



**SSM Health St. Joseph St. Charles
Streets of Caledonia Outpatient Center**

New MRI

Project # 6107

May 2024



Certificate of Need Program

NEW OR ADDITIONAL EQUIPMENT APPLICATION

Applicant's Completeness Checklist and Table of Contents

Project Name: SSM Health St. Joseph St. Charles New MRI

Project No: #6107

Project Description: New MRI unit for new Outpatient Center

Done Page N/A Description

Divider I. Application Summary:

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

Divider II. Proposal Description:

- ✓ 9 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 competition.
- ✓ 10 3. Provide a legible city or county map showing the exact location of the project.
- ✓ 12 4. Define the community to be served and provide the geographic service area for the equipment.
- ✓ 12 5. Provide other statistics to document the size and validity of any user-defined geographic service area.
- ✓ 12 6. Identify specific community problems or unmet needs the proposal would address.
- ✓ 13 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.
- ✓ 8. Provide the methods and assumptions used to project utilization.
- ✓ 9. Document that consumer needs and preferences have been included in planning this project and describe how consumers had an opportunity to provide input.
- ✓ 10. Provide copies of any petitions, letters of support or opposition received.
- ✓ 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.
- ✓ 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:

- ✓ 20 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;
 - ✓ - The degree of partnership, if any, with other institutions for joint use and financing.

Divider IV. Financial Feasibility Review Criteria and Standards:

- ✓ 22 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.
- ✓ 23 2. Provide Service-Specific Revenues and Expenses (Form MO 580-1865) projected through three (3) **FULL** years beyond project completion.
- ✓ 24 3. Document how patient charges are derived.
- ✓ 24 4. Document responsiveness to the needs of the medically indigent.

Divider I

Application Summary



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.)

Table with 2 columns: Title of Proposed Project, Project Number, Project Address, County. Values: SSM Health St. Joseph St. Charles New MRI, #6107, 301 Caledonia Pkwy, O'Fallon MO 63368, St. Charles

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

Table with 3 columns: List All Owner(s), Address, Telephone Number. Includes sections for List All Operator(s) as well.

3. Ownership (Check applicable category.)

- Checkboxes for Nonprofit Corporation, Partnership, Individual, Corporation, City, County, District, 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.)

Table with 2 columns: Name of Contact Person, Title, Telephone Number, Fax Number, E-mail Address, Signature of Contact Person, Date of Signature. Values: Mitch Miller, Director - Strategy and Business Development, 314-989-6329, mitchell.miller@ssmhealth.com, [Signature], 5/13/24



Certificate of Need Program

REPRESENTATIVE REGISTRATION

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

Project Name SSM Health St. Joseph St. Charles New MRI	Number #6107
---	-----------------

(Please type or print legibly.)

Name of Representative Mitch Miller	Title Director - Strategy and Business Development
--	---

Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other) 300 First Capitol Drive St. Charles MO 63301	Telephone Number 314-989-6329
---	----------------------------------

Address (Street/City/State/Zip Code)
SSM Health

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 300 First Capitol Drive St. Charles MO 63301	Telephone Number 636-947-5000
--	----------------------------------

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 5/3/2024
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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	\$1,110,752
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)	_____ \$1,110,752
12. Total Project Development Costs' (#3 plus #11)	_____ \$1,110,752 **

FINANCING:

13. Unrestricted Funds	_____
14. Bonds	_____
15. Loans	_____
16. Other Methods (specify)	_____
17. Total Project Financing (sum of #13 through #16)	_____ \$0 **

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.

Divider II

Proposal Description

1. Provide a complete detailed project description and include equipment bid quotes

SSM Health St. Joseph St. Charles has a new outpatient center opening. This will be the new MRI unit that will sit at that location. Please see the equipment quote listed below.

