



**SSM Health St. Joseph St. Charles –  
DaVinci XI Off Lease Purchase**

**Project #6096**

**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 DaVinci Purchase

Project No: #6096

Project Description: Robot Purchase

Done Page N/A Description

**Divider I. Application Summary:**

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

**Divider II. Proposal Description:**

- ✓ 8 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.
- ✓ 9 3. Provide a legible city or county map showing the exact location of the project.
- ✓ 10 4. Define the community to be served and provide the geographic service area for the equipment.
- ✓ 11 5. Provide other statistics to document the size and validity of any user-defined geographic service area.
- ✓ 6. Identify specific community problems or unmet needs the proposal would address.
- ✓ 11 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.
- ✓ 11 8. Provide the methods and assumptions used to project utilization.
- ✓ 12 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:**

- ✓ 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:**

- ✓ 24 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.
- ✓ 24-25 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.
- ✓ 27 4. Document responsiveness to the needs of the medically indigent.

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## **Divider I**

# **Application Summary**



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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 include SSM Health St. Joseph St. Charles DaVinci Purchase, #6096, 300 First Capitol Drive St. Charles MO 63301, 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 a section for List All Operator(s) with similar columns.

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... (F) A CON, if issued, may not be transferred, relocated, or modified...

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 include Mitch Miller, Director - Strategy and Business Development, 314-989-6329, mitchell.miller@ssmhealth.com, [Signature], 5/3/2014.



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REPRESENTATIVE REGISTRATION

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

Project Name: SSM Health St. Joseph St. Charles DaVinci Purchase; Number: #6096

(Please type or print legibly.)

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

Firm/Corporation/Association of Representative: 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 (checked), Oppose, Neutral

Relationship to Project:

- None, Employee (checked), 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



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 ***	_____
<b>3. Subtotal Construction Costs (#1 plus #2)</b>	<b>_____ \$0</b>
4. Architectural/Engineering Fees	_____
5. Other Equipment (not in construction contract)	_____
6. Major Medical Equipment	\$1,685,000
7. Land Acquisition Costs ***	_____
8. Consultants' Fees/Legal Fees ***	_____
9. Interest During Construction (net of interest earned) ***	_____
10. Other Costs ***	_____
<b>11. Subtotal Non-Construction Costs (sum of #4 through #10)</b>	<b>_____ \$1,685,000</b>
<b>12. Total Project Development Costs (#3 plus #11)</b>	<b>_____ \$1,685,000 **</b>

**FINANCING:**

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

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.

# **Attachments**

## **Divider II**

### **Proposal Description**



System Invoice		Page 1 of 1
Invoice Number	904875072	
Invoice Date	11/02/2023	
Credit Terms	Net 30	
Purchase Order	CNT#4200611910	

**Bill-To 57745**  
 SSM HEALTH ST. JOSEPH HOSPITAL - MO  
 P.O. BOX 411663  
 SAINT LOUIS MO 63141  
 ATTN ACCOUNTS PAYABLE

**Ship To 710607**  
 SSM HEALTH ST. JOSEPH HOSPITAL - MO  
 300 FIRST CAPITOL DRIVE  
 SAINT CHARLES MO 63301

REMITTANCE ADDRESS
Intuitive Surgical Inc. P.O. Box 883629 Los Angeles, CA 90088 USA Contact: Accts Receivable 1-408-523-2100 E-mail: AR@intusurg.com

**Sold To 38845**  
 Sales Order No 5000038889  
 Order Date 11/09/2023  
 Date Shipped 11/02/2023  
 Ship Via 34 UPS 2nd Day Air  
 Incoterms FREE CARRIER  
 Bill Of Lading  
 Carrier Account

Line Item	Part Number/ Part Description	Quantity Shipped	Quantity Open	U/M	Unit Price	Taxable	Net Price
10	IS4001-01 IS4000 DA VINCI XI SYSTEM Serial No: SK5566	1	0	EA	1,685,500.00	N	1,685,500.00

Currency: USD

Subtotal	1,685,500.00
Shipping	0.00
Tax	0.00
<b>Total</b>	<b>1,685,500.00</b>



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

In November 2023 SSM Health St. Joseph St. Charles had a lease come up on a current piece of equipment, DaVinci XI, which due to being on a lease never had a CON completed. The decision was made to purchase the equipment, thus now completing the CON.

