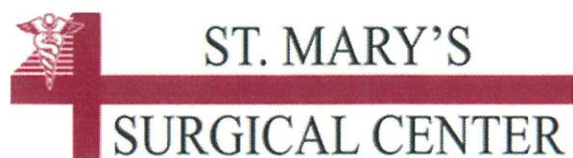
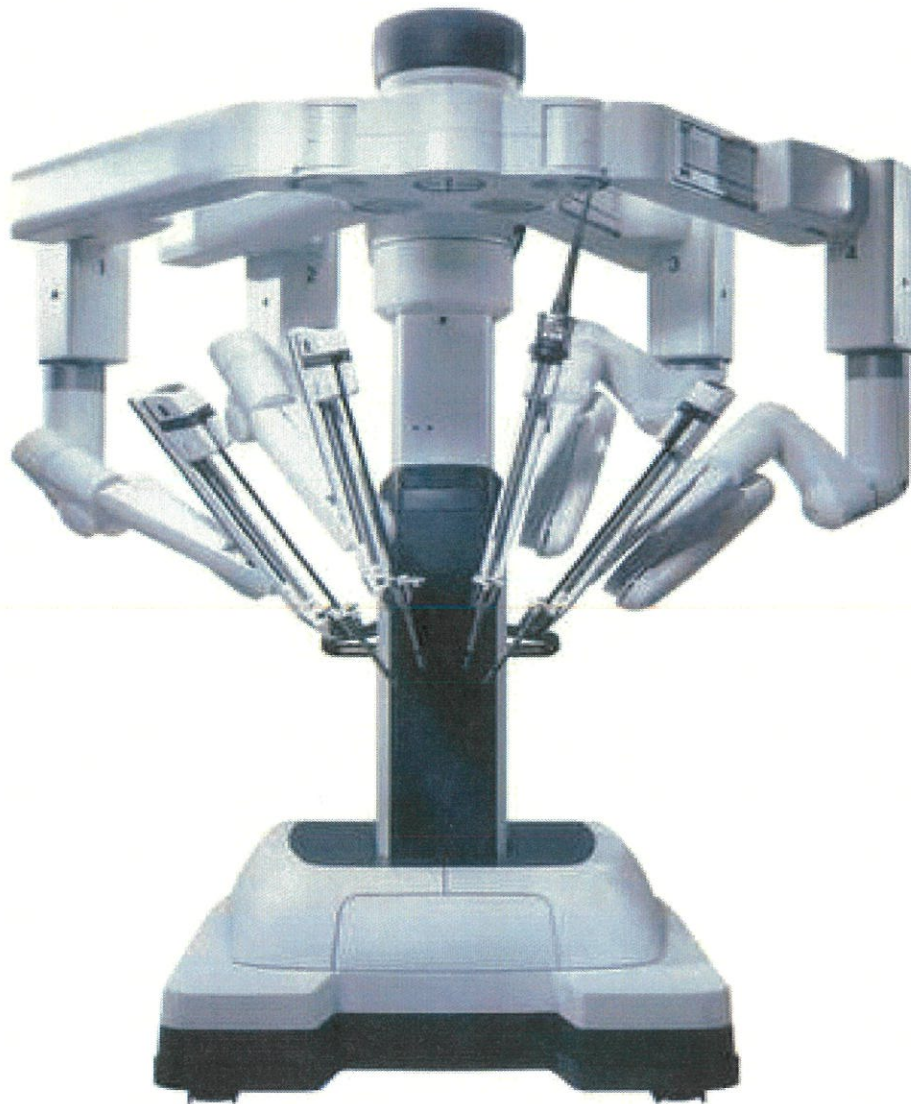




Certificate of Need Application for Missouri Healthcare
Facilities Review Committee

Project: New daVinci Robot at St. Mary's Surgical Center, Blue Springs, MO,
#6083 HS





Certificate of Need Program
NEW OR ADDITIONAL EQUIPMENT APPLICATION
Applicant's Completeness Checklist and Table of Contents

Project Name: New daVinci Robot at St. Mary's Surgical Center Project No: _____

Project Description: Acquisition of a daVinci Xi Robotic System with Dual Console at St. Mary's Surgical Center

Done Page N/A Description

Divider I. Application Summary:

- ✓ 4 1. Applicant Identification and Certification (Form MO 580-1861)
- ✓ 5-6 2. Representative Registration (Form MO 580-1869)
- ✓ 7-8 3. Proposed Project Budget (Form MO 580-1863) and detail sheet with documentation of costs.

Divider II. Proposal Description:

- ✓ 9-14 1. Provide a complete detailed project description and include equipment bid quotes.
- ✓ 9 2. Provide a timeline of events for the project, from CON issuance through project completion.
- ✓ 15 3. Provide a legible city or county map showing the exact location of the project.
- ✓ 15 4. Define the community to be served and provide the geographic service area for the equipment.
- ✓ 5. Provide other statistics to document the size and validity of any user-defined geographic service area.
- ✓ 15 6. Identify specific community problems or unmet needs the proposal would address.
- ✓ 16 7. Provide the historical utilization for each of the past three years and utilization projections through the first three (3) **FULL** years of operation of the new equipment.
- ✓ 16 8. Provide the methods and assumptions used to project utilization.
- ✓ 16 9. Document that consumer needs and preferences have been included in planning this project and describe how consumers had an opportunity to provide input.
- ✓ 16-19 10. Provide copies of any petitions, letters of support or opposition received.
- ✓ 20, 21 11. Document that providers of similar health services in the proposed service area have been notified of the application by a public notice in the local newspaper.
- ✓ 22-26 12. Document that providers of all affected facilities in the proposed service area were addressed letters regarding the application.

Divider III. Service Specific Criteria and Standards:

- ✓ 27 1. For new units, address the minimum annual utilization standard for the proposed geographic service area.
- ✓ 2. For any new unit where specific utilization standards are not listed, provide documentation to justify the new unit.
- ✓ 3. For additional units, document compliance with the optimal utilization standard, and if not achieved, provide documentation to justify the additional unit.
- 4. For evolving technology address the following:
 - ✓ - Medical effects as described and documented in published scientific literature;
 - ✓ - The degree to which the objectives of the technology have been met in practice;
 - ✓ - Any side effects, contraindications or environmental exposures;
 - ✓ - The relationships, if any, to existing preventive, diagnostic, therapeutic or management technologies and the effects on the existing technologies;
 - ✓ - Food and Drug Administration approval;
 - ✓ - The need methodology used by this proposal in order to assess efficacy and cost impact of the proposal;
- ✓ 27 - The degree of partnership, if any, with other institutions for joint use and financing.

Divider IV. Financial Feasibility Review Criteria and Standards:

- ✓ 29 1. Document that sufficient financing is available by providing a letter from a financial institution or an auditor's statement indicating that sufficient funds are available.
- ✓ 30-31 2. Provide Service-Specific Revenues and Expenses (Form MO 580-1865) projected through three (3) **FULL** years beyond project completion.
- ✓ 29 3. Document how patient charges are derived.
- ✓ 31-42 4. Document responsiveness to the needs of the medically indigent.

DIVIDER I. APPLICATION SUMMARY

1. Applicant Identification and Certification (Form MO 580-1861)

See attached.

2. Representative Registration (Form 580-1869)

See attached.

3. Proposed Project Budget (Form MO 580-1863) and detail sheet with documentation of costs.

See attached.



Certificate of Need Program

APPLICANT IDENTIFICATION AND CERTIFICATION

The information provided must match the **Letter of Intent** for this project, without exception.