Siemens Medical Solutions USA, Inc.
40 Liberty Boulevard, Malvern, PA 19355



SIEMENS REPRESENTATIVE
Gregory Thudium - +1 (314) 604-8452
gregory.thudium@siemens-healthineers.com

Customer Number: 0000010313

Date: 09/19/2022

SSM HEALTH ST JOSEPH HOSPITAL
100 MEDICAL PLAZA
LAKE SAINT LOUIS, MO 63367

Siemens Medical Solutions USA, Inc. is pleased to submit the following quotation for the products and services described herein at the stated prices and terms, subject to your acceptance of the terms and conditions on the face and back hereof, and on any attachment hereto.

<u>Table of Contents</u>	<u>Page</u>
MAGNETOM Altea - System (Quote Nr. CPQ-658552 Rev. 0).....	3
OPTIONS for MAGNETOM Altea - System (Quote Nr. CPQ-658552 Rev. 0)	13
General Terms and Conditions.....	16
Software License Schedule	23
Trade-In Equipment Requirements.....	26
Warranty Information	27

Contract Total: \$ 1,110,752
(total does not include any Optional or Alternate components which may be selected)

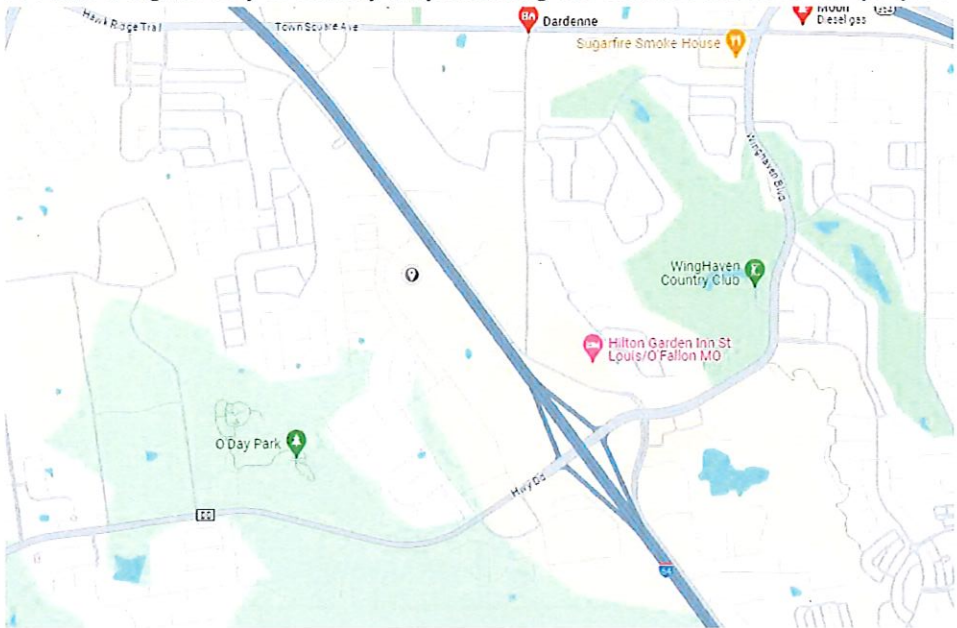
Proposal valid until 09/30/2022

Estimated Delivery Date: 06/30/2023

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

- Equipment arrival and installation: 7/15/24
- First case: Q4 2024
- Invoice received: 9/19/2022
- Payment cleared: Payment terms are as follows: 0% Down 80% Delivery 20% Installation, nothing has been nor will be paid until delivery.

3. Provide a legible city or county map showing the exact location of the project



4. Define the community to be served

SSM Health St. Joseph St. Charles is one of 7 SSM Health hospitals in the greater St. Louis region. SSM Health Medical Group and SLUCare Medical Group offices are widely spread throughout the entire region.

SSM Health St. Joseph St. Charles primary and secondary service areas are home to a diverse population. Patients choose the location they prefer for health services typically based on proximity to their home and/or physician's office location.