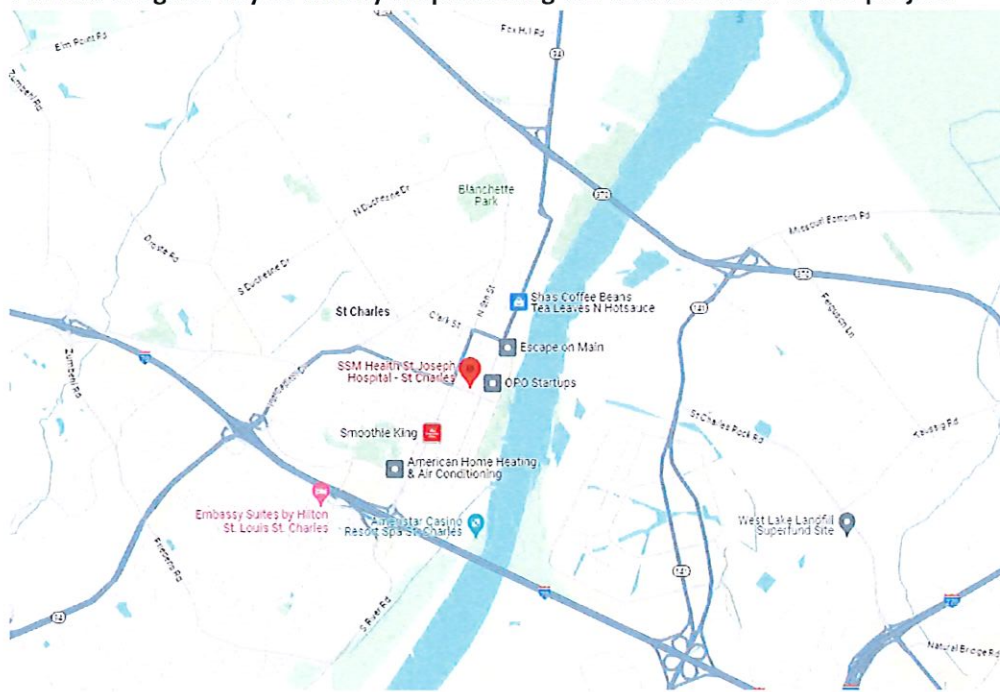
Project Description: Purchased DaVinci XI that came off lease.

The invoice for the device is included in Divider II – Attachments.

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

- Equipment arrival and installation: 11/9/23 (when assumed off lease)
- First case: 6/1/2022 (with leased equipment), 11/9/23 (with purchased equipment)
- Invoice received: 11/2/2023
- Payment cleared: 12/19/23

**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.

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%
<b>Total</b>	<b>483,840</b>	<b>100.00 %</b>	<b>504,781</b>	<b>100.00 %</b>	<b>4.33 %</b>	<b>100.00 %</b>

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%
<b>Total</b>	<b>198,251</b>	<b>100.00 %</b>	<b>205,317</b>	<b>100.00 %</b>	<b>4.62 %</b>	<b>100.00 %</b>