1. Project Location (Attach additional pages as necessary to identify multiple project sites.)

Title of Proposed Project New daVinci Robot at St. Mary's Surgical Center, Blue Springs, MO	Project Number 6083 HS
Project Address (Street/City/State/Zip Code) 203 NW R. D. Mize Road, Suite #218, Blue Springs, MO 64014	County Jackson

2. Applicant Identification (Information must agree with previously submitted Letter of Intent.)

List All Owner(s): (List corporate entity.)	Address (Street/City/State/Zip Code)	Telephone Number
St. Mary's Surgical Center, LLC	203 NW R. D. Mize Road, Suite 218, Blue Springs, MO 64014	816-874-4190
Prime Healthcare - Blue Springs, LLC	201 NW R. D. Mize Road, Blue Springs, MO 64014	816-655-5517

List All Operator(s): (List entity to be licensed or certified.)	Address (Street/City/State/Zip Code)	Telephone Number
St. Mary's Surgical Center, LLC	203 NW R. D. Mize Road, Suite 218, Blue Springs, MO 64014	816-874-4190
Prime Healthcare - Blue Springs, LLC	201 NW R. D. Mize Road, Blue Springs, MO 64014	816-655-5517

3. Ownership (Check applicable category.)

Nonprofit Corporation
 Individual
 City
 District
 Partnership
 Corporation
 County
 Other _____

4. Certification

In submitting this project application, the applicant understands that:

- (A) The review will be made as to the community need for the proposed beds or equipment in this application;
- (B) In determining community need, the Missouri Health Facilities Review Committee (Committee) will consider all similar beds or equipment within the service area;
- (C) The issuance of a Certificate of Need (CON) by the Committee depends on conformance with its Rules and CON statute;
- (D) A CON shall be subject to forfeiture for failure to incur an expenditure on any approved project six (6) months after the date of issuance, unless obligated or extended by the Committee for an additional six (6) months;
- (E) Notification will be provided to the CON Program staff if and when the project is abandoned; and
- (F) A CON, if issued, may not be transferred, relocated, or modified except with the consent of the Committee.

We certify the information and date in this application as accurate to the best of our knowledge and belief by our representative's signature below:

5. Authorized Contact Person (Attach a Contact Person Correction Form if different from the Letter of Intent.)

Name of Contact Person Alan Greenwood	Title Administrator
Telephone Number 816-874-4190	Fax Number 816-874-4375
E-mail Address cgreenwood@primehealthcare.com	
Signature of Contact Person 	Date of Signature 3/1/24



Certificate of Need Program

REPRESENTATIVE REGISTRATION

(A registration form must be completed for each project presented.)

Project Name New daVinci Robot for St. Mary's Surgical Center, Blue Springs, MO	Number 6083 HS
--	-------------------

(Please type or print legibly.)

Name of Representative Alan Greenwood	Title Administrator
--	------------------------

Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other) St. Mary's Surgical Center	Telephone Number 816-874-4190
---	----------------------------------

Address (Street/City/State/Zip Code)
203 NW R. D. Mize Road, Suite #218, Blue Springs, MO 64014

Who's interests are being represented?
(If more than one, submit a separate Representative Registration Form for each.)

Name of Individual/Agency/Corporation/Organization being Represented	Telephone Number
--	------------------

Address (Street/City/State/Zip Code)

Check one. Do you:

- Support
- Oppose
- Neutral

Relationship to Project:

- None
- Employee
- Legal Counsel
- Consultant
- Lobbyist
- Other (explain):

Other Information:

I attest that to the best of my belief and knowledge the testimony and information presented by me is truthful, represents factual information, and is in compliance with §197.326.1 RSMo which says: Any person who is paid either as part of his normal employment or as a lobbyist to support or oppose any project before the health facilities review committee shall register as a lobbyist pursuant to chapter 105 RSMo, and shall also register with the staff of the health facilities review committee for every project in which such person has an interest and indicate whether such person supports or opposes the named project. The registration shall also include the names and addresses of any person, firm, corporation or association that the person registering represents in relation to the named project. Any person violating the provisions of this subsection shall be subject to the penalties specified in § 105.478, RSMo.

Original Signature 	Date 3/1/24
------------------------	----------------



Certificate of Need Program

REPRESENTATIVE REGISTRATION

(A registration form must be completed for each project presented.)

Project Name New daVinci Robot at St. Mary's Surgical Center	Number 6083 HS
---	-------------------

(Please type or print legibly.)

Name of Representative Kelly Pearce	Title Chief Executive Officer
--	----------------------------------

Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other) St. Mary's Medical Center	Telephone Number 816-655-5417
--	----------------------------------

Address (Street/City/State/Zip Code)
201 NW R.D. Mize Road, Blue Springs, MO 64014

Who's interests are being represented?
(If more than one, submit a separate Representative Registration Form for each.)

Name of Individual/Agency/Corporation/Organization being Represented Prime Healthcare - Blue Springs, dba St. Mary's Medical Center	Telephone Number 816-655-5417
--	----------------------------------

Address (Street/City/State/Zip Code)
201 NW R.D. Mize Road, Blue Springs, MO 64014

Check one. Do you:

- Support
- Oppose
- Neutral


Relationship to Project:

- None
- Employee
- Legal Counsel
- Consultant
- Lobbyist
- Other (explain):

Other Information:

Hospital Partner in St. Mary's Surgical Center, LLC

I attest that to the best of my belief and knowledge the testimony and information presented by me is truthful, represents factual information, and is in compliance with §197.326.1 RSMo which says: *Any person who is paid either as part of his normal employment or as a lobbyist to support or oppose any project before the health facilities review committee shall register as a lobbyist pursuant to chapter 105 RSMo, and shall also register with the staff of the health facilities review committee for every project in which such person has an interest and indicate whether such person supports or opposes the named project. The registration shall also include the names and addresses of any person, firm, corporation or association that the person registering represents in relation to the named project. Any person violating the provisions of this subsection shall be subject to the penalties specified in § 105.478, RSMo.*

Original Signature 	Date 3/1/24
---	----------------



Certificate of Need Program
PROPOSED PROJECT BUDGET

Description

Dollars

COSTS:*

(Fill in every line, even if the amount is "\$0".)

1. New Construction Costs ***	_____
2. Renovation Costs ***	_____
3. Subtotal Construction Costs (#1 plus #2)	\$0
4. Architectural/Engineering Fees	_____
5. Other Equipment (not in construction contract)	_____
6. Major Medical Equipment	\$2,600,750
7. Land Acquisition Costs ***	_____
8. Consultants' Fees/Legal Fees ***	_____
9. Interest During Construction (net of interest earned) ***	_____
10. Other Costs ***	_____
11. Subtotal Non-Construction Costs (sum of #4 through #10)	\$2,600,750
12. Total Project Development Costs (#3 plus #11)	\$2,600,750 **

FINANCING:

13. Unrestricted Funds	_____
14. Bonds	_____
15. Loans	\$2,600,750
16. Other Methods (specify)	_____
17. Total Project Financing (sum of #13 through #16)	\$2,600,750 **

18. New Construction Total Square Footage	_____
19. New Construction Costs Per Square Foot *****	_____
20. Renovated Space Total Square Footage	_____
21. Renovated Space Costs Per Square Foot *****	_____

* Attach additional page(s) detailing how each line item was determined, including all methods and assumptions used. Provide documentation of all major costs.

** These amounts should be the same.

*** Capitalizable items to be recognized as capital expenditures after project completion.

**** Include as Other Costs the following: other costs of financing; the value of existing lands, buildings and equipment not previously used for health care services, such as a renovated house converted to residential care, determined by original cost, fair market value, or appraised value; or the fair market value of any leased equipment or building, or the cost of beds to be purchased.

***** Divide new construction costs by total new construction square footage.

***** Divide renovation costs by total renovation square footage.

St. Mary's Surgical Center
daVinci Surgical Robot Acquisition
Budget Detail

	Description	Amount
1	daVinci Xi Dual Console System	\$2,350,000
2	daVinci SimNow Simulator	\$100,000
3	E-100 Gennator	\$25,000
4	daVinci Xi Table Motion Upgrade	\$75,000
5	Intuitive Hub (Orpheus System)	\$40,000
6	System Freight	\$10,750
	Total	\$2,600,750

DIVIDER II. PROPOSAL DESCRIPTION

1. Provide a complete project description and include equipment bid quote

St. Mary's Surgical Center seeks a Certificate of Need for our surgery center, the patients we serve, and the physicians that operate at our center. The purchase of the daVinci Xi surgical systems will allow St. Mary's Surgical Center to have the latest in surgical technology available to the patients we serve.