SSM Health St. Joseph St. Charles Hospital Streets of Caledonia Outpatient Center New MRI
Certificate of Need Application

Language*	Market 2023 Population	Market 2023 % of Total	Market 2028 Population	Market 2028 % of Total	Market Population % Change	National 2023 % of Total
Chinese at Home	1,711	0.35%	1,781	0.35%	4.09%	1.12%
Only English at Home	460,669	95.21%	480,627	95.21%	4.33%	78.25%
Other Asian-Pacific Lang at Home	2,236	0.46%	2,327	0.46%	4.07%	0.99%
Other Indo-European Lang at Home	2,680	0.55%	2,794	0.55%	4.25%	1.89%
Spanish at Home	10,000	2.07%	10,413	2.06%	4.13%	13.39%
All Others	6,544	1.35%	6,839	1.35%	4.51%	4.36%
Total	483,840	100.00 %	504,781	100.00 %	4.33 %	100.00 %

Household Income	Market 2023 Households	Market 2023 % of Total	Market 2028 Households	Market 2028 % of Total	Market Households % Change	National 2023 % of Total
<\$15K	7,962	4.06%	7,220	3.52%	(9.32 %)	8.63%
\$15-25K	8,262	4.21%	7,104	3.46%	(14.02 %)	7.40%
\$25-50K	28,826	14.69%	24,419	11.89%	(15.29 %)	18.81%
\$50-75K	29,896	15.23%	29,299	14.27%	(2.00 %)	16.13%
\$75-100K	28,436	14.49%	26,624	12.97%	(6.37 %)	12.60%
\$100K-200K	67,329	34.31%	73,618	35.86%	9.34%	25.15%
>\$200K	25,540	13.01%	37,033	18.04%	45.00%	11.28%
Total	196,251	100.00 %	205,317	100.00 %	4.62 %	100.00 %

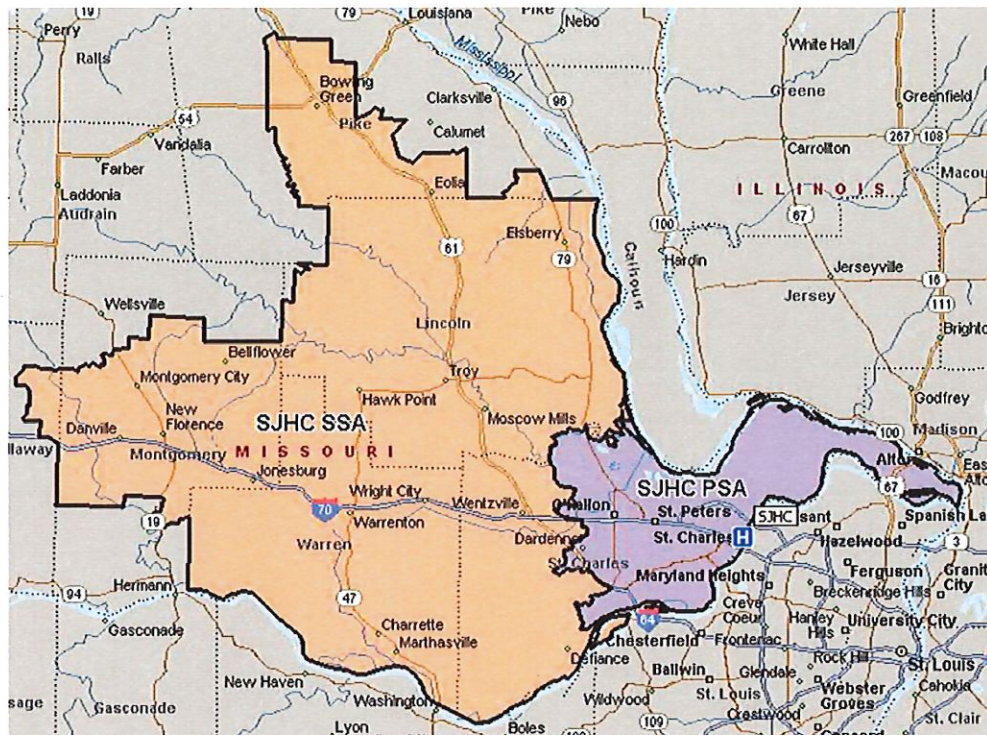
Education Level**	Market 2023 Population	Market 2023 % of Total	Market 2028 Population	Market 2028 % of Total	Market Population % Change	National 2023 % of Total
Less than High School	5,746	1.63%	6,066	1.64%	5.57%	4.89%
Some High School	16,555	4.68%	17,404	4.70%	5.13%	6.64%
High School Degree	95,393	26.98%	100,133	27.07%	4.97%	26.93%
Some College/Assoc. Degree	113,602	32.13%	118,822	32.12%	4.59%	30.85%
Bachelor's Degree or Greater	122,226	34.57%	127,539	34.47%	4.35%	30.69%
Total	353,522	100.00 %	369,964	100.00 %	4.65 %	100.00 %