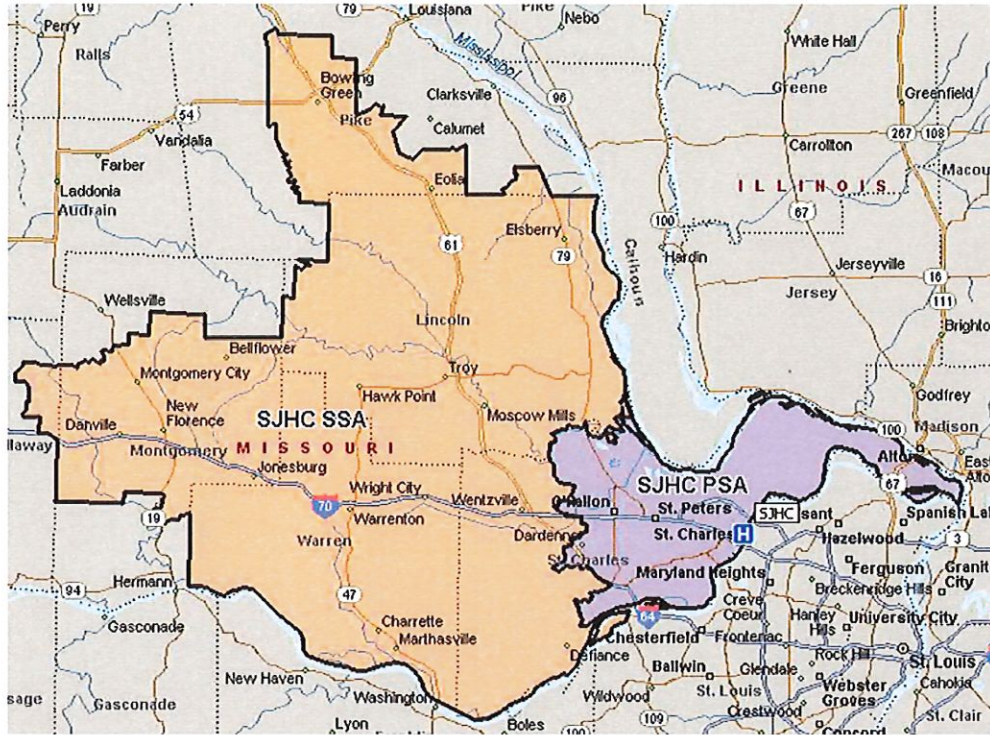
Education Level**	Market 2023 Population	Market 2023 % of Total	Market 2028 Population	Market 2028 % of Total	Market Population % Change	National 2023 % of Total
Less than High School	5,746	1.63%	6,066	1.64%	5.57%	4.89%
Some High School	16,555	4.68%	17,404	4.70%	5.13%	6.64%
High School Degree	95,393	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%
<b>Total</b>	<b>353,522</b>	<b>100.00 %</b>	<b>369,964</b>	<b>100.00 %</b>	<b>4.65 %</b>	<b>100.00 %</b>

**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.**

N/A

**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**

Year	Cases
JUN-DEC 2022	159
Full Year 2023	266
Full Year 2024	274
Full Year 2025	282
Full Year 2026	291
*22 & 23 Historical	
*23,25 & 26 Projections	

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

We used current volumes as baseline then added in signed 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**

Robotic surgery continues to be a request of patients as it accommodates minimally invasive approach lessening recovery time and patient discomfort during recovery. In addition, academic programs continue to train all new surgeons which is projected to be the standard of care for many procedures in the future.

