

From: [Alan Greenwood \(SMAMO-SC\)](#)
To: [Fick, Mackinzey](#)
Cc: [John Maschger \(SMAMO\)](#); [Kelly Pearce \(SMAMO\)](#)
Subject: RE: EXTERNAL: CON 6083
Date: Wednesday, May 22, 2024 4:09:20 PM
Attachments: [image003.png](#)
[St. Mary's Surgical Center - 2024Q1 Proposal 02-24 Intuitive Purchase Quote 2024-05-15 \(002\).pdf](#)
[form1865 CY 24, 25, 26 Revised 051424.pdf](#)
[daVinci supplemental information for CON.docx](#)

Good afternoon Mackinzey,

Please see the responses and attached documents.

1. After reviewing the quotes, I am unable to verify where each cost came from. Please advise. **Please see attached quote. I inadvertently attached the wrong one to the application.**
2. Provide the projects service area. This can be a group of counties or zip codes. **Jackson, Clay, Lafayette, and Cass, Counties in Missouri**
3. Divider three, question one states to address the minimal utilization for the service area (this is located within our regulations). Also provide statistics from other facilities who utilize this service in your geographic area. **Yes, SMSC and SMMC will exceed the minimum annual utilization standard of 240 surgical cases per year. We plan to perform 350 cases in year 1, and annually increase robotic volume year over year. See attached daVinci Supplemental information document.**
4. Do you currently have a mobile unit? – **NO, we do not have a mobile unit.**
5. The business credit application does not appear to be sufficient documentation for unrestricted funds. 19 CSR 60-50.470 (2) Document that sufficient financing will be available to assure completion of the project by providing a letter from a financial institution saying it is willing to finance the project, or an auditor's statement that unrestricted funds are available for the project. **We are waiting to hear back from our corporate office to provide the information requested.**
6. A historical revenues and expenses form was completed. How do you have utilization for this type of equipment if it is a new unit? **See attached revised form 1865 CY 24, 25, 26**
7. The revenues and expenses form should only include information on the service you are providing (ex. Robotic Surgery). If this includes anything more, please revise these forms and resubmit. **See attached revised form 1865 CY 24, 25, 26**

Please contact me if you have further questions. FYI... I will be out of the office starting May 23rd and will return on May 28th.

Thanks,

Alan Greenwood, RN, MBA, CASC | Administrator

St. Mary's Surgical Center | 203 NW R.D. Mize Road, Suite 218 | Blue Springs, MO 64014
O: 816-874-4190 | C: 816-564-5484 | cgreenwood@primehealthcare.com
www.stmaryssurgicalcenter.com



From: Fick, Mackinzey <Mackinzey.Fick@health.mo.gov>
Sent: Monday, May 13, 2024 4:36 PM
To: Alan Greenwood (SMAMO-SC) <cgreenwood@primehealthcare.com>
Subject: EXTERNAL: CON 6083

Alan,

After reviewing your application, some additional information is needed.

1. After reviewing the quotes, I am unable to verify where each cost came from. Please advise.
2. Provide the projects service area. This can be a group of counties or zip codes.
3. Divider three, question one states to address the minimal utilization for the service area (this is located within our regulations). Also provide statistics from other facilities who utilize this service in your geographic area.
4. Do you currently have a mobile unit?
5. The business credit application does not appear to be sufficient documentation for unrestricted funds. 19 CSR 60-50.470 (2) Document that sufficient financing will be available to assure completion of the project by providing a letter from a financial institution saying it is willing to finance the project, or an auditor's statement that unrestricted funds are available for the project.
6. A historical revenues and expenses form was completed. How do you have utilization for this type of equipment if it is a new unit?
7. The revenues and expenses form should only include information on the service you are providing (ex. Robotic Surgery). If this includes anything more, please revise these forms and resubmit.

This information is needed by Thursday, May 23, 2024.