5. Provide population projections for the proposed geographic service area

The 5-year projected population growth is 4.19%

6. Provide other statistics to document the size and validity of any user-defined geographic service area

Please see map below of our primary and secondary service areas.



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

MRI access is limited in St. Charles County, as the population continues to grow in this region the current imaging infrastructure is unable to accommodate the healthcare needs of the growing community. Current state SSM is experiencing a 23-day backlog for MRI appointments across the MRI Scanners in St Charles County. This additional MRI unit will assist SSM with providing timely care to our community.

8. 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

This is a new MRI department, therefore there is no historical data to share. Below is a summary of a similar SSM Outpatient MRI departments utilization. Based on market growth we anticipate similar volumes at this new MRI department.

- 2025: 1,800 exams
- 2026: 2,000 exams
- 2027: 2,200 exams

9. Provide the methods and assumptions used to project utilization.

We used current volumes as baseline then added in new provider recruits and new services growth strategies to model future utilization assumptions.

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

N/A

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

N/A

Divider III

Service Specific Criteria & Standards

Executive Summary- St. Charles County

(SSM Health St. Joseph Hospital - St. Charles, Lake Saint Louis, Wentzville)

Under the Patient Protection and Affordable Care Act (PPACA) enacted in 2010, nonprofit hospitals are required to conduct a Community Health Needs Assessment (CHNA) every 3 years. In the CHNA process, it is also imperative that hospitals pay specific attention to health care concerns that affect vulnerable and marginalized populations. For the 2021 Community Health Needs Assessment, SSM Health followed standard processes, consistent with IRS regulations and standards.

CHNA Process

Over a 12-month period, in collaboration with other local health systems (BJC, Mercy, St. Luke’s and Shriner’s Hospital for Children) and many other community partners, we conducted a community health needs assessment by gathering health and social determinants of health-related information directly from the communities we serve through a single, regional community survey, a single, regional stakeholder survey and focus groups. Due to the ongoing COVID-19 pandemic, all surveys and focus groups were conducted virtually. Of 2,915 total CHNA community survey responses, 655 were submitted from St. Charles, Warren and Lincoln County zip codes. Additionally, a total of 17 Stakeholder CHNA surveys were submitted by organizations serving St. Charles County.

Quantitative data from a variety of secondary data sources were also assessed, in addition to our own 2019 hospital utilization data, to further inform our 2022-2024 health priorities. Input received directly from our communities through surveys and focus group conversations have been incorporated to identify concerns about the health of our communities, the types of community-based programs, organizations and services that currently exist to address community needs, as well as to identify gaps and opportunities for the enhancement and advancement of services.

Each source of data: 1) Community Survey, 2) Stakeholder survey, 3) Secondary data and 4) Hospital utilization data, played an important role in helping to identify and prioritize health needs based on the level of importance to community members and the hospital’s ability to contribute to measurable impact.

CHNA Alignment with our Mission

At SSM Health, we know that healthy communities don’t just happen. Improving community health requires long-range, strategic efforts that take into account the entire eco-system of health by also addressing social determinants of health including, social, economic, environmental as well as political factors. Through our subsequent community health improvement plans (CHIPs), we anticipate engaging in a wide-range of activities to address and support meaningful improvements within each identified health priority.