**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



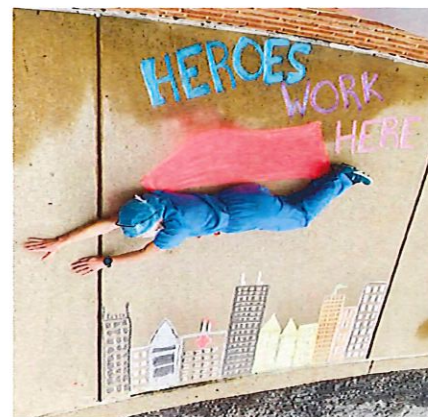
Behavioral Health



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+

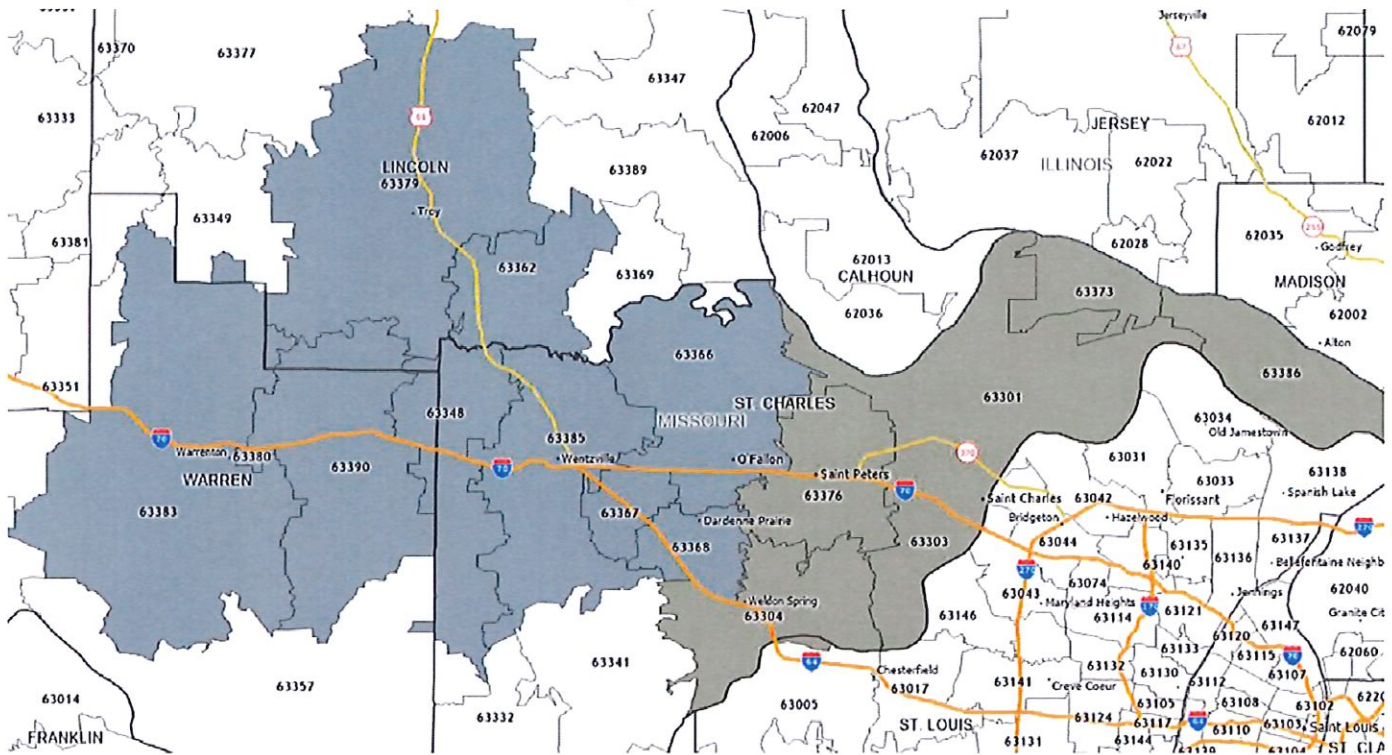
Medical staff | 850+

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





# The CHNA Process: Many Parts Make a Whole

## Primary Data-Community CHNA Survey:

A single online community health needs assessment survey was available for community members across multiple service areas of all collaborating hospital systems, inclusive of Missouri and Illinois. The online community survey was available to complete from April 2021 through July 2021. This survey asked about people’s personal health, their thoughts about the community’s health, and provided sections for people to provide on ways to improve both individual and community health. The survey took an average of 10 minutes to complete with a total of 2,915 individuals completing the survey. A total of 655 responses were received from our St. Charles County service areas, accounting for 21% of survey responses



Healthycommunities.org

All respondents were asked to provide their primary zip codes, which were tagged according to the SSM Health and partner hospital CHNA community geographies (e.g., North St. Louis County, South St. Louis County, St. Louis City, St. Charles County). Community members had the option to submit open ended responses, comments and suggestions throughout the survey.

Community survey comments were analyzed, allowing us to identify the top-ranking suggestions for how to improve both individual and community health among South St. Louis County residents, many of which will be integrated within our subsequent Community Health Improvement Plans (CHIPs).

1. For new units, address the need formula for the proposed geographic service area.

N/A

2. For new units, address the minimum annual utilization standard for the proposed geographic service area.

N/A

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**

The DaVinci XI has already been paid for. Please see the below image documenting that payment cleared on 12/19/23. Note that \$1,692,724.00 was paid which is higher than the invoice price of \$1,685,500.00 due to 5 other invoices paid to Intuitive Surgical totaling \$7,224.00 on the same day.