Robotic surgery allows for qualified surgeons to perform procedures that are traditionally performed in an open environment to be performed in a minimally invasive fashion. The Xi system allows 4-quadrant access and utilizes advanced technology to address complexities in general, colorectal, gynecological, and urology surgery applications. with minimally invasive techniques.

Provide a listing with itemized costs of the medical equipment to be acquired and bid quote.

See attached.

2. Provide a timeline of events for the project, from the CON issuance through project completion

CON Approval	-	July 2024
Purchase	-	August 2024
Delivery	-	August 2024
Installation	-	August 2024
First Patient Use	-	September 2024



Intuitive Surgical, Inc.
 1020 Kifer Road
 Sunnyvale, CA 94086
 800-876-1310

Quote Details

Quote ID	Q-00048974
Quote Date	4/25/2024
Valid Until	06/30/2024
Sales Rep	Kevin Mitchell
Phone Number	+1-956-451-8317
Email	kevin.mitchell@intusurg.com

Company Information

Hospital Name	St. Mary's Surgical Center
SF ID/IDN Affiliation	24926/
Address	203 NW R D Mize Rd
City, State, Zip	Blue Springs Missouri 64014
Contact Name	
Telephone	

Please submit orders electronically via GHX or fax to 408-523-2377

Part Number	Qty	Item	Price	Subtotal
Systems				
	1	Da Vinci 5 Single Console System (Fluorescence Imaging Included): One (1): da Vinci 5@ System Console One (1) da Vinci 5@ System Tower One (1) Integrated Insufflator One (1) Integrated E-200 Generator One (1) CO2 Tank Kit One (1): da Vinci 5@ System Patient Cart One (1) da Vinci 5@ Operating System Software Package (including Integrated table motion) Vision Equipment Accessories Training Instruments da Vinci 5 @ System Documentation	\$ 2,500,000.00	\$ 2,500,000.00
Upgrades				
	1	Intuitive Hub containing: - Media Manager - Telepresence	\$ 0.00	\$ 0.00
	1	Da Vinci E-200 Generator (Backup)	\$ 25,000.00	\$ 25,000.00
Freight				
	1	System Freight - Central (AR, IA, IL, KS, LA, MN, MO, ND, NE, OK, SD, TX, WI)	\$ 11,000.00	\$ 11,000.00
Total				\$ 2,536,000.00

Part Number	Months	Item	Price	Annual Service Fee
Service				
	12	da Vinci 5-Single Console-Human Use (Systems)-SERVICE PLAN : DVCOMPLETE CARE-Warranty (Included)	\$ 0.00	\$ 0.00
	48	da Vinci 5-Single Console-Human Use (Systems)-SERVICE PLAN : DVCOMPLETE CARE-After Warranty Service (Annual)	\$ 195,000.00	\$ 195,000.00
	12	SERVICE PLAN : E-200 BACKUP-Warranty (Included)	\$ 0.00	\$ 0.00
	48	SERVICE PLAN : E-200 BACKUP-After Warranty Service (Annual)	\$ 0.00	\$ 0.00
Digital Subscription				

	12	CLOUD SERVICES SUBSCRIPTION PACKAGE-Subscription (Included)	\$ 0.00	\$ 0.00
	12	INSIGHTS ENGINE UPGRADE-Subscription (Included)	\$ 0.00	\$ 0.00
	48	CLOUD SERVICES SUBSCRIPTION PACKAGE-Subscription Fee	\$ 70,000.00	\$ 70,000.00
	12	INSIGHTS ENGINE UPGRADE-Subscription Fee-(Annually Recurring)	\$ 10,000.00	\$ 10,000.00

Terms and Conditions

1) System Terms and Conditions:

1.1 A signed Sales, License, and Service Agreement ("SLSA") or equivalent is required prior to shipment of the System(s). All site modifications and preparation are the Customer's responsibility and are to be completed to the specification given by Intuitive Surgical prior to the installation date. Delivery is subject to credit approval. Payment terms are Net 30 days from Intuitive Surgical's invoice date. Each System includes the patient side cart, vision cart, and surgeon console(s). System enhancements required to support new features may be purchased at Intuitive Surgical's then current list price. The price of the da Vinci® Surgical System includes the initial installation of the System at Customer's facility and a one (1) year warranty for manufacture defect. All taxes and shipping charges are the responsibility of the Customer and will be added to the invoice, as appropriate.

1.2 Intuitive makes no representation with regard to Certificate of Need requirements for this purchase. It is your (the Customer's) responsibility to determine whether this purchase complies with your State's Certificate of Need laws and what Certificate of Need filing, if any, needs to be made with regard to this purchase.

1.3 Customer acknowledges that the cleaning and sterilization equipment, not provided by Intuitive, is required to appropriately reprocess da Vinci instruments and endoscopes. Please refer to the Intuitive Surgical Reprocessing website: <https://reprocessing.intuitivesurgical.com>. Customer is responsible for ensuring that its' cleaning and sterilization program comply with all health and safety requirements.

2) System Upgrade Terms and Conditions:

2.1 A signed Purchase Order and/or an addendum to the existing Sales, License, and Service Agreement ("SLSA") is required prior to shipment of the System upgrade. All site modifications and preparation are the Customer's responsibility and are to be completed with the specification given by Intuitive Surgical prior to the installation date.

2.2 Payment terms are Net 30 days from Intuitive Surgical's invoice date. The price includes: the System upgrade, the initial installation at Customer's facility and a one (1) year warranty for manufacture defect. All taxes and shipping charges are the responsibility of the Customer and will be added to the invoice, as appropriate. Delivery is subject to credit approval and inventory availability. Standard shipping terms are FCA from Intuitive Surgical™ warehouse. A \$9.95 handling charge will be applied for any shipments using a customer designated carrier.

3) I&A Terms and Conditions:

3.1 To place an order, please fax Purchase Order to Intuitive Surgical Customer Service at 408-523-2377 or submit through the Global Health Exchange (GHX). Payment Terms Net 30 days from invoice date. Delivery is subject to credit approval by Intuitive Surgical. Estimated 2-Day standard delivery. Standard shipping terms are FCA from Intuitive Surgical™ warehouse and are subject to inventory availability. All taxes and shipping charges are the responsibility of the Customer and will be added to the invoice, as appropriate. Pricing is subject to change without notice. A \$9.95 handling charge will be applied for any shipments using a customer designated carrier.

4) Return Goods Policy :

4.1 All returns must be authorized through Intuitive Surgical Customer Service, please call 800-876-1310 to obtain a Return Material Authorization Number (RMA#). All items must be accompanied with valid RMA# for processing and are requested to be received within 14 days of issuance or the RMA could be subject to cancellation. Intuitive Surgical will prepay for the return of the defective instruments. Upon identification of a defective instrument, please call Intuitive Surgical Customer Service within 5 business days. Prior to returning to Intuitive Surgical, items must be cleaned and decontaminated in accordance with the then current local environmental and safety laws and standards. For all excess inventory returns, items are required to be in the original packaging with no markings, seals intact, and to have been purchased within the last 12 months. Package excess returned inventory in a separate shipping container to prevent damage to original product packaging.

5) Exchange Goods Policy :

5.1 Repairs to Endoscope, Camera Head and Skills Simulators may qualify for Intuitive Surgical advanced exchange program. Please contact Customer Service or send email to CustomerSupport-ServiceSupport@intusurg.com to obtain information on our current exchange program.