Mackinzey Fick (Name change from Lux to Fick)

Assistant Program Coordinator, Certificate of Need

Department of Health and Senior Services

920 Wildwood Drive, P.O. Box 570

Jefferson City, MO 65102

OFFICE: 573-751-6403

FAX: 573-751-7894

EMAIL: mackinzey.fick@health.mo.gov

<http://health.mo.gov/information/boards/certificateofneed/index.php>

The information contained in this email may be confidential and/or legally privileged, including HIPAA Protected Health Information or information that is proprietary or trade secret. It has been sent for the sole use of the intended recipient(s). If you are not the intended recipient, you are hereby notified that any unauthorized review, use, disclosure, dissemination, distribution, or copying of this communication is strictly prohibited. If you received this communication in error, please inform the sender and destroy all copies of the message. The organization accepts no liability for any damage caused by transmittance of this email. Thank you.



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

Quote Details

Quote ID	Q-00043750
Quote Date	2/21/2024
Valid Until	08/30/2024
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 Xi® Dual Console SystemOne (2): da Vinci Xi System Surgeon Console One (1): da Vinci Xi System Patient Cart One (1): da Vinci Xi System Vision Cart da Vinci Xi System Documentation da Vinci Xi System Software Training Instrument Starter Kit Accessory Starter Kit Drapes Vision Equipment (All Kits subject to change without notice)	\$ 2,350,000.00	\$ 2,350,000.00
Simulators				
	1	Da Vinci SimNow Simulator Includes items*377773 Simulator, SimNow600092 First year of SimNow Service & Benefits (included with new placement. Not included for trades)	\$ 100,000.00	\$ 100,000.00
Upgrades				
	1	E-100 Generator	\$ 25,000.00	\$ 25,000.00
	1	Da Vinci Xi Table Motion Upgrade	\$ 75,000.00	\$ 75,000.00
	1	Intuitive Hub (Orpheus System) containing: - Media Manager - Telepresence	\$ 40,000.00	\$ 40,000.00
Freight				
	1	System Freight - Central (AR, IA, IL, KS, LA, MN, MO, ND, NE, OK, SD, TX, WI)	\$ 10,750.00	\$ 10,750.00
Total				\$ 2,600,750.00

Part Number	Months	Item	Price	Annual Service Fee
Service				
	12	da Vinci Xi-Dual Console-Human Use (Systems)-SERVICE PLAN : DVCOMPLETE CARE-Warranty (Included)	\$ 0.00	\$ 0.00
	48	da Vinci Xi-Dual Console-Human Use (Systems)-SERVICE PLAN : DVCOMPLETE CARE-After Warranty Service (Annual)	\$ 179,000.00	\$ 179,000.00
	12	SIMULATOR,ANNUAL SERVICE,IS3000,IS4000,I-Subscription (Included)	\$ 0.00	\$ 0.00
	48	SIMULATOR,ANNUAL SERVICE,IS3000,IS4000,I-Subscription Fee	\$ 20,000.00	\$ 20,000.00

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® Xi™ Dual Console System (Firefly™ Fluorescence Imaging Enabled)

Two (2): da Vinci® Xi™ System Surgeon Consoles
One (1): da Vinci® Xi™ System Patient Cart
One (1) da Vinci® Xi™ System Vision Cart
Warranty period: One (1) year from the Acceptance.

da Vinci® Xi™ System Documentation including:

User's Manual For System
Warranty period: n/a

User's Manual for Instruments and Accessories
Warranty period: n/a

One (1) da Vinci® Xi™ Cleaning & Sterilization Kit
Warranty period: 90 days from Acceptance
Two (2) da Vinci® Xi™ Instrument Release Kit (IRK)
Warranty period: 90 days from Acceptance

da Vinci® Xi™ System Software

Warranty period: One (1) year from the Acceptance.

