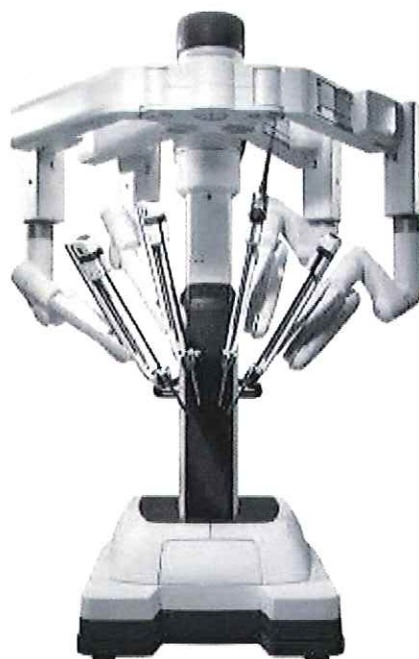




# Application to the Missouri Health Facilities Review Committee

Project: Boone Health Robotic Expansion Project, #6101 HS





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

Project Name, Boone Health robotic expansion project

Project No. # 6101 HS

Project Description, This application is to secure additional robotic resources to allow us to better serve our patients surgical needs.

Done Page N/A Description

**Divider I. Application Summary:**

- ✓ 4 1 Applicant Identification and Certification (Form MO 580-1861)
- ✓ 5-8 2 Representative Registration (Form MO 580-1869)
- ✓ 9 3 Proposed Project Budget (Form MO 580-1863) and detail sheet with documentation of costs

**Divider II. Proposal Description:**

- ✓ 10-16 1 Provide a complete detailed project description and include equipment bid quotes
- ✓ 17 2 Provide a timeline of events for the project, from CON issuance through project completion.
- ✓ 18 3 Provide a legible city or county map showing the exact location of the project.
- ✓ 18-19 4 Define the community to be served and provide the geographic service area for the equipment.
- ✓ 19 5 Provide other statistics to document the size and validity of any user-defined geographic service area.
- ✓ 20 6 Identify specific community problems or unmet needs the proposal would address
- ✓ 20 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.
- ✓ 20 8. Provide the methods and assumptions used to project utilization.
- ✓ 21 9 Document that consumer needs and preferences have been included in planning this project and describe how consumers had an opportunity to provide input.
- ✓ 22-27 10 Provide copies of any petitions, letters of support or opposition received.
- ✓ 22 11 Document that providers of similar health services in the proposed service area have been notified of the application by a public notice in the local newspaper
- ✓ 22, 28-33 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.
- ✓ 23 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:**

- ✓ 34-35 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
- ✓ 34, 36-37 2 Provide Service-Specific Revenues and Expenses (Form MO 580-1865) projected through three (3) **FULL** years beyond project completion.
- ✓ 34, 38-41 3 Document how patient charges are derived
- ✓ 34, 42-44 4 Document responsiveness to the needs of the medically indigent.

## **Divider One | Application Summary**

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

See attached form (1)

**2) Representative Registration (Form MO 580-1869)**

See attached *representative registration forms* (4)

Brady Dubois *President and Chief Executive Officer*

Christian Jones *Chief Operating Officer*

Edward Clayton *Chief Financial Officer*

Robin Blount M D , *Chief Medical Officer*

**3) Proposed Project Budget and detail sheet with documentation of costs.**

See Attached form (1) and following detail sheet.

Line 6 *Major Medical Equipment- Major Medical Equipment amount provided by budgetary quote by vendor The quote is current*

Line 16 *Operating funds will be used to support the equipment.*



Certificate of Need Program

**APPLICANT IDENTIFICATION AND CERTIFICATION**

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

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

Title of Proposed Project Boone Health Robotic Expansion Project	Project Number # 6101 HS
Project Address <i>(Street/City/State/Zip Code)</i> 1600 East Broadway Columbia Missouri 65201	County Boone County

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

<b>List All Owner(s):</b> <i>(List corporate entity.)</i>	Address <i>(Street/City/State/Zip Code)</i>	Telephone Number
Boone Health	1600 East Broadway Columbia Missouri 65201	573 815 8000

<b>List All Operator(s):</b> <i>(List entity to be licensed or certified.)</i>	Address <i>(Street/City/State/Zip Code)</i>	Telephone Number
Boone Health	1600 East Broadway Columbia Missouri 65201	573 815 8000