6) Credit Policy :

6.1 Intuitive Surgical will issue credit against original purchase order after full inspection is complete. Credit for defective returns: Intuitive Surgical will issue credit on products based on failure analysis performed and individual warranty terms. For instruments, credit will be issued for the remaining lives, plus one additional life to compensate for usage at the time the issue was identified. Evidence of negligence, misuse and mishandling will not qualify for credit. Credit for excess inventory returns: Excess Inventory returns will be valued at the invoice price. Original packaging must be unmarked, undamaged and seals intact to qualify for credit. Credit will be issued if the products were shipped less than 12 months prior to return request, the original package is intact and the product is within expiration date. Intuitive Surgical will retain all returned product.

7) Miscellaneous :

7.1 Warranty: Warranties are applied for manufacturing defects. Endoscope, Camera, Simulator, and System upgrades – 1 year warranty. Accessories – 90 day warranty. Instruments: see above for credit.

7.2 Any term or condition contained in your purchase order or similar forms which is different from, inconsistent with, or in addition to these terms shall be void and of no effect unless agreed to in writing and signed by your authorized representative and authorized representative of Intuitive Surgical. The terms and conditions of this quote, including pricing, are confidential and proprietary information of Intuitive Surgical and shall not be disclosed to any third party without the consent of Intuitive Surgical.

For questions please contact Customer Service at 800-876-1310

EXHIBIT A
Deliverables, Price and Delivery

da Vinci 5® Single Console System (Firefly® Fluorescence Imaging Enabled)

- One (1): da Vinci 5® System Console
- One (1): da Vinci 5® System Tower
 - One (1): Integrated Insufflator
 - One (1): Integrated E-200 Generator
 - One (1): CO2 Tank Kit
- One (1): da Vinci 5® System Patient Cart
- One (1): da Vinci 5® Operating System Software Package (including Integrated Table Motion)
 - Warranty period: One (1) year from the Acceptance

Vision Equipment:

- One (1): NIR Handheld Camera Control Unit
- One (1): NIR Handheld Camera Light Source
- One (1): NIR Handheld Camera
- Two (2): da Vinci 5® Endoscope, 0°
- Two (2): da Vinci 5® Endoscope, 30°
- Four (4): da Vinci 5® Endoscope Trays
- One (1) NIR Handheld Camera Light Guide
- One (1): Light Guide Adapter for Schoelly and Storz endoscopes
- One (1): Laparoscope 10mm, 0°, NIR
- One (1): Laparoscope 10mm, 30°, NIR
- One (1): Laparoscope 5mm, 0°
- One (1): Laparoscope 5mm, 30°
- One (1) NIR Handheld Reprocessing Tray
 - Warranty period: One (1) year from the Acceptance

Accessories:

- One (1): Box of 10: Tip Cover Accessory (For use with Endowrist Monopolar Curved Scissors)
- Three (3): Monopolar Cautery Cord
- Three (3): Bipolar Cautery Cord
- Eight (8): 8 mm Hex Cannula, standard
- Two (2): Box of 6: 8 mm Bladeless Obturator
- Four (4): Box of 10: Universal Seal (5-12mm)
- One (1): Box of 3: 8mm Gage Pin
- Two (2): Pack of 20: Instrument Arm Drape
- One (1): Pack of 20: Column Drape
- Two (2): 8mm Instrument Introducer
- Two (2): 12mm Stapler Cannula
- Two (2): Box of 6: Da Vinci Insufflator Tube Set - Smoke Evacuation
 - Warranty period: 90 days from Acceptance

Training Instruments

- One (1): Monopolar Curved Scissors, Training
- One (1): Force Bipolar, Training
- One (1): Large Needle Driver, Training
- One (1): Mega SutureCut Needle Driver, Training
- One (1): Cadere Forceps, Training
 - Warranty period: 90 days from Acceptance

da Vinci 5® System Documentation

- One (1): da Vinci 5 System User Manual
- One (1): E-200 User Manual
- One (1): Insufflator/Tube Set User Manual
- One (1): Force Feedback User Manual
- One (1): Integrated table Motion, Quick Reference Guide: Bedside
- One (1): Integrated Table Motion, Quick Reference Guide: Anesthesia
- One (1): Reprocessing Wall Chart Kit
- One (1): Cleaning and Sterilization Kit
- One (1): US Language Kit
- One (1): Da Vinci 5 Representative Adult Uses System User Manual Addendum
- One (1): Da Vinci 5 SynchroSeal Instruments and Accessories User Manual Addendum
- One (1): SureForm 45 and SureForm 60 Instruments and Accessories User Manual Addendum

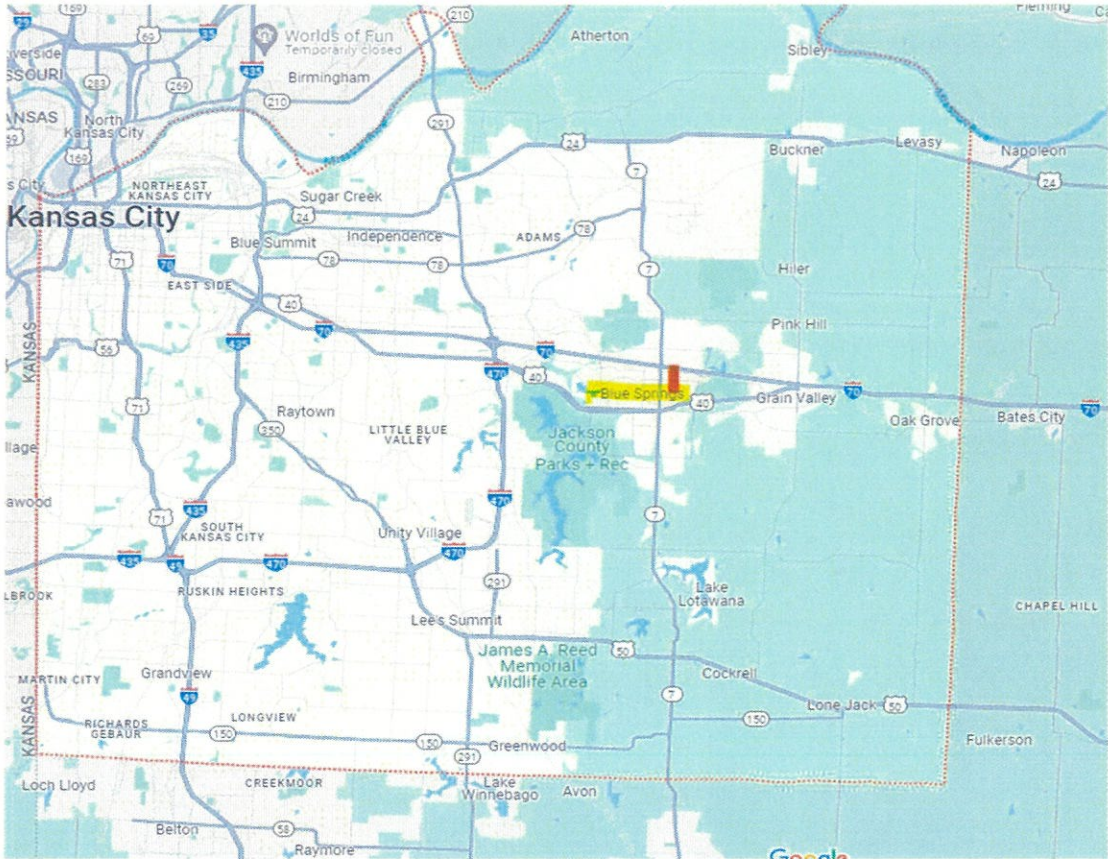
One (1): SureForm 45 and SureForm 60 Force Fire, FDA Guidance
One (1): NIR Camera System User Manual Addendum
One (1): Universal Reprocessing Hardware kit
Two (2): Endowrist Instrument Release Kit (IRK)
Warranty period: n/a

Upgrades with Incremental Costs:

One (1): Backup E-200 Kit (plus service)
Warranty period: One (1) year from the Acceptance

(all kits subject to change without notice)

3.