Instrument and Accessories including:

Accessory Starter Kit

Two (2): Box of 6: 8 mm Bladeless Obturator
One (1): 8 mm Blunt Obturator
Four (4): Box of 10: 5 mm - 8 mm Universal Seal
Four (4): 8 mm Cannula
Three (3): Monopolar Energy Instrument Cord
Three (3): Bipolar Energy Instrument Cord
One (1): Box of 3: da Vinci® Xi™ Gage Pin
Three (3): Instrument Introducer
One (1): Box of 10: Tip Cover for Hot Shears™ (MCS)
One (1): Pmed Cable, Covidien Force Traid ESU
Warranty period: 90 days from Acceptance

Drapes

Two (2): Pack of 20 da Vinci® Xi™ Arm Drape
One (1): Pack of 20 da Vinci® Xi™ Column Drape
Warranty period: 90 days from Acceptance

Vision Equipment:

Two (2) : da Vinci® Xi™ Endoscope with Camera, 8 mm 0 degree
Two (2): da Vinci® Xi™ Endoscope with Camera, 8 mm 30 degree
Four (4): da Vinci® Xi™ Endoscope Sterilization Tray
Warranty period: One (1) year from the Acceptance.

Training Instrument Starter Kit

One (1): Large Needle Driver
One (1): ProGrasp™ Forceps
One (1): Maryland Bipolar Forceps
One (1): Hot Shears™ (Monopolar Curved Scissors)
One (1): Tip-Up Fenestrated Grasper
One (1): Mega™ SutureCut™ Needle Driver
Warranty period: 90 days from Acceptance

(all kits subject to change without notice)(rev 4/2015)

daVinci robotic-assisted surgery (RAS) has proven its ability to lower the total cost of care with improved patient outcomes, including improved length of stay, lower complication, SSI and readmission rates.

RAS also significantly improves ergonomics for surgeons, improving surgeon quality of life and potentially extending their surgical careers, in times where there is a shortage of physician specialists and recruiting is becoming more difficult.

daVinci has become the #1 soft tissue surgery approach in the Kansas City area.

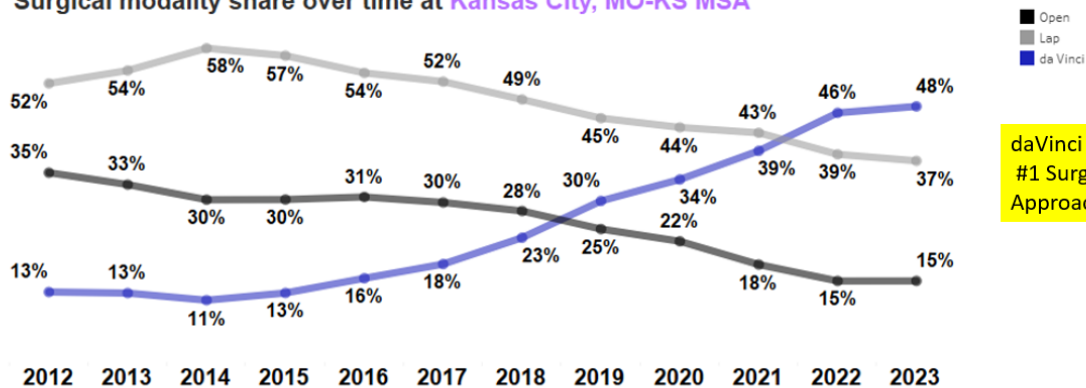
- The open surgical rate has gone from 35% in 2012 to 15% in 2023

Exhibit – Kansas City surgical approach evolution 2012-2023: dV/lap/open

Kansas City Modality Adoption

Soft Tissue Surgery

Surgical modality share over time at Kansas City, MO-KS MSA



daVinci – #1 Surgical Approach

Exhibit – daVinci is critical in meeting hospital goals as part of the quadruple aim



There is now an expectation that resident education is inclusive of robotic surgery experience. Residents are seeking jobs that often require robotic experience as an expectation of employment (even in rural hospital settings).