**3. Ownership** *(Check applicable category.)*

- Nonprofit Corporation     
  Individual     
  City     
  District  
 Partnership     
  Corporation     
  County     
  Other \_\_\_\_\_

**4. Certification**

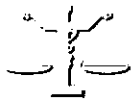
In submitting this project application, the applicant understands that:

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

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

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


Name of Contact Person Sara Rush	Title Director of Surgical Services
Telephone Number 660 886 0241	Fax Number 573 815 3852
Signature of Contact Person <i>Sara Rush</i>	E-mail Address sara.rush@boone.health
	Date of Signature 6/28/24

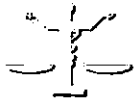


Certificate of Need Program

**REPRESENTATIVE REGISTRATION**

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

Project Name <b>Boone Health Robotic Expansion Project</b>		Number <b>6101 HS</b>
<i>(Please type or print legibly )</i>		
Name of Representative <b>Brady Dubois</b>		Title <b>Chief Executive Officer</b>
Firm/Corporation/Association of Representative (may be different from below e.g. law firm, consultant, other) <b>Boone Health</b>		Telephone Number <b>573-815-3210</b>
Address (Street/City/State/Zip Code) <b>1600 East Broadway Columbia Missouri 65201</b>		
Who's interests are being represented? <i>(If more than one, submit a separate Representative Registration Form for each.)</i>		
Name of Individual/Agency/Corporation/Organization being Represented <b>Boone Health</b>		Telephone Number <b>573-815-8000</b>
Address (Street/City/State/Zip Code) <b>1600 East Broadway Columbia Missouri 65201</b>		
<p>Check one Do you</p> <p><input checked="" type="checkbox"/> Support</p> <p><input type="checkbox"/> Oppose</p> <p><input type="checkbox"/> Neutral</p> <p>Other Information.</p> <p>_____</p> <p>_____</p>		
<p>Relationship to Project:</p> <p><input type="checkbox"/> None</p> <p><input checked="" type="checkbox"/> Employee</p> <p><input type="checkbox"/> Legal Counsel</p> <p><input type="checkbox"/> Consultant</p> <p><input type="checkbox"/> Lobbyist</p> <p><input type="checkbox"/> Other (explain)</p>		
<p>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 <i>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.</i></p>		
Original Signature 		Date <b>5-7-2024</b>



Certificate of Need Program

REPRESENTATIVE REGISTRATION

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

Project Name Boone Health Robotic Expansion Project	Number 6101 HS
--	-------------------

(Please type or print legibly )

Name of Representative Christian Jones	Title Chief Operating Officer
---	----------------------------------

Firm/Corporation/Association of Representative (may be different from below, e.g. law firm, consultant, other) Boone Health	Telephone Number 573-815-6895
--	----------------------------------

Address (Street/City/State/Zip Code) 1600 East Broadway Columbia Missouri 65201
--

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 Boone Health	Telephone Number 573-815-8000
--	----------------------------------

Address (Street/City/State/Zip Code) 1600 East Broadway Columbia Missouri 65201
--

Check one Do you

- Support
- Oppose
- Neutral

Relationship to Project:


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

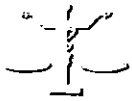
Other Information

\_\_\_\_\_

\_\_\_\_\_

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 5/7/24
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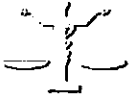


Certificate of Need Program

**REPRESENTATIVE REGISTRATION**

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

Project Name <b>Boone Health Robotic Expansion Project</b>		Number <b>6101 HS</b>
(Please type or print legibly )		
Name of Representative <b>Edward Clayton</b>		Title <b>Chief Financial Officer</b>
Firm/Corporation/Association of Representative (may be different from below, e.g. law firm, consultant, other) <b>Boone Health</b>		Telephone Number <b>573-815-3072</b>
Address (Street/City/State/Zip Code) <b>1600 East Broadway Columbia Missouri 65201</b>		
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 <b>Boone Health</b>		Telephone Number <b>573-815-8000</b>
Address (Street/City/State/Zip Code) <b>1600 East Broadway Columbia Missouri 65201</b>		
Check one Do you <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neutral	Relationship to Project. <input type="checkbox"/> None <input checked="" type="checkbox"/> Employee <input type="checkbox"/> Legal Counsel <input type="checkbox"/> Consultant <input type="checkbox"/> Lobbyist <input type="checkbox"/> 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 <i>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.</i>		
Original Signature 		Date <b>May 6, 2024</b>