4. **Define the community to be served and provide the geographic service area for the equipment.**

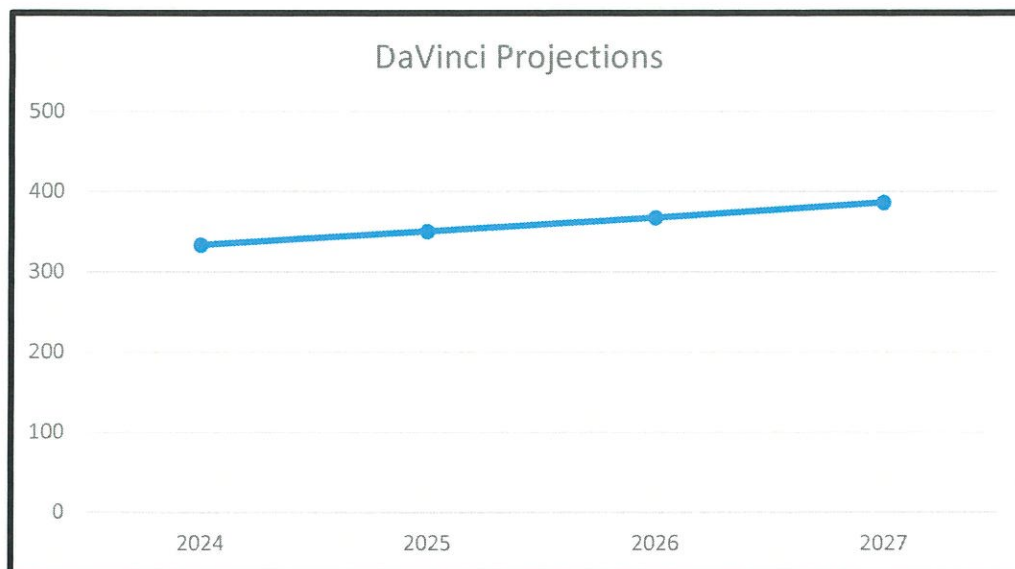
St. Mary's Medical Center and St. Mary's Surgical Center provides high-quality compassionate care to the residents of Blue Springs and Eastern Jackson County, Missouri.

5. N/A

6. **Identify specific community problems or unmet needs the proposal would address.**

Traditional laparoscopic surgery has limitation due to the inability of the physician to reach multiple quadrants of the abdomen. Due to this limitation many procedure must be performed open. These include but are not limited to; hernia operations, Nessen fundoplication, and many oncology procedures. The DaVinci Xi can reach all four quadrants of the abdomen. Additionally, St. Mary's Medical Center has a General Surgery Residency program. Currently, the residents must be proctored on DaVinci robotic cases at other local facilities.

7. **Provide the historical utilization for each of the past three years and utilization projections through the first 3 FULL years of operation of the new equipment.**



8. **Provide the methods and assumptions used to project utilization.**

St. Mary's Surgical Center expects utilization to increase overall volume by 10 - 15%. The availability of robotic access in our surrounding area has been a driving force for our request. Current and additional surgeons will appreciate having an additional robot in the eastern Jackson area that they can use to provide high quality care to their patients.

9. **Document that consumer needs and preferences have been included in planning this project and describe how consumers had an opportunity to provide input.**

Surgeons that utilize our operating rooms have been requesting that our hospital and surgery center acquire a daVinci Xi robot. The evolving, cutting-edge technology provides surgeons with the opportunity to provide their patients with the latest in minimally invasive surgery techniques. St. Mary's Surgical Center must continue to maintain the industry standard for technological advancement that can be provided to the patients we and our surgeons serve. Additionally, St. Mary's Medical Center has a General Surgery Residency program. Currently, the residents are having to utilize the Xi robot at other local facilities for their training.

10. **Provide copies of any petitions, letters of support, or opposition received.**

See attached letters of support:

Kelly Pearce, St. Mary's Medical Center, Chief Operating Officer
Emily Pegues, St. Mary's Medical Center, Chief Nursing Officer
Dr. Adam Kramer, General Surgeon, Advanced Surgical Associates
Dr. Charles Harper, General Surgeon, Advanced Surgical Associates



St. Mary's Medical Center

Your Health. Our Calling

April 23, 2024

Ms. Alison Dorge
Program Coordinator
Missouri CON Program
CON Program Office
920 Wildwood Drive
Jefferson City, MO 65109

Dear Ms. Dorge:

I have been made aware of the Certificate of Need application by St. Mary's Surgical Center for the acquisition and installation of a DaVinci surgical system. The acquisition of a Davinci surgical system will allow the center and our hospital to better serve the patient's surgical needs of our community. St. Mary's Surgical Center will make sure that patients in need of robotic surgery will be afforded that opportunity to receive that care.

I support St. Mary's Surgical Center's Certificate of Need application for a DaVinci surgical system.

Respectfully,

Kelly Pearce, MHA, RN, FACHE
Chief Executive Officer
St. Mary's Medical Center



April 24, 2024

Ms. Alison Dorge
Program Coordinator
Missouri CON Program
CON Program Office
920 Wildwood Drive
Jefferson City, MO 65109

Dear Ms. Dorge:

I have been made aware of the Certificate of Need application by St. Mary's Surgical Center for the acquisition and installation of a DaVinci surgical system. The acquisition of a Davinci surgical system will allow the center and our hospital to better serve the patient's surgical needs of our community. St. Mary's Surgical Center will make sure that patients in need of robotic surgery will be afforded that opportunity to receive that care.

I support St. Mary's Surgical Center's Certificate of Need application for a DaVinci surgical system.

Respectfully,

A handwritten signature in blue ink, appearing to read "Emily Pegues".

Emily Pegues, MSN, BS, RN, NEA-BC
Chief Nursing Officer
St. Mary's Medical Center



ADVANCED SURGICAL ASSOCIATES

2861 NE Independence Ave
Ste 205, Lee's Summit, MO 64064

Adam Kramer, DO
adamkramerdo@asakc.com
816-249-0800 asakc.com

Charles Harper, DO
charlesharper@asakc.com

Dear Ms. Dorge,

I am writing to express my full support for the Certificate of Need application submitted by St. Mary's Surgical Center for the acquisition and installation of a DaVinci surgical system. As a healthcare professional deeply invested in the well-being of our community, I believe that the introduction of this advanced technology will significantly enhance the quality of care available to our patients.

The implementation of a DaVinci surgical system at St. Mary's Surgical Center will mark a pivotal advancement in our ability to provide minimally invasive surgical procedures to those in need. This state-of-the-art technology offers numerous benefits, including enhanced precision, reduced recovery times, and improved patient outcomes. By incorporating robotics into our surgical capabilities, we can offer patients access to cutting-edge treatment options while minimizing the risks associated with traditional open surgeries.

Furthermore, the acquisition of a DaVinci surgical system aligns perfectly with our commitment to patient-centered care. St. Mary's Surgical Center is dedicated to ensuring that every patient receives the highest standard of treatment tailored to their individual needs. Introducing robotic surgery will expand our ability to deliver personalized, advanced care, allowing patients to benefit from the latest innovations in surgical techniques.

I am confident that St. Mary's Surgical Center will utilize the DaVinci surgical system responsibly and effectively to meet the surgical needs of our community. With a focus on patient safety, outcomes, and satisfaction, I believe that this technology will greatly contribute to the overall excellence of our healthcare services.

In conclusion, I wholeheartedly support St. Mary's Surgical Center's Certificate of Need application for a DaVinci surgical system. The introduction of this technology represents a significant step forward in our mission to provide exceptional healthcare to the individuals and families we serve.

Thank you for considering this important matter. Please do not hesitate to reach out if you require any further information or assistance regarding this application.

Sincerely,

A handwritten signature in black ink, appearing to be 'Charles Harper', written over a horizontal line.