Exhibit – daVinci Resident Experience Top 100 Resident Programs

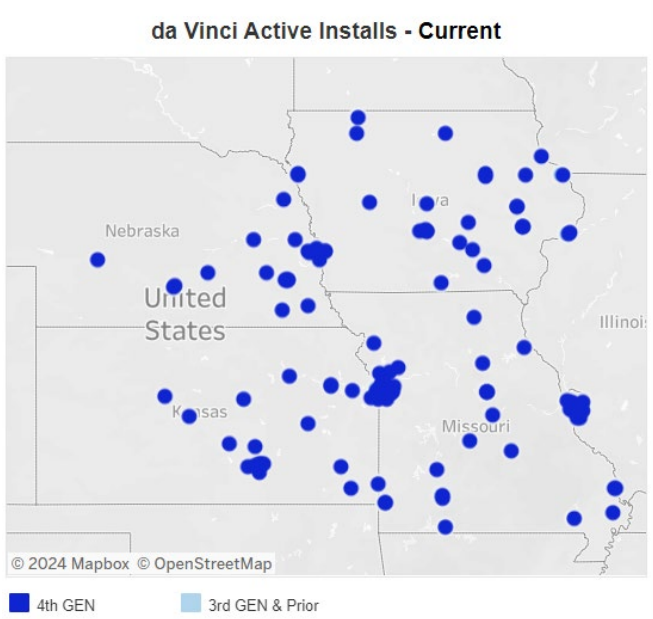
Resident Experience:
100 largest residency program hospitals in the U.S.

Percentage of residency programs that perform surgery utilizing the da Vinci® system in each category



* List of programs provided via public data request from the Accreditation Council for Graduate Medical Education. 2020-2021 academic year (July 1, 2020-June 30, 2021) by resident fellow count
[†] Information based on Intuitive internal analysis of SAP Hana data as of October 24, 2022
[‡] Information based on Intuitive internal data as of November 17, 2021

Exhibit – Regional daVinci programs at many potential resident employment opportunities (rural and urban hospital sites)



St Mary's competes for patients that can choose healthcare across the state line with ease. Hospitals with RAS programs commonly have moved to robotic fleets to meet the needs of patient demand. Hospitals without daVinci systems are losing patients to hospitals that offer RAS.

Exhibit – Kansas City area hospitals with >2 daVinci systems

Kansas City Area Hospitals (blinded)

> 2 daVinci systems

Hospitals with > 2 daVinci systems		
Hospital	MSA	Total daVinci Systems
Hospital 1 - KS	Kansas City, MO-KS MSA	5
Hospital 2 - KS	Kansas City, MO-KS MSA	5
Hospital 3 - KS	Kansas City, MO-KS MSA	4
Hospital 4 - KS	Kansas City, MO-KS MSA	4
Hospital 5 - MO	Kansas City, MO-KS MSA	3
Hospital 6 - MO	Kansas City, MO-KS MSA	3
Hospital 7 - MO	Kansas City, MO-KS MSA	3
Hospital 8 - MO	Kansas City, MO-KS MSA	3
Hospital 9 - MO	Kansas City, MO-KS MSA	3
Hospital 10 - MO	Kansas City, MO-KS MSA	2
Hospital 11 - MO	Kansas City, MO-KS MSA	2
Hospital 12 - KS	Kansas City, MO-KS MSA	2
Hospital 13 - MO	Kansas City, MO-KS MSA	2

From: [Alan Greenwood \(SMAMO-SC\)](#)
To: [Fick, Mackinzey](#)
Cc: [Kelly Pearce \(SMAMO\)](#); [John Maschger \(SMAMO\)](#)
Subject: RE: EXTERNAL: CON 6083
Date: Friday, May 31, 2024 10:22:57 AM
Attachments: [image001.png](#)
[form1865 CY 25 26 27 Revised 052824.pdf](#)

Good morning Mackinzey,

Please see the responses to your requests for additional information.

- Provide utilization numbers from other facilities that utilize a robotic surgery system within your geographic area. The DaVinci word document did not capture that. – **In 2023, average of 304 procedures per daVinci robotic system in our geographic service area.**
- Provide year 2027 utilization. – **See attached revised MO 580-1865**
- The business credit application does not appear to be sufficient documentation for unrestricted funds. 19 CSR 60-50.470 (2) Document that sufficient financing will be available to assure completion of the project by providing a letter from a financial institution saying it is willing to finance the project, or an auditor's statement that unrestricted funds are available for the project. – **we are still waiting for the financial funding documents from our corporate office. We apologize for the delay.**

Please contact me with any additional questions.