2022-24 St. Charles County Priorities:

Overweight/Obesity



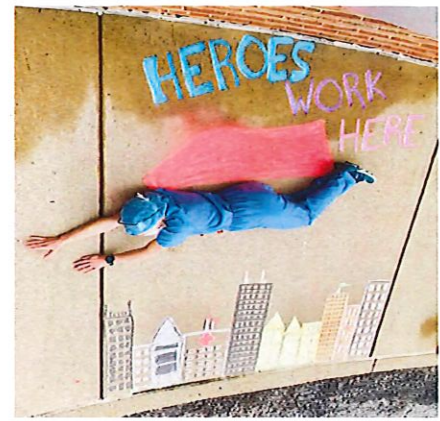
Behavioral Health



Chronic Conditions



About SSM Health and SSM Health St. Joseph Hospital St. Charles, Lake St. Louis and Wentzville



SSM Health

SSM Health is a Catholic not-for-profit health system serving the comprehensive health needs of communities across the Midwest through a robust and fully integrated health care delivery system.

Headquartered in St. Louis, SSM Health has care delivery sites in Missouri, Illinois, Oklahoma, and Wisconsin. The

health system includes 24 hospitals, more than 300 physician offices and other outpatient care sites, 10 post-acute facilities, comprehensive home care and hospice services, a pharmacy benefit company, an insurance company, a technology company and an Accountable Care Organization.

With more than 10,000 providers and 40,000 employees in four states, SSM Health is one of the largest employers in every community it serves. An early adopter of the electronic health record (EHR), SSM Health is a national leader for the depth of its EHR integration.

Through our exceptional health care services,
we reveal the healing presence of God.

SSM Health St. Joseph Hospitals

Highlights of services

The hospitals and ambulatory medical campuses are geographically distributed throughout the greater St. Charles community, offering a broad range of medical and surgical specialties in warm and welcoming environments.

Community benefit

In 2020, SSM Health St. Joseph Hospitals collectively provided \$19 M in total community benefit, comprised of \$ 9 M in charity care; and \$8 M in unpaid costs of Medicaid and other public programs.

Examples of our community benefit programs include:

Fitness Forward, providing community fitness opportunities;
Mother Odelia's Closet, providing clothing to patients in need; and
Drug Take Back bins to remove unnecessary medications from cabinets.

Community partnerships

We are proud to be part of community projects that work to improve health outcomes in the areas we serve:

- Volunteers in Medicine
- Youth in Need
- Community Council
- Sts. Joachim & Ann Care Services
- United Way of Greater St. Louis
- The Crisis Nursery
- Compass Health
- Lindenwood University
- St. Charles Community College
- St. Charles County Ambulance District (SCCAD)
- EDC Business & Community Partners