- 11. Document that providers of similar health services in the proposed service area have been notified of the application by a public notice in the local newspaper.**

Posted in the Blue Springs Examiner

- 12. Document that provider of all affected facilities in the proposed service area were addressed letters regarding the application.**

Letter of Notification were sent to the following facilities (see attached):

St. Luke's East Hospital
St. Luke's East Surgicenter
Centerpoint Medical Center
Lees Summit Medical Center

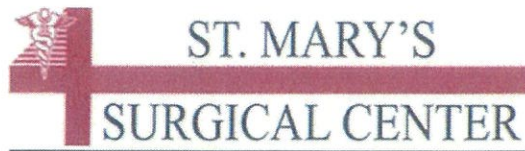
PUBLIC NOTICE

DaVinci Surgical Robot

St. Mary's Surgical Center proposes to obtain a da Vinci Surgical Robot and is currently applying for a Certificate of Need with the Missouri Health Facilities review committee. The St. Mary's Surgical center contact for this CON application is Alan Greenwood, Administrator, 203 NW R.D. Mize Road, Suite 218, Blue Springs, MO 64014 or email cgreenwood@primehealthcare.com if you have any questions or comments.

Published in the Examiner, Apr 30, 2024

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April 23, 2024

Bobby Olm-Shipman, CEO, St. Luke's East Hospital
100 NE Saint Luke's Blvd
Lees Summit, MO 64086

Mr. Olm-Shipman,

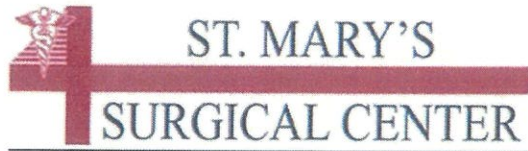
St. Mary's Surgical Center is applying to the Missouri Health Facilities Review Committee for a DaVinci surgical robot in for our ASC. A new regulation specifies that facilities in the area of our ASC be notified directly.

If you have questions or concerns about the implementation of the project, please contact me directly at the cgreenwood@primehealthcare.com or 816-874-4190.

Respectfully,

A handwritten signature in black ink, appearing to read "Alan Greenwood", is written over a light blue horizontal line.

Alan Greenwood
Administrator
St. Mary's Surgical Center
816-874-4190
cgreenwood@primehealthcare.com



April 23, 2024

Saint Luke's Surgicenter Lees Summit
120 NE Saint Luke's Blvd
Lees Summit, MO 64086

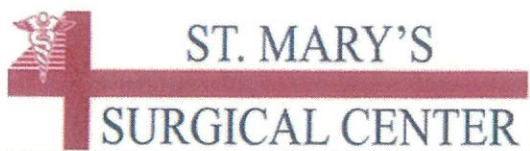
To whom it may concern:

St. Mary's Surgical Center is applying to the Missouri Health Facilities Review Committee for a DaVinci surgical robot for our ASC. A new regulation specifies that facilities in the area of our ASC be notified directly.

If you have questions or concerns about the implementation of the project, please contact me directly at the cgreenwood@primehealthcare.com or 816-874-4190.

Respectfully,

Alan Greenwood
Administrator
St. Mary's Surgical Center
816-874-4190
cgreenwood@primehealthcare.com



April 23, 2024

John McDonald, CEO, Centerpoint Medical Center
19600 East 39th Street S
Independence, MO 64057

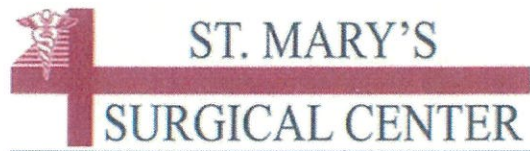
Mr. John McDonald,

St. Mary's Surgical Center is applying to the Missouri Health Facilities Review Committee for a DaVinci surgical robot for our ASC. A new regulation specifies that facilities in the area of our ASC be notified directly.

If you have questions or concerns about the implementation of the project, please contact me directly at the cgreenwood@primehealthcare.com or 816-874-4190.

Respectfully,

Alan Greenwood
Administrator
St. Mary's Surgical Center
816-874-4190
cgreenwood@primehealthcare.com



April 23, 2024

Gabe Clements, COO, Lee Summit Medical Center
2100 SE Blue Parkway
Lees Summit, MO 64063

Mr. Gabe Clements,

St. Mary's Surgical Center is applying to the Missouri Health Facilities Review Committee for a DaVinci surgical robot for our ASC. A new regulation specifies that facilities in the area of our ASC be notified directly.

If you have questions or concerns about the implementation of the project, please contact me directly at the cgreenwood@primehealthcare.com or 816-874-4190.

Respectfully,

Alan Greenwood
Administrator
St. Mary's Surgical Center
816-874-4190
cgreenwood@primehealthcare.com

DIVIDER III. SERVICE SPECIFIC CRITERIA AND STANDARDS

- 1. For new units, address the minimum annual utilization standard for the geographic service area.**

Yes, SMSC and SMMC will exceed the minimum annual utilization standard of 240 surgical cases per year.

- 2. For any new unit where specific utilization standards are not listed, provide documentation to justify the new unit.**

N/A

- 3. For additional units, document compliance with the optional utilization standard, and if not achieved, provide documentation to justify the additional unit.**

N/A

- 4. For evolving technology address the following:**

- **Medical effects as described and documented in published literature; N/A**

- **The degree to which the objectives of the technology have been met in practice; N/A**

- **Any side effects, contraindications or environmental exposures; N/A**

- **The relationships, if any, to existing preventive, diagnostic, therapeutic or management technologies and the effect on the existing technology; N/A**

- **Food and Drug Administration approval; N/A**

- **The need methodology used by this proposal in order to assess efficacy and cost impact of the proposal;**

- **The degree partnership, if any, with other institutions for joint use and financing.**

St. Mary's Medical Center will also be using the Xi robot for patients that cannot be safely performed in a surgery center setting due to acuity/complexity of the procedure, patient co-morbidities, or for insurance reasons.

DIVIDER IV. FINANCIAL FEASIBILITY REVIEW CRITERIA AND STANDARDS

- 1. Document that sufficient financing is available by providing a letter from a financial institution or an auditor's statement indication that sufficient funds are available.**

See attached.

- 2. Provide Service-Specific Revenues and Expenses (Form MO 580-1865) projected through three (3) full years beyond project completion.**

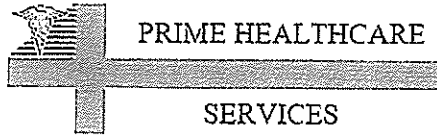
See attached.

- 3. Document how patient charges are derived.**

Patient charges are derived based on the ASC's historical charges and Medicare reimbursement principles.

- 4. Document responsiveness to the needs of the medically indigent.**

See attached.



BUSINESS CREDIT APPLICATION

Trade References

<p>UBM BANK 1010 Grand Blvd Kansas City, MO 64106 Cory Miller (816) 860-7177 Cory.Miller@umb.com</p>	<p>GE HEALTHCARE 5271 California Ave, Ste 250 Irvine, CA 92617 Loxley Duffus (949) 202-5050 Loxley.Duffus@ge.com</p>
<p>STERIS CORPORATION 5960 Heisley Rd Mentor, OH 44060 Jesse Wahlstrom (440) 392-8593 Jesse_Wahlstrom@steris.com</p>	<p>CANON FINANCIAL SERVICES 158 Gaither Dr, Ste 200 Mount Laurel, NJ 08054 Paul Hackett (856) 630-1944 phackett@cfs.canon.com</p>
<p>CITY NATIONAL BANK 3484 Central Ave Riverside, Ca 92506 Luz M Montes (951) 276-8839 Luz.Montes@cnb.com</p>	

BANK REFERENCE

CITY NATIONAL BANK
 3484 CENTRAL AVE
 RIVERSIDE, CA 92506
 ACCT# 075180403

CONTACT:
 LUZ M MONTES
 (951) 276-8839
 (951) 276-8830 – FAX

Bank Authorization

This authorizes you to release information regarding our account and lines of credit for the purpose of establishing credit.

