noffsinger claims, intent, fraud or the amount of any reimbursement. CRMC says it repaid overbilled amounts and incurred correction costs; Noffsinger disputes the evidentiary support for repayments. No repayment ledger or quantified loss was established in this initial review. **Sources:** 24, pp. 16-23; 29, pp. 20 and 29-30; 33, pp. 4-8.

5. Patient follow-up is a separate, concrete reporting lead

June 16, 2022 emails discuss routing pending results to another provider, contacting patients and issuing letters after Noffsinger stopped seeing patients for CRMC. An email proposal says to void open, uncompleted lab/imaging orders, have an MD review and reorder if needed, provide 30-day refills of noncontrolled medications and arrange evaluation for controlled medications. **Sources:** 25-54, pp. 45-50; 25-55, p. 1; combined pp. 859-865.

The proposal is not proof that all orders were canceled or that anyone missed care. Establish whether it was approved and implemented, how many orders were affected, which clinician reviewed each pending result and what follow-up occurred. This offers a patient-facing accountability angle if records or interviews establish actual effects.

6. Patient complaints must include the investigation outcome

CRMC's own brief says its investigation determined the questioned examinations were appropriate. Land also testified she did not conclude they were inappropriate. The records describe chaperone guidance and disagreement about its communication. An article must include the investigation outcome rather than portraying those complaints as established improper examinations. **Sources:** 24, pp. 6-7, paragraph 12; 29, p. 24; 25-59, PDF p. 18, transcript p. 70, lines 17-19 (combined p. 1029).

What the lawsuit actually claims

The complaint contains an age-discrimination claim concerning the June 15, 2022 termination, with Noffsinger alleging age 66 at the time. It is not a False Claims Act or whistleblower action. CRMC denies age bias and attributes the decision to profitability and professionalism. The reply emphasizes that the plaintiff has not linked those decisions to age and defends the use of business judgment and discretion under its discipline policy. **Sources:** 1; 3; 24; 29; 33.

Reporting priorities and upload map

Recommended reporting direction

How CRMC changed clinic staffing and physician compensation during financial pressure, and how it evaluated the effects on finances and patient follow-up. Noffsinger adds direct physician-compensation records to the McCormick staffing evidence. The two employment cases do not establish a common unlawful scheme. McCormick's age claim was dismissed; the supplied Noffsinger docket shows a pending summary-judgment hearing. Keep each case's outcome and evidentiary limits explicit.

Questions to resolve before an article

1. Obtain the actual physician letters and exact public teaser, with dates, authors and stated concerns. Does anyone identify Noffsinger, the pay changes, clinic reductions or patient follow-up? Until then, the connection remains unverified.
2. Ask CRMC for the contemporaneous financial materials used for the June 2022 decision, the method of evaluating physician profitability and the rationale for the proposed change to collections-based bonuses.
3. Reconcile the cash-payment report period, service dates, receipt dates, salary period, all bonus payments and clinic overhead. Obtain both sides' explanation for comparing established and newly building practices.
4. Obtain the audit methodology and review dates, physician response, any independent coding review and documentation of corrected claims or repayments, with amounts and dates. Use patient-redacted records.
5. Establish which June 6 clinic proposals were implemented and the actual savings, staff changes and service changes that followed.
6. Obtain the approved post-termination orders/results protocol, affected-order counts, completion data and any documented delays. Seek clinical explanation and affected-patient accounts before claiming harm.
7. Ask Noffsinger to address the coding and documentation findings and CRMC to address the missing physician-level financial calculation, the talking-point language and the plaintiff's financial comparison.

Received PDFs

File	Docket contents	Pages
01917155904.pdf	28: redacted declarations	27
show_temp.pl 2(1).pdf	1 + 1-1 + 1-2: complaint and exhibits	15
01917174308.pdf	29: plaintiff opposition	33
01917150994.pdf	24: hospital supporting brief	33
01916649113.pdf	3: hospital answer	12
show_temp.pl(1).pdf	Duplicate complaint bundle	15
show_temp.pl 4.pdf	33 + 33-1: reply and discovery exhibit	19
show_temp.pl 3.pdf	25 + accessible attachments, including 25-61	1,119
01917150981.pdf	23: summary-judgment motion	2
TOTAL	Duplicate complaint accounts for 15 pages	1,275