CoCd	St	Reference	Local Crncy Amt	Inv. Ref.	Doc. Date	Postng Date	Clearing	DocumentNo	Type	PayT	Clrng doc.
0200		904875072	1,685,500.00-	1900282570	11/02/2023	12/15/2023	12/19/2023	1900282570	KR	Z008	2000048365
0200		904864340	2,898.00-	5100123396	11/20/2023	11/30/2023	12/19/2023	5100123396	RE	Z001	2000048365
0200		904863402	966.00-	5100123397	11/20/2023	11/30/2023	12/19/2023	5100123397	RE	Z001	2000048365
0200		904863865	756.00-	5100123398	11/20/2023	11/30/2023	12/19/2023	5100123398	RE	Z001	2000048365
0200		904863895	2,184.00-	5100123399	11/20/2023	11/30/2023	12/19/2023	5100123399	RE	Z001	2000048365
0200		904867088	420.00-	5100123400	11/21/2023	11/30/2023	12/19/2023	5100123400	RE	Z001	2000048365
0200			1,692,724.00	2000048365	12/19/2023	12/19/2023	12/19/2023	2000048365	ZV		2000048365
			0.00								

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

	Year 1	Year 2	Year 3	Year 4	Year 5
<b>IP</b>					
Cases	60	101	104	107	110
Net Revenue	1,122,474	1,932,012	2,034,160	2,139,926	2,249,422
Variable Cost	1,239,577	2,170,087	2,323,927	2,486,602	2,658,572
Fixed Cost	442,033	773,852	828,711	886,721	948,046
Total Margin	(559,136)	(1,011,927)	(1,118,478)	(1,233,396)	(1,357,195)
<b>OP</b>					
Cases	99	165	170	175	180
Net Revenue	656,308	1,118,458	1,178,279	1,240,225	1,304,362
Variable Cost	314,787	545,630	584,651	625,920	669,556
Fixed Cost	148,123	256,747	275,108	294,528	315,060
Total Margin	193,398	316,081	318,519	319,777	319,746
<b>Combined Total Margin</b>	<b>(365,738)</b>	<b>(695,846)</b>	<b>(799,959)</b>	<b>(913,620)</b>	<b>(1,037,450)</b>

**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 OPPS 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.



Certificate of Need Program

**SERVICE-SPECIFIC REVENUES AND EXPENSES**

**Project Title:** SSM Health St. Joseph St. Charles **Project #:** #6096

**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.

	<b>Year</b>		
	<u>2024</u>	<u>2025</u>	<u>2026</u>
<b>Amount of Utilization:*</b>	274	282	291
<b>Revenue:</b>			
Average Charge**	\$51,329	\$52,484	\$53,665
Gross Revenue	\$14,064,245	\$14,800,564	\$15,616,562
Revenue Deductions	11,144,148	11,735,102	12,390,001
Operating Revenue	2,920,097	3,065,462	3,226,561
Other Revenue	0	0	0
<b>TOTAL REVENUE</b>	<b>\$2,920,097</b>	<b>\$3,065,462</b>	<b>\$3,226,561</b>
<b>Expenses:</b>			
Direct Expenses			
Salaries	1,505,868	1,611,829	1,729,801
Fees	0	0	0
Supplies	757,804	811,127	870,494
Other	1,172,628	1,255,140	1,347,006
<b>TOTAL DIRECT</b>	<b>\$3,436,300</b>	<b>\$3,678,096</b>	<b>\$3,947,301</b>
Indirect Expenses			
Depreciation	257,000	257,000	257,000
Interest***	0	0	0
Rent/Lease	0	0	0
Overhead****	0	0	0
<b>TOTAL INDIRECT</b>	<b>\$257,000</b>	<b>\$257,000</b>	<b>\$257,000</b>
<b>TOTAL EXPENSES</b>	<b>\$3,693,300</b>	<b>\$3,935,096</b>	<b>\$4,204,301</b>
<b>NET INCOME (LOSS):</b>	<b>-\$773,203</b>	<b>-\$869,634</b>	<b>-\$977,740</b>

\*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.

**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.