Madan Reddy
 Director of Treasury

PRIME HEALTHCARE SERVICES, 1010 GRAND BLVD, KANSAS CITY, MO 64106



Certificate of Need Program

SERVICE-SPECIFIC REVENUES AND EXPENSES

Project Title: daVinci Robot, St. Mary's Surgical Ctr **Project #:** 6083 HS

Historical Financial Data for Latest Three Full Years plus Projections Through Three Full Years Beyond Project Completion

Use an individual form for each affected service with a sufficient number of copies of this form to cover entire period, and fill in the years in the appropriate blanks.

	Year		
	<u>2021</u>	<u>2022</u>	<u>2023</u>
Amount of Utilization:*	1,304	1,152	1,893
Revenue:			
Average Charge**	\$9,229	\$9,714	\$11,543
Gross Revenue	\$12,034,616	\$11,190,528	\$21,850,899
Revenue Deductions	8,851,000	8,767,000	17,234,000
Operating Revenue	3,183,616	2,423,528	4,616,899
Other Revenue	7,000	0	47,000
TOTAL REVENUE	\$3,190,616	\$2,423,528	\$4,663,899
Expenses:			
Direct Expenses			
Salaries	972,000	1,046,000	1,410,000
Fees	0	0	0
Supplies	707,000	524,000	1,122,000
Other	707,000	639,000	868,000
TOTAL DIRECT	\$2,386,000	\$2,209,000	\$3,400,000
Indirect Expenses			
Depreciation	104,000	113,000	140,000
Interest***	7,000	3,000	1,000
Rent/Lease	0	0	0
Overhead****	0	0	0
TOTAL INDIRECT	\$111,000	\$116,000	\$141,000
TOTAL EXPENSES	\$2,497,000	\$2,325,000	\$3,541,000
NET INCOME (LOSS):	\$693,616	\$98,528	\$1,122,899

*Utilization will be measured in "patient days" for licensed beds, "procedures" for equipment, or other appropriate units of measure specific to the service affected.

**Indicate how the average charge/procedure was calculated.

***Only on long term debt, not construction.

****Indicate how overhead was calculated.



Certificate of Need Program

SERVICE-SPECIFIC REVENUES AND EXPENSES

Project Title: daVinci Robot, St. Mary's Surgical Ctr **Project #:** 6083 HS

Historical Financial Data for Latest Three Full Years plus Projections Through Three Full Years Beyond Project Completion

Use an individual form for each affected service with a sufficient number of copies of this form to cover entire period, and fill in the years in the appropriate blanks.


	Year		
	<u>2024</u>	<u>2025</u>	<u>2026</u>
Amount of Utilization:*	<u>2,270</u>	<u>2,300</u>	<u>2,350</u>
Revenue:			
Average Charge**	<u>\$13,000</u>	<u>\$13,000</u>	<u>\$13,500</u>
Gross Revenue	<u>\$29,510,000</u>	<u>\$29,900,000</u>	<u>\$31,725,000</u>
Revenue Deductions	<u>23,608,000</u>	<u>23,920,000</u>	<u>25,380,000</u>
Operating Revenue	<u>5,902,000</u>	<u>5,980,000</u>	<u>6,345,000</u>
Other Revenue	<u>0</u>	<u>0</u>	<u>0</u>
TOTAL REVENUE	<u>\$5,902,000</u>	<u>\$5,980,000</u>	<u>\$6,345,000</u>
Expenses:			
Direct Expenses			
Salaries	<u>1,510,000</u>	<u>1,545,300</u>	<u>1,592,000</u>
Fees	<u>0</u>	<u>0</u>	<u>0</u>
Supplies	<u>1,570,000</u>	<u>1,600,000</u>	<u>1,625,000</u>
Other	<u>900,000</u>	<u>1,054,000</u>	<u>1,060,000</u>
TOTAL DIRECT	<u>\$3,980,000</u>	<u>\$4,199,300</u>	<u>\$4,277,000</u>
Indirect Expenses			
Depreciation	<u>144,000</u>	<u>140,000</u>	<u>140,000</u>
Interest***	<u>7,000</u>	<u>6,000</u>	<u>5,000</u>
Rent/Lease	<u>0</u>	<u>0</u>	<u>0</u>
Overhead****	<u>0</u>	<u>0</u>	<u>0</u>
TOTAL INDIRECT	<u>\$151,000</u>	<u>\$146,000</u>	<u>\$145,000</u>
TOTAL EXPENSES	<u>\$4,131,000</u>	<u>\$4,345,300</u>	<u>\$4,422,000</u>
NET INCOME (LOSS):	<u>\$1,771,000</u>	<u>\$1,634,700</u>	<u>\$1,923,000</u>

*Utilization will be measured in "patient days" for licensed beds, "procedures" for equipment, or other appropriate units of measure specific to the service affected.

**Indicate how the average charge/procedure was calculated.

***Only on long term debt, not construction.

****Indicate how overhead was calculated.

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Governing Board Approval		Date:	Revised:	3/2017, 1/2018, 11/2020

Policy:

St. Mary's Medical Center will offer a charity care program for those patients who meet the eligibility tests described below and comply with the requirements of the State of Missouri. The hospital also offers a Patient Discount Payment Program in certain circumstances.

Procedure:


1. Eligibility for Participation in Charity Care Program

A. Self-Pay Patients

A patient qualifies for the Charity Care Program if all of the following conditions are met: (1) the patient does not have third party coverage from a health insurer, health care service plan, union trust plan, Medicare, or Medicaid as determined and documented by the hospital; (2) the patient's injury is not a compensable injury for purposes of workers' compensation, automobile insurance, or other insurance as determined and documented by the hospital; (3) the patient's family income does not exceed 350% of the Federal Poverty Level (see section 1E); **and** (4) the patient has monetary assets of less than \$10,000.00.

B. Insured Patients

A patient who has third party coverage or whose injury is a compensable injury for purposes of workers' compensation, automobile insurance, or other insurance as determined and documented by the hospital does not qualify for the Charity Care

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Program, but may qualify for the Patient Discount Payment Program if certain conditions are met.

C. Other Circumstances

The hospital's Business Office Director shall also have the discretion to extend charity care or a discount to patients under the following circumstances:

(i) The patient qualifies for limited benefits under the State's Medicaid Program, i.e., limited pregnancy or emergency benefits, but does not have benefits for other services provided at the hospital.


(ii) The patient qualifies for a Medically Indigent Adult Program offered by a county other than the one in which the hospital is located.

(iii) Reasonable efforts have been made to locate and contact the patient, such efforts have been unsuccessful, and the Business Office Director has reason to believe that the patient would qualify for charity or a discount, i.e., homeless;

(iv) A third-party collection agency has made efforts to collect the outstanding balance and has recommended to the Business Office Director that charity care or a discount be offered.

D. Definition of Patient's Family & Determination of Family Income

The "patient's family" means the following: (1) for persons 18 years of age and older: self, spouse or domestic partner, and dependent children under 21 years of age, whether

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living at home or not; and (2) for persons under 18 years of age: self, parent, guardian or caretaker, relatives, and other children under 21 years of age of the parent, guardian or caretaker.

Documentation of family income shall be limited to recent pay stubs or tax returns.

In determining a patient's monetary assets, the patient's bank statement(s) (dated within the last 90 days) shall be reviewed. The hospital shall not consider retirement or deferred compensation plans qualified under the Internal Revenue Code, non-qualified deferred compensation plans, the first ten thousand dollars (\$10,000.00) of monetary assets, and fifty percent (50%) of the patient's monetary assets over the first ten thousand dollars (\$10,000.00).

For self-employed patients with no other source of income, family income shall be determined based on tax return income reporting. Combined net profit or loss from Schedules C of the Form 1040 shall be used to determine family income.