Thanks,

Alan Greenwood, RN, MBA, CASC | Administrator
St. Mary's Surgical Center | 203 NW R.D. Mize Road, Suite 218 | Blue Springs, MO 64014
O: 816-874-4190 | C: 816-564-5484 | cgreenwood@primehealthcare.com
www.stmaryssurgicalcenter.com



From: Fick, Mackinzey <Mackinzey.Fick@health.mo.gov>
Sent: Thursday, May 23, 2024 11:10 AM
To: Alan Greenwood (SMAMO-SC) <cgreenwood@primehealthcare.com>
Subject: RE: EXTERNAL: CON 6083
Importance: High

Alan,

After review of the additional information, some items are still needed.

**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.

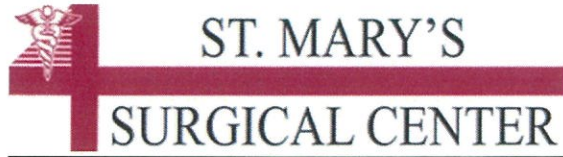
	Year		
	<u>2025</u>	<u>2026</u>	<u>2027</u>
Amount of Utilization:*	351	368	387
Revenue:			
Average Charge**	\$38,000	\$38,000	\$38,000
Gross Revenue	<u>\$13,338,000</u>	<u>\$13,984,000</u>	<u>\$14,706,000</u>
Revenue Deductions	<u>10,694,711</u>	<u>11,208,546</u>	<u>11,791,774</u>
Operating Revenue	<u>2,643,289</u>	<u>2,775,454</u>	<u>2,914,226</u>
Other Revenue	<u>0</u>	<u>0</u>	<u>0</u>
TOTAL REVENUE	<u>\$2,643,289</u>	<u>\$2,775,454</u>	<u>\$2,914,226</u>
Expenses:			
Direct Expenses			
Salaries	<u>210,600</u>	<u>220,800</u>	<u>232,200</u>
Fees	<u>509,040</u>	<u>534,492</u>	<u>561,216</u>
Supplies	<u>0</u>	<u>154,000</u>	<u>154,000</u>
Other	<u>0</u>	<u>0</u>	<u>0</u>
TOTAL DIRECT	<u>\$719,640</u>	<u>\$909,292</u>	<u>\$947,416</u>
Indirect Expenses			
Depreciation	<u>0</u>	<u>0</u>	<u>0</u>
Interest***	<u>0</u>	<u>0</u>	<u>0</u>
Rent/Lease	<u>210,000</u>	<u>210,000</u>	<u>210,000</u>
Overhead****	<u>0</u>	<u>0</u>	<u>0</u>
TOTAL INDIRECT	<u>\$210,000</u>	<u>\$210,000</u>	<u>\$210,000</u>
TOTAL EXPENSES	<u>\$929,640</u>	<u>\$1,119,292</u>	<u>\$1,157,416</u>
NET INCOME (LOSS):	<u>\$1,713,649</u>	<u>\$1,656,162</u>	<u>\$1,756,810</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.



June 4, 2024

Charlie Shields, President and CEO, University Health
2301 Holmes Street
Kansas City, MO 64108

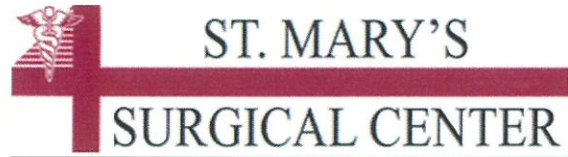
Mr. Charlie Shields,

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



June 4, 2024

Paul Hancock, CEO, Research Medical Center
2316 E Meyer Blvd
Building 2, Suite 646
Kansas City, MO 64132

Mr. Hancock,

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

*Mackinze*y Fick (Name change from Lux to Fick)

Assistant Program Coordinator, Certificate of Need

Department of Health and Senior Services

920 Wildwood Drive, P.O. Box 570

Jefferson City, MO 65102

OFFICE: 573-751-6403

FAX: 573-751-7894

EMAIL: [<http://health.mo.gov/information/boards/certificateofneed/index.php>](mailto:mackinzey.fick@health.mo.gov</p></div><div data-bbox=)

From: Alan Greenwood (SMAMO-SC) <cgreenwood@primehealthcare.com>

Sent: Friday, June 7, 2024 10:05 AM

To: Fick, Mackinze

y <[**Cc:** Kelly Pearce \(SMAMO\) <\[kpearce@primehealthcare.com\]\(mailto:kpearce@primehealthcare.com\)>; John Maschger \(SMAMO\)](mailto:Mackinzey.Fick@health.mo.gov></p></div><div data-bbox=)

<jmaschger@primehealthcare.com>

Subject: RE: EXTERNAL: CON 6083

Hello Mackinze

y,

First, I want to thank you for your patience and willingness to help us through this process. You have been extremely helpful. Below are the responses to your request for additional information.

- Provide utilization numbers from other facilities that utilize a robotic surgery system within your geographic area. The DaVinci word document did not capture that. Regulation 19 CSR 60-50.440 states (1) For new units or services in the service area, use the following. (A) Provide the minimum annual utilization for each of the other providers in the service area for the most recent three (3) full years, if applicable. The provider(s) should achieve at least the following community need rates as follows by the final year: 8. Robotic surgery system: 240. **St. Mary's Surgical Center's primary service area is Jackson County, Missouri. We consider Clay, Lafayette, and Cass, Counties in Missouri secondary service areas and we do not have direct competitors in these counties.**

Based on CON data (posted on our website), it looks as if there are 2 facilities within Cass County that provide this service, 3 within Clay, and 8 within Jackson. Please reach out to the facilities and provide their utilization for this service – exact amounts are needed. **We have attempted to contact Lee's Summit Hospital, Centerpoint Medical Center, and St. Luke's East Hospital and have not been able to obtain volumes from these facilities.**

The business credit application does not appear to be sufficient documentation for

unrestricted funds. 19 CSR 60-50.470 (2) Document that sufficient financing will be available to assure completion of the project by providing a letter from a financial institution saying it is willing to finance the project, or an auditor's statement that unrestricted funds are available for the project. At this time, I understand that you do not have this document, however, do you have a rough date as to when we will receive this? **Please see attached financing letter from Prime Healthcare.**

- It appears the application only included letters to 4 out of 13 facilities within the service area. Have the other 9 facilities been notified as well? **I have sent additional notification letters of our intent to purchase a daVinci Robotic system to Research Medical Center and University Health System which should cover all 8 facilities in Jackson County, Missouri (See attached).**

Thank,

Alan Greenwood, RN, MBA, CASC | Administrator

St. Mary's Surgical Center | 203 NW R.D. Mize Road, Suite 218 | Blue Springs, MO 64014

O: 816-874-4190 | C: 816-564-5484 | cgreenwood@primehealthcare.com

www.stmaryssurgicalcenter.com



From: Fick, Mackinzey <Mackinzey.Fick@health.mo.gov>

Sent: Monday, June 3, 2024 3:10 PM

To: Alan Greenwood (SMAMO-SC) <cgreenwood@primehealthcare.com>

Subject: RE: EXTERNAL: CON 6083

Importance: High

Alan,

This information is needed by Monday, June 10, 2024.

Mackinzey Fick (Name change from Lux to Fick)

Assistant Program Coordinator, Certificate of Need

Department of Health and Senior Services

920 Wildwood Drive, P.O. Box 570

Jefferson City, MO 65102



1020 Kifer Road
Sunnyvale, CA 94086

T. 408-523-2100
F. 408-523-1390

[intuitive.com](https://www.intuitive.com)

June 25, 2024

St. Mary's Medical Center
201 NE R D Mize Rd
Blue Springs, MO 64014

Lease Approval

Dear St. Mary's Medical Center:

This letter is to confirm that St. Mary's Medical Center based at 201 NE R D Mize Road, Blue Springs, MO 64014 is approved for a 60-month operating lease with Intuitive Surgical for the acquisition of a DaVinci System.

The credit approval was granted based on Prime Healthcare's (Parent Company) audited financial statements, Duns and Bradstreet report and additional internal information. A credit evaluation was performed to produce an internal credit score which was granted to both the Parent Company and all associated child accounts.

This approval is valid through December 31, 2024, for completion of system acquisition.

Sincerely,

Tiara E. Wright, MBA, CBA

Credit Supervisor- Commercial Credit

<https://www.intuitive.com/en-us>

Compound Monthly

Nominal A 5.00%
 Effective A 5.12%
 Periodic R: 0.42%
 Daily Rate: 0.01%

Cash Flow Data - Leases and Lease Payments

Event	Date	Amount	Number	Period	End Date
1 Lease	#####	#####	1		
2 Lease Payr	#####	42,101.36	60	Monthly	#####
3 FMV Buyo	#####	#####	1		

TValue Amortization Schedule - Normal, 365 Day Year

	Date	Lease Payr	Interest	Principal	Balance
Lease	#####				#####
1	#####	42,101.36	10,566.67	31,534.69	#####
2	#####	42,101.36	10,435.27	31,666.09	#####
3	#####	42,101.36	10,303.33	31,798.03	#####
4	#####	42,101.36	10,170.84	31,930.52	#####
5	#####	42,101.36	10,037.79	32,063.57	#####
6	#####	42,101.36	9,904.20	32,197.16	#####
2024 Totals		#####	61,418.10	#####	
7	#####	42,101.36	9,770.04	32,331.32	#####
8	#####	42,101.36	9,635.33	32,466.03	#####
9	#####	42,101.36	9,500.05	32,601.31	#####
10	#####	42,101.36	9,364.21	32,737.15	#####
11	#####	42,101.36	9,227.81	32,873.55	#####
12	#####	42,101.36	9,090.84	33,010.52	#####
13	#####	42,101.36	8,953.29	33,148.07	#####
14	#####	42,101.36	8,815.17	33,286.19	#####
15	#####	42,101.36	8,676.48	33,424.88	#####
16	#####	42,101.36	8,537.21	33,564.15	#####
17	#####	42,101.36	8,397.36	33,704.00	#####
18	#####	42,101.36	8,256.93	33,844.43	#####
2025 Totals		#####	#####	#####	
19	#####	42,101.36	8,115.91	33,985.45	#####
20	#####	42,101.36	7,974.30	34,127.06	#####
21	#####	42,101.36	7,832.11	34,269.25	#####
22	#####	42,101.36	7,689.32	34,412.04	#####
23	#####	42,101.36	7,545.94	34,555.42	#####
24	#####	42,101.36	7,401.95	34,699.41	#####
25	#####	42,101.36	7,257.37	34,843.99	#####
26	#####	42,101.36	7,112.19	34,989.17	#####
27	#####	42,101.36	6,966.40	35,134.96	#####
28	#####	42,101.36	6,820.01	35,281.35	#####
29	#####	42,101.36	6,673.00	35,428.36	#####
30	#####	42,101.36	6,525.38	35,575.98	#####
2026 Totals		#####	87,913.88	#####	
31	#####	42,101.36	6,377.15	35,724.21	#####
32	#####	42,101.36	6,228.30	35,873.06	#####
33	#####	42,101.36	6,078.83	36,022.53	#####
34	#####	42,101.36	5,928.73	36,172.63	#####
35	#####	42,101.36	5,778.01	36,323.35	#####
36	#####	42,101.36	5,626.67	36,474.69	#####
37	#####	42,101.36	5,474.69	36,626.67	#####
38	#####	42,101.36	5,322.08	36,779.28	#####
39	#####	42,101.36	5,168.83	36,932.53	#####
40	#####	42,101.36	5,014.95	37,086.41	#####
41	#####	42,101.36	4,860.42	37,240.94	#####
42	#####	42,101.36	4,705.25	37,396.11	#####
2027 Totals		#####	66,563.91	#####	
43	#####	42,101.36	4,549.43	37,551.93	#####
44	#####	42,101.36	4,392.96	37,708.40	#####
45	#####	42,101.36	4,235.85	37,865.51	#####
46	#####	42,101.36	4,078.07	38,023.29	#####
47	#####	42,101.36	3,919.64	38,181.72	#####
48	#####	42,101.36	3,760.55	38,340.81	#####
49	#####	42,101.36	3,600.80	38,500.56	#####
50	#####	42,101.36	3,440.38	38,660.98	#####
51	#####	42,101.36	3,279.29	38,822.07	#####
52	#####	42,101.36	3,117.53	38,983.83	#####
53	#####	42,101.36	2,955.10	39,146.26	#####
54	#####	42,101.36	2,791.99	39,309.37	#####
2028 Totals		#####	44,121.59	#####	
55	#####	42,101.36	2,628.20	39,473.16	#####
56	#####	42,101.36	2,463.73	39,637.63	#####
57	#####	42,101.36	2,298.57	39,802.79	#####
58	#####	42,101.36	2,132.73	39,968.63	#####
59	#####	42,101.36	1,966.19	40,135.17	#####
60	#####	42,101.36	1,798.96	40,302.40	#####
61	#####	#####	1,631.02	#####	0
2029 Totals		#####	14,919.40	#####	
Grand Totals		#####	#####	#####	