Hospital at a glance

Admissions | 18,291

Outpatient visits | 183,888

ER visits | 83,418

Births | 1,316

Beds | 625

Employees | 2,400+

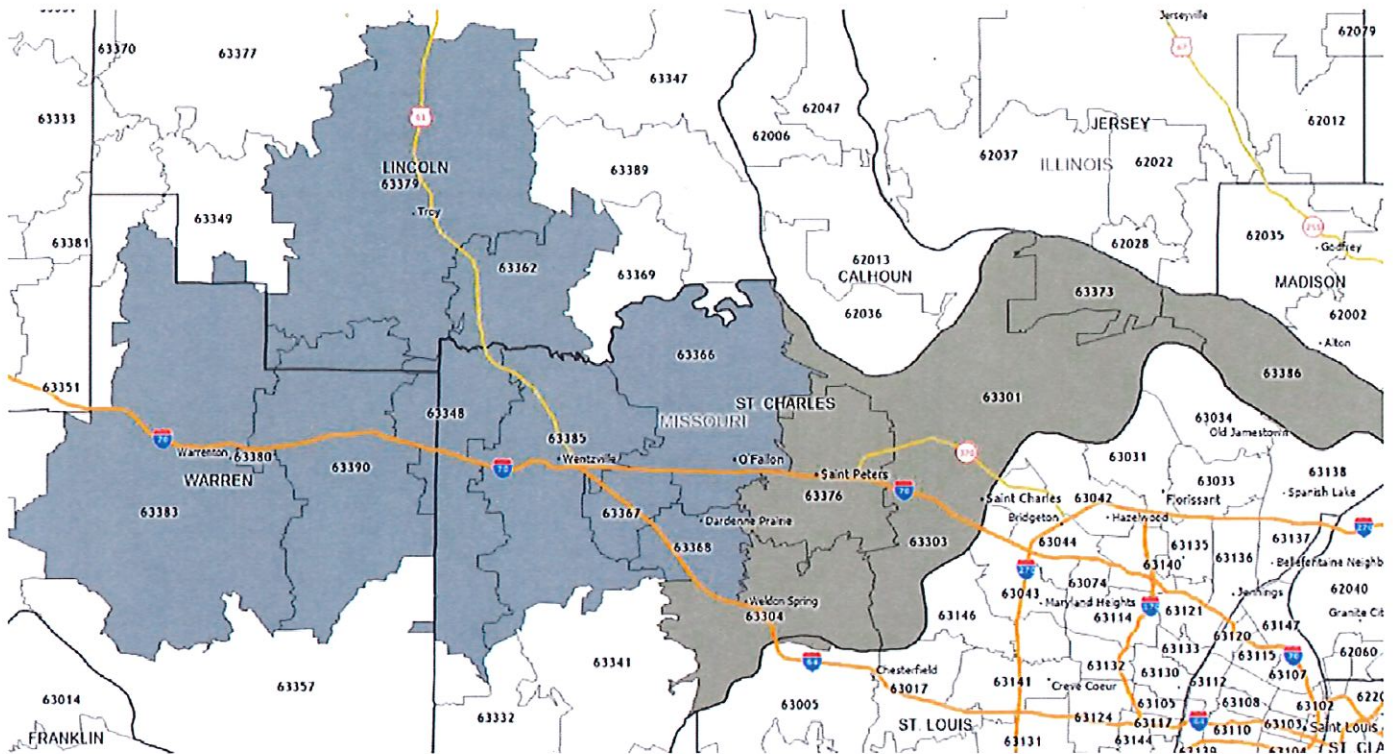
Medical staff | 850+

Volunteers | 110+

Charity care | \$25 M

Definition of community

The community we serve is defined as greater St. Charles County and includes parts of Lincoln and Warren Counties, which accounts for 80% of the total patients served by our hospitals. There are 19 zip codes that are contained within or overlap the service area. The hospitals are located in St. Charles (63301), Lake Saint Louis (63367) and Wentzville (63385). In 2020, the service area had an estimated population of 500,000 persons.



SSM Health St. Joseph Hospitals' Service Area Map



Impact Since 2018

Examples of 2019-2021 CHNA Priorities In Action!

Obesity

- Host annual Fitness Forward physical activity challenge, engaging over 1,100 residents over 6 weeks in St. Charles, Lincoln and Warren counties between 2020 and 2021
- Support of Sts. Joachim and Ann Community Garden- over 50 staff volunteer hours in 2019

Access to Care

- Partnership with Volunteers in Medicine to provide specialty health services for under/uninsured patients, serving over 1,400 lives impacted in 2020
- Free Community Vaccine Clinics for St. Charles School Districts in 2020 in collaboration with St. Charles County Health Department and IFM Community Medicine- 99 children served, 250 vaccines provided.
- Mother Odelia's Closet, providing essential items such as clothing and toiletries to patients in need- over 190 lives impacted between 2020 and 2021

Substance Abuse

- Drug Takeback Program
- Teen Drug Summit in partnership with Community Strong, over 175 lives impacted
- Art Therapy for residents experiencing heightened anxiety, disconnection, mental health and substance abuse issues, 50 lives impacted



Our Community Partners

As our hospital continues to grow, so do our community partners. This page some of the many community with which we collaborate to better serve our communities.