E. Federal Poverty Levels

The measure of 350% of the Federal Poverty Level shall be made by reference to the most up to date Health and Human Services Poverty Guidelines for the number of persons in the patient's family or household. The current Federal Poverty Guidelines follow:


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**Poverty Guidelines, all states (except Alaska and Hawaii)
2020 Annual**

Household /Family Size	*100%*	125%	250%	350%	450%
1	\$12,760	15,950	31,900	44,660	57,420
2	\$17,240	21,550	43,100	60,340	77,580
3	\$21,720	27,150	54,300	76,020	97,740
4	\$26,200	32,750	65,500	91,700	117,900
5	\$30,680	38,350	76,700	107,380	138,060
6	\$35,160	43,950	87,900	123,060	158,220
7	\$39,640	49,550	99,100	138,740	178,380
8	\$44,120	55,150	110,300	154,420	198,540
9	\$48,600	60,750	121,500	170,100	218,700
10	\$53,080	66,350	132,700	185,780	238,860

SOURCE: U.S. Department of Health & Human Services – Office of the Assistant Secretary for Planning and Evaluation
<https://aspe.hhs.gov/2020-poverty-guidelines>

2 Charity Care

 Prime Healthcare Providence Medical Center • Saint John Hospital St. Joseph Medical Center • St. Mary's Medical Center			Page(s):	Page 5 of 11
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The patient balances for those patients who qualify to participate in the Charity Care Program, as determined by the hospital using the above criteria, shall be reduced to a sum equal to \$0 with the remaining balance eliminated and classified as charity care.

A. Resolution of Disputes

Any disputes regarding a patient's eligibility to participate in the Charity Care Program shall be directed and resolved by the hospital's Chief Financial Officer.

B. Notices


In order to ensure that patients are aware of the existence of the Charity Care Program, the following actions shall be taken.

a. Written Notice to Patients

Each patient who is seen at St. Mary's Medical Center, whether admitted or not, shall receive the notice attached hereto as Exhibit 1. The notice shall be provided in non-English languages spoken by a substantial number of the patients served by the Hospital.

b. Posting of Notices

The notice attached hereto as Exhibit 1 shall be clearly and conspicuously posted in locations that are visible to the patients in the following areas: (1) Emergency Department; (2) Billing Office; (3) Admissions Office; and (4) Other Outpatient Settings.

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The notice shall be provided in non-English languages spoken by a substantial number of the patients served by the hospital.

c. Notice to Accompany Bills To Potentially Eligible Patients


Each bill that is sent to a patient who has not provided proof of coverage by a third party at the time care is provided or upon discharge must include a statement of charges for services rendered by the hospital and the notice attached hereto as Exhibit 2. The notice shall be provided in non-English languages spoken by a substantial number of the patients served by the Hospital.

C. Efforts to Obtain Information Regarding Coverage & Applications for Medicaid or Other State Programs

St. Mary's Medical Center shall make all reasonable efforts to obtain from the patient or his or her representative information about whether private or public health insurance or sponsorship may fully or partially cover the charges for care rendered by the hospital to a patient including, but not limited to, the following:

- (1) Private health insurance; (2) Medicare; and/or (3) the Medicaid or other state-funded programs designed to provide health coverage.

If a patient does not indicate that he/she has coverage by a third party payor or requests a discounted price or charity care then the patient shall be provided with an application for the Missouri Medicaid Program, or other governmental program prior to discharge and prior to further to application for the Charity Care Discount or Patient Discount Payment Program.

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3. Patient Discount Payment Program


Patients who have inadequate third-party insurance or who are not covered under third party coverage or whose injury is a compensable injury for purposes of workers' compensation, automobile insurance, or other insurance as determined and documented by the hospital may qualify for the Patient Discount Payment Program. Inadequate insurance is defined as coverage under a health insurance plan that only allows for essential or catastrophic services.

To qualify for the Patient Discount Payment Program, a patient or patient's parent/guardian/caretaker must agree to make consistent monthly payments of a minimum amount. Patients who qualify and agree to make such payments shall have their patient balances reduced to sum equal to 25% of bill charges with the remaining balance eliminated and classified as patient discount.

Patients who seek to apply for the Patient Discount Payment Program shall contact the hospital's Business Office at **816-943-2192** as directed in Exhibit 1.

4. Collection Activities


St. Mary's Medical Center may use the services of an external collection agency for the collection of patient debts. No debt shall be advanced for collection until the Business Office Director or his/her designee has reviewed the account and approved the advancement of the debt to collection. St. Mary's Medical Center shall obtain an agreement from each collection agency that it utilizes to collect patient debts that the agency will comply with the requirements of the Missouri Charitable Healthcare Provider

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Program.

Neither St. Mary's Medical Center nor any collection agency utilized by St. Mary's Medical Center shall report adverse information to a consumer credit reporting agency or commence civil action against the patient for nonpayment at any time prior to 150 days after the initial billing if the patient lacks third party coverage or for a patient that provides information that he or she may qualify for the Charity Care Program.

In addition, if a patient is attempting to qualify for eligibility under St. Mary's Medical Center's Charity Care Program or the Patient Discount Payment Program and is attempting in good faith to settle an outstanding bill with the hospital by negotiating a reasonable

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payment plan or making regular partial payments of a reasonable amount, St. Mary's Medical Center shall not send the unpaid bill to any collection agency unless that entity has agreed to comply with the Missouri Charitable Healthcare Provider Program.

St. Mary's Medical Center shall not, in dealing with patients eligible under the Charity Care Program or the Patient Discount Payment Program, use wage garnishments or liens on primary residences as a means of collecting unpaid hospital bills.


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Exhibit 1

CHARITY CARE & DISCOUNTED PAYMENT PROGRAM

PATIENTS WHO LACK INSURANCE OR HAS INADEQUATE INSURANCE AND MEET CERTAIN LOW- AND MODERATE-INCOME REQUIREMENTS MAY QUALIFY FOR DISCOUNTED PAYMENTS OR CHARITY CARE. PATIENTS SHOULD CONTACT ST. MARY'S MEDICAL CENTER'S PFS DESIGNEE; at **816-943-2192** TO OBTAIN FURTHER INFORMATION. THE EMERGENCY DEPARTMENT PHYSICIANS, WHO ARE NOT EMPLOYEES OF THE HOSPITAL, MAY ALSO PROVIDE CHARITY CARE OR DISCOUNTED PAYMENT PROGRAMS. PLEASE CONTACT **888-311-8760** FOR FURTHER INFORMATION.


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Exhibit 2

Our records indicate that you do not have health insurance coverage or coverage under Medicare, Medicaid Programs or other similar programs. If you have such coverage, please contact our office at **816-943-2192** as soon as possible so the information can be obtained and the appropriate entity billed.

If you do not have health insurance coverage, you may be eligible for Medicare, Medicaid Programs St. Mary's Medical Center's Discounted Payment Program, or Charity Care. For more information about how to apply for Medicare, Medicaid Programs or other similar programs, please contact St. Mary's Medical Center's PFS Designee at **816-943-2192** who will be able to answer questions and provide you with applications for these programs.

Patients who lack insurance or have inadequate insurance and meet certain low- and moderate-income requirements may qualify for discounted payments or charity care. Patients should contact St. Mary's Medical Center or PFS Designee, at **816-943-2192** to obtain further information. The Emergency Department Physicians, who are not employees of the Hospital, may also provide Charity Care or Discounted payment programs. Please contact **888-311-8760** for further information.



Thank You for Your Payment - Missouri: Health and Senior Services

4/22/2024 10:00 AM Central Standard Time

Customer Name St. Mary's Medical Center

Effective Date

4/22/2024

Approved 21422254

Item	Amount
CON Application Fee	\$2,650.00
Subtotal:	\$2,650.00
Transaction Fee:	\$53.25
Total Charged to:	\$2,703.25
Visa ***** 0341	
Total Amount Paid:	\$2,703.25

Collection Mode: Web

Payment Details

CON Application Fee

Project Number: 6083 HS - Project Name: daVinci Robot, St. Mary's Surgical Center - Project

Description: acquisition of a daVinci Xi Robotic System - St. Mary's Medical Center - \$2,650.00

Merchant ID:

Name: St. Mary's Medical Center

JRN: 00

A Transaction Fee has been included in the total amount paid for this transaction.