Last interest amount decreased by 0.02 due to rounding.

ANNUAL P The cost of 5.00%
 FINANCE C The dollar #####
 Amount Fi The amount #####
 Total of Pa The amount #####

From: [Alan Greenwood \(SMAMO-SC\)](#)
To: [Fick, Mackinzey](#)
Cc: [Kelly Pearce \(SMAMO\)](#); [John Maschger \(SMAMO\)](#)
Subject: RE: EXTERNAL: CON 6083
Date: Wednesday, July 3, 2024 9:25:04 AM
Attachments: [image001.png](#)

Good morning Mackinzey,

I agree with your findings.

Thanks,

Alan Greenwood, RN, MBA, CASC | Administrator
St. Mary's Surgical Center | 203 NW R.D. Mize Road, Suite 218 | Blue Springs, MO 64014
O: 816-874-4190 | C: 816-564-5484 | cgreenwood@primehealthcare.com
www.stmaryssurgicalcenter.com



From: Fick, Mackinzey <Mackinzey.Fick@health.mo.gov>
Sent: Tuesday, July 2, 2024 4:02 PM
To: Alan Greenwood (SMAMO-SC) <cgreenwood@primehealthcare.com>
Subject: EXTERNAL: CON 6083
Importance: High

We reviewed the utilization standard and geographic service area documentation presented in the CON application. Below is the data our office was able to obtain.

Location	County	# of Units	Utilization
Centerpoint Medical Center	Jackson	7*	Unable to obtain information
Lee's Summit Medical Center	Jackson	3*	Unable to obtain information
Research Medical Center	Jackson	4*	Unable to obtain information
St. Luke's East Hospital	Jackson	2*	Unable to obtain information
St. Luke's Hospital of KC	Jackson	3	622 in 2021, 632 in 2022, 568 in 2023
St. Luke's Surgicenter Lee's Summit	Jackson	1	1,179 in 2021, 1,348 in 2022, 1,410 in 2023
St. Joseph Medical Center	Jackson	1	179 in 2021, 180 in 2022, 189 in 2023

*Orthopedic Based

University Health Truman Medical Center	Jackson	1*	Unable to obtain information
Total		22	

** Units based on CON report and additional information from past projects.*

If you disagree with our findings, please provide alternative data with sources attached and if you agree with our findings, please state so.

Your response is needed by 7/9/2024. Thank you.

Mackinze Fick (Name change from Lux to Fick)

Assistant Program Coordinator, Certificate of Need

Department of Health and Senior Services

920 Wildwood Drive, P.O. Box 570

Jefferson City, MO 65102

OFFICE: 573-751-6403

FAX: 573-751-7894

EMAIL: mackinze.fick@health.mo.gov

<http://health.mo.gov/information/boards/certificateofneed/index.php>

The information contained in this email may be confidential and/or legally privileged, including HIPAA Protected Health Information or information that is proprietary or trade secret. It has been sent for the sole use of the intended recipient(s). If you are not the intended recipient, you are hereby notified that any unauthorized review, use, disclosure, dissemination, distribution, or copying of this communication is strictly prohibited. If you received this communication in error, please inform the sender and destroy all copies of the message. The organization accepts no liability for any damage caused by transmittance of this email. Thank you.