Community partners

- St. Charles Community College
- American Heart Association
- Barnes Jewish St. Peters
- Mercy Health
- Sts. Joachim and Ann
- Compass Health
- Youth in Need
- YMCA
- Economic Development Council (EDC) of St. Charles County
- St. Charles County Ambulance District (SCCAD)
- University of Missouri Extension-St. Charles County
- Volunteers in Medicine
- Drug Enforcement Agency
- IFM Community Medicine
- Lindenwood University
- The Crisis Nursery

Community health coalitions

- Community Strong
- CRUSH

Local public health department

- St. Charles County Department of Health



1. For new units, address the need formula for the proposed geographic service area.
St. Charles County continues to grow at a rapid pace, the location determined for this MRI will be in South O'Fallon near hundreds of new residential homes. An area that does not have robust access to healthcare services today. With this addition wait times will decrease and residents will receive care closer to home.

2. For new units, address the minimum annual utilization standard for the proposed geographic service area.
Based on current population growth in St. Charles County, we are experiencing a backlog of 23 days for the next available MRI appointment within our current MRI departments. The addition of this MRI department in a rapidly growing area of O'Fallon better serves our communities health care needs. With our current MRI departments averaging 2,200 exams last year we would anticipate this department following the same patters.

3. For any new unit where specific need and utilization standards are not listed, provide the methodology for determining need.

N/A

4. For additional units, document compliance with the optimal utilization standard, and if not achieved, provide documentation to justify the additional unit.

N/A

5. For evolving technology address the following:


- a. Medical effects as described and documented in published scientific literature
N/A
- b. The degree to which the objectives of the technology have been met in practice
N/A
- c. Any side effects, contraindications, or environmental exposures
N/A
- d. The relationships, if any, to existing preventative diagnostic, therapeutic, or management technologies and the effects on the existing technologies
N/A
- e. Food and Drug Administration approval
N/A
- f. The need methodology used by this proposal in order to assess efficacy and cost impact of the proposal
N/A
- g. The degree of partnership, if any, with other institutions for joint use and financing
N/A

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 indicating that sufficient funds are available


Page 1 of 2

Bill To
SSM Health Care St. Louis
P.O. Box 411663
St. Louis, MO 63141

Email: SSMAccountsPayable@ssmhealth.com

Vendor Address
SIEMENS MEDICAL SOLUTIONS USA INC
40 LIBERTY BOULEVARD
MALVERN PA 19355
USA
Order Tele 314-801-6800
Order Fax 314-298-3945

Ship to
Company
SSM Health OPC Streets of Caledonia
Attn: Mike Vohsen 314.951.4733
301 Caledonia Pkwy
O'FALLON MO 63368
USA

Information

PO Number 4504306589
Date Dec 5, 2022
Vendor No. 114655
Payment Terms NET 30
Incoterms FOB DESTINATION

If no shipping charges apply, please ship via your preferred method. If small package shipping charges apply, bill third party to our UPS# R81R37, FOB-DESTINATION. Standard orders default to ground shipping. Expedited orders can ship via the express mode necessary to meet the required delivery date. If you can not use UPS, bill third party to our FedEx #799631153. Insert the PO# in one of the reference fields or address fields. If LTL shipping charges apply (order is not typically shipped small package or has a combined weight exceeding 150 lbs), call 844-876-7444 or email LTL@vplmail.com for pick-up and delivery instructions.

Customer # 10296
Buyer/Phone Craig Mitchell / 314-989-2369
Email Confirmation To: Craig.Mitchell@SSMHealth.com

"Confirm Order Receipt, Price & Delivery"

Item	Material	Description	Quantity	UM	Delivery Date	Price	Net Amount
00001	CO0200MS22 15340100	MAGNETOM Aitea - System Vendor Catalog # 14461700 WFR NO #CAPITAL ORDER..... ATTN: Gregory Thuders QUOTES CPO 638552 Rev. 0 CONFIRM ORDER TO CRAIG MITCHELL@SSMHEALTH.COM FINANCE REFERENCE WBS# CO-0200-M-S-221534-01	1	EA	12/30/2022	1,110,752.00	1,110,752.00
Total							1110752.00