Certificate of Need Program

**REPRESENTATIVE REGISTRATION**

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

Project Name Boone Health Robotic Expansion Project	Number 6101 HS
--	-------------------

(Please type or print legibly )

Name of Representative Robin Blount	Title Chief Medical Officer
--	--------------------------------

Firm/Corporation/Association of Representative (may be different from below, e.g. law firm, consultant, other) Boone Health	Telephone Number 573-815-3206
--	----------------------------------

Address (Street/City/State/Zip Code) 1600 East Broadway Columbia Missouri 65201
--

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 Boone Health	Telephone Number 573-815-8000
--	----------------------------------

Address (Street/City/State/Zip Code) 1600 East Broadway Columbia Missouri 65201
--

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 5/6/24
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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 ***	_____	\$0
2	Renovation Costs ***	_____	\$0
<b>3.</b>	<b>Subtotal Construction Costs (#1 plus #2)</b>	_____	\$0
4	Architectural/Engineering Fees	_____	\$0
5	Other Equipment (not in construction contract)	_____	\$0
6	Major Medical Equipment	_____	\$5,072,000
7	Land Acquisition Costs ***	_____	\$0
8	Consultants' Fees/Legal Fees ***	_____	\$0
9	Interest During Construction (net of interest earned) ***	_____	\$0
10	Other Costs ***	_____	
<b>11.</b>	<b>Subtotal Non-Construction Costs (sum of #4 through #10)</b>	_____	\$0
<b>12.</b>	<b>Total Project Development Costs (#3 plus #11)</b>	_____	\$5,072,000 **

**FINANCING:**

13	Unrestricted Funds	_____	\$0
14	Bonds	_____	\$0
15	Loans	_____	\$0
16	Other Methods (specify)	_____	\$5,072,000
<b>17.</b>	<b>Total Project Financing (sum of #13 through #16)</b>	_____	\$5,072,000 **

18	New Construction Total Square Footage	_____	0
19	New Construction Costs Per Square Foot *****	_____	\$0
20	Renovated Space Total Square Footage	_____	0
21	Renovated Space Costs Per Square Foot *****	_____	\$0

\* 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 Two | Proposal Description**

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

Surgical procedures have long been the cornerstone of medical intervention for various ailments. Traditionally, open surgery has been the go-to method for addressing many conditions, involving large incisions to access the target area. However, advancements in medical technology have led to the development of minimally invasive surgery (MIS), which uses smaller incisions and specialized instruments. There are two primary MIS approaches, laparoscopic and robotic. These types of MIS surgery have led to significant outcome improvements for patients such as reduced complications, shorter hospital stays, less pain, and less scarring.

While both laparoscopic and robotic surgical methods have improved surgical outcomes for patients, robotic surgery has opened the gate for continued advancement in minimally invasive surgery. Robotic surgery allows the surgeon to perform complex surgical tasks with instrumentation that can rotate a full 360 degrees whereas laparoscopic surgery is limited by the flexibility of the human wrist. This flexibility along with instruments that are self-powered, computer controlled allows the surgeon better accuracy, flexibility, and control.

Another advantage of robotic surgery over laparoscopic surgery is the ability for the surgeon to have a 3D view of multiple quadrants that are highly magnified. This magnification and pristine view allows the surgeon to visualize anatomic structures with clear definition in their natural color. This view is superior in comparison to the

laparoscopic view which displays images in 2D in limited quadrants. This difference can impact the visualization and depth perception of the surgeon.

This Certificate of Needs is to allow Boone Health to secure additional robotic resources to expand our ability to provide state of the art robotic surgical care to the twenty-five plus counties we serve. Per Intuitive, there are forty-eight robotic programs in the state of Missouri, Boone Health is the fifth busiest program in the state. The programs that hold the first through fourth busiest systems title, only have one robotic platform. Our current program is at capacity and our patients are experiencing increased wait times upwards of two months for their procedures. We have existing providers asking for additional robot console time, and our systems are one hundred percent allocation and utilized at a rate greater than seventy percent. Boone Health also has additional providers joining our system that utilize the robotic platform as their preferred method of surgery. Boone is recognized by Healthgrades as one of the top 100 Hospitals in America and has a five-star quality rating by the Center for Human Services. Acquiring additional robotic platforms will allow Boone Health to further expand the high-quality care and outcomes we provide to more patients in the counties we serve.



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

Quote Details

Quote ID	Q-00049873
Quote Date	5/7/2024
Valid Until	06/30/2024
Sales Rep	Nick Purcell
Phone Number	+1-314-495-2080
Email	nick.purcell@intusurg.com

Company Information

Hospital Name	Boone Hospital Center
SF ID/IDN Affiliation	13425/
Address	1600 E Broadway
City, State, Zip	Columbia Missouri 65201 5897
Contact Name	
Telephone	

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

Part Number	Qty	Item	Price	Subtotal
<b>Systems</b>				
	1	Da Vinci 5 Single Console System (Fluorescence Imaging Included): One (1): da Vinci 5® System Console One (1) da Vinci 5® System Tower One (1) Integrated Insufflator One (1) Integrated E-200 Generator One (1) CO2 Tank Kit One (1): da Vinci 5® System Patient Cart One (1) da Vinci 5® Operating System Software Package (including Integrated table motion) Vision Equipment Accessories Training Instruments da Vinci 5 ® System Documentation	\$ 2 500,000 00	\$ 2,500,000 00
	1	Da Vinci 5 Single Console System (Fluorescence Imaging Included): One (1): da Vinci 5® System Console One (1) da Vinci 5® System Tower One (1) Integrated Insufflator One (1) Integrated E-200 Generator One (1) CO2 Tank Kit One (1): da Vinci 5® System Patient Cart One (1) da Vinci 5® Operating System Software Package (including Integrated table motion) Vision Equipment Accessories Training Instruments da Vinci 5 ® System Documentation	\$ 2 500,000 00	\$ 2,500,000.00
<b>Upgrades</b>				
	1	Intuitive Hub containing Media Manager Telepresence	\$ 0.00	\$ 0.00
	1	Da Vinci E-200 Generator (Backup)	\$ 25,000.00	\$ 25,000 00
	1	Intuitive Hub containing Media Manager Telepresence	\$ 0.00	\$ 0.00
	1	Da Vinci E-200 Generator (Backup)	\$ 25,000.00	\$ 25,000 00
<b>Freight</b>				
	1	System Freight - Central (AR, IA, IL, KS, LA, MN, MO, ND, NE,	\$ 11,000 00	\$ 11,000 00

		OK, SD, TX, WI)		
	1	System Freight Central (AR, IA, IL, KS, LA, MN, MO ND NE, OK, SD TX, WI)	\$ 11 000 00	\$ 11 000 00
Total				\$ 5,072,000.00

Part Number	Months	Item	Price	Annual Service Fee
<b>Service</b>				
	12	da Vinci 5-Single Console-Human Use (Systems)- SERVICE PLAN DVCOMPLETE CARE-Warranty (Included)	\$ 0 00	\$ 0 00
	48	da Vinci 5-Single Console-Human Use (Systems)- SERVICE PLAN DVCOMPLETE CARE-After Warranty Service (Annual)	\$ 195,000.00	\$ 195,000.00
	12	SERVICE PLAN E-200 BACKUP-Warranty (Included)	\$ 0 00	\$ 0.00
	48	SERVICE PLAN E-200 BACKUP-After Warranty Service (Annual)	\$ 0 00	\$ 0 00
	12	da Vinci 5-Single Console-Human Use (Systems)- SERVICE PLAN DVCOMPLETE CARE-Warranty (Included)	\$ 0.00	\$ 0 00
	48	da Vinci 5-Single Console-Human Use (Systems)- SERVICE PLAN DVCOMPLETE CARE-After Warranty Service (Annual)	\$ 195,000.00	\$ 195,000 00
	12	SERVICE PLAN E-200 BACKUP-Warranty (Included)	\$ 0 00	\$ 0 00
	48	SERVICE PLAN E-200 BACKUP-After Warranty Service (Annual)	\$ 0 00	\$ 0 00
<b>Digital Subscription</b>				
	12	CLOUD SERVICES SUBSCRIPTION PACKAGE- Subscription (Included)	\$ 0.00	\$ 0 00
	48	CLOUD SERVICES SUBSCRIPTION PACKAGE- Subscription Fee	\$ 70,000.00	\$ 70,000 00
	12	CLOUD SERVICES SUBSCRIPTION PACKAGE- Subscription (Included)	\$ 0.00	\$ 0 00
	48	CLOUD SERVICES SUBSCRIPTION PACKAGE- Subscription Fee	\$ 70,000.00	\$ 70,000 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](mailto:CustomerSupport-ServiceSupport@intusurg.com) to obtain information on our current exchange program.

### 6) Credit Policy

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

### 7) Miscellaneous

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

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

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

**EXHIBIT A**  
**Deliverables, Price and Delivery**

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

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

**Vision Equipment:**

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

**Accessories.**

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

**Training Instruments**

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

**da Vinci 5® System Documentation**

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

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

Upgrades with Incremental Costs

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

(all kits subject to change without notice)



## **2) Timeline for Davinci Robotic Surgical System**

**Submission of Application date: June 28<sup>th</sup>, 2024**

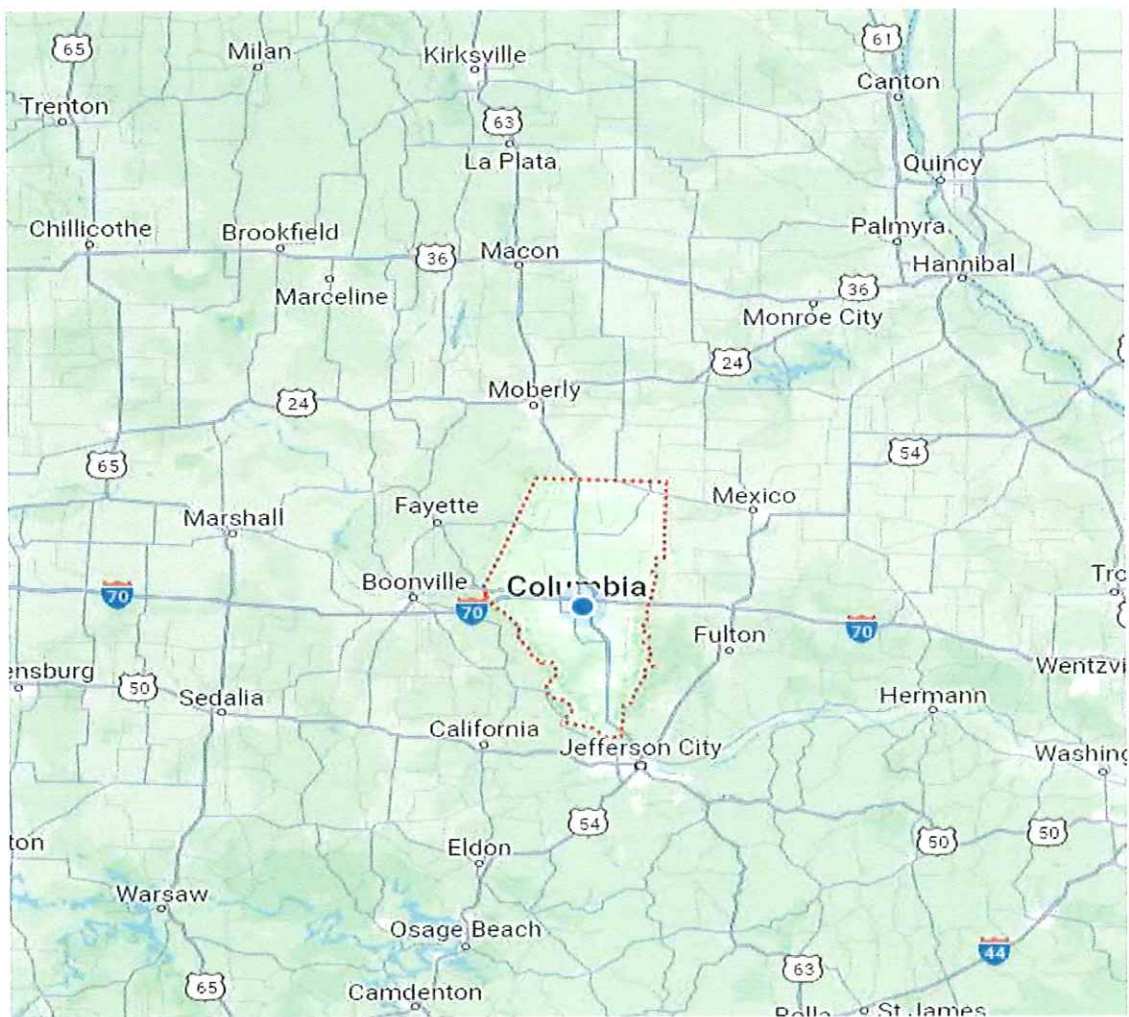
**Application Approval date: September 9<sup>th</sup>, 2024**

**Installation of Equipment date: October 1<sup>st</sup>, 2024**

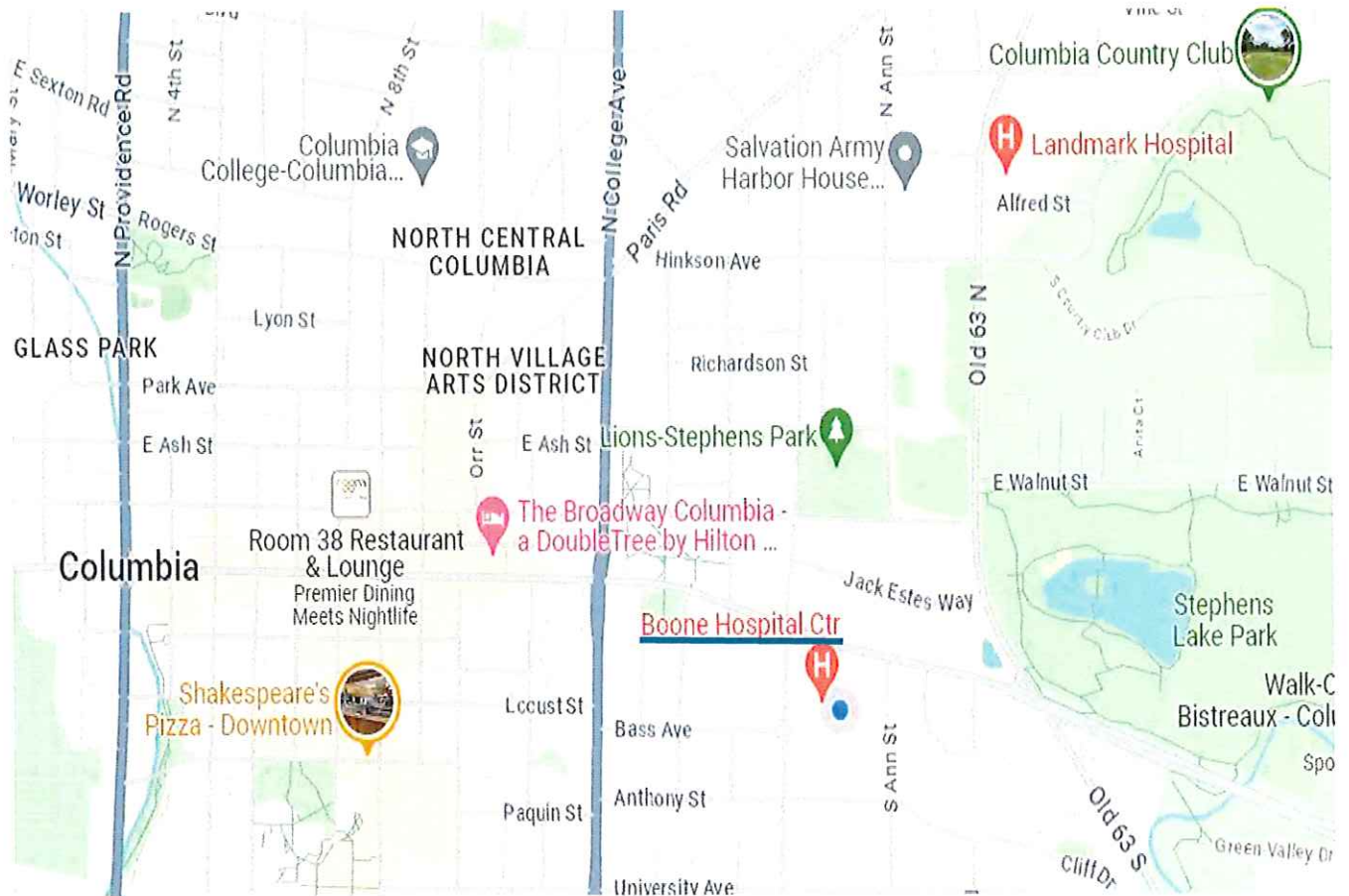
**3) Provide a legible city or county map showing the exact location of the project.**

The following pictures exhibit a map of Boone County, and a map of Boone Health in Boone County which is the location of the project.

Boone Health, Boone County Service Area



## Columbia Missouri and location of Boone Health



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

The community to be served will be the residents of Boone County and the geographic service area is pictured above.