INSTRUCTIONS TO VENDOR:
This Purchase Order is governed by Vendor's Agreement with SSM Health an d/or Vizient GPO. If no Agreement exists, this Purchase Order is subject to SSM Health's standard Terms and Conditions which can be provided upon request. SSM Health is an Equal Opportunity Employer M/F/D/V. Upon receipt of this Purchase Order, please confirm receipt, pricing, and delivery dates. All packing slips must include a PO number and PO Line Item number. After delivery of goods and/or completion of services, Vendor shall submit an invoice to SSMAccountsPayable@ssmhealth.com. Each individual invoice must include the correct PO number, line item information, and be sent as an attached PDF document. SSM shall have no obligation to pay invoices without reference to the correct PO number.

Signature Craig Mitchell (Purchasing/Accounting) Date 12-5-2022

22

2. Provide Service-Specific Revenues and Expenses projected through three (3) FULL years beyond project completion

	Year 1	Year 2	Year 3
Cases	1,800	2,000	2,200
Net Revenue	\$ 964,800	\$ 1,072,000	\$ 1,179,200
Variable Cost	\$ 196,200	\$ 218,000	\$ 239,800
Fixed Cost	\$ 117,000	\$ 130,000	\$ 143,000
Total Margin	\$ 651,600	\$ 724,000	\$ 796,400

3. Document how patient charges are derived.

SSM Health employs a market-based hospital pricing strategy to align and remain competitive with Hospital IP & OP services. Ancillary Procedures (Technical/Facility Component) charges will be computed using the local peer competitor price data when available. The Medicare OPSS APC Wage Index Adjusted Payment Rate will be used as a benchmark comparison when available. The Contracting Analytics team will provide input for charges affected by payor contract fee schedules.

4. Document responsiveness to the needs of the medical indigent

SSM Health (SSM) is committed to providing financial assistance to people who are without insurance, underinsured, ineligible for a government program, or otherwise unable to pay for medically necessary care. SSM Health will provide care of emergency medical conditions to individuals regardless of their ability to pay.

Financial assistance is based on need and determined by Federal Poverty Levels, which includes income and number of family members. Financial need does not consider age, gender, race, social, or immigrant status, sexual orientation, or religious affiliation. SSM Health limits the amount charged for emergency and medically necessary care provided to patients who are eligible for financial assistance under this policy to not more than gross charges for the care multiplied by the amounts generally billed percentage.

SSM Health St. Joseph St. Charles provided \$4,903,775 in charity care for the year of 2023.



Certificate of Need Program

SERVICE-SPECIFIC REVENUES AND EXPENSES

Project Title: SSM Health St. Joseph St. Charles **Project #:** #6107

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>2025</u>	<u>2026</u>	<u>2027</u>
Amount of Utilization:*	1,800	2,000	2,200
Revenue:			
Average Charge**	\$3,655	\$3,728	\$3,802
Gross Revenue	\$6,578,208	\$7,455,300	\$8,364,862
Revenue Deductions	5,641,360	6,393,542	7,173,554
Operating Revenue	936,848	1,061,758	1,191,308
Other Revenue	0	0	0
TOTAL REVENUE	\$936,848	\$1,061,758	\$1,191,308
Expenses:			
Direct Expenses			
Salaries	276,065	319,008	364,945
Fees	0	0	0
Supplies	32,950	38,076	43,559
Other	118,456	136,883	156,594
TOTAL DIRECT	\$427,471	\$493,967	\$565,098
Indirect Expenses			
Depreciation	222,150	222,150	222,150
Interest***	0	0	0
Rent/Lease	0	0	0
Overhead****	0	0	0
TOTAL INDIRECT	\$222,150	\$222,150	\$222,150
TOTAL EXPENSES	\$649,621	\$716,117	\$787,248
NET INCOME (LOSS):	\$287,227	\$345,641	\$404,060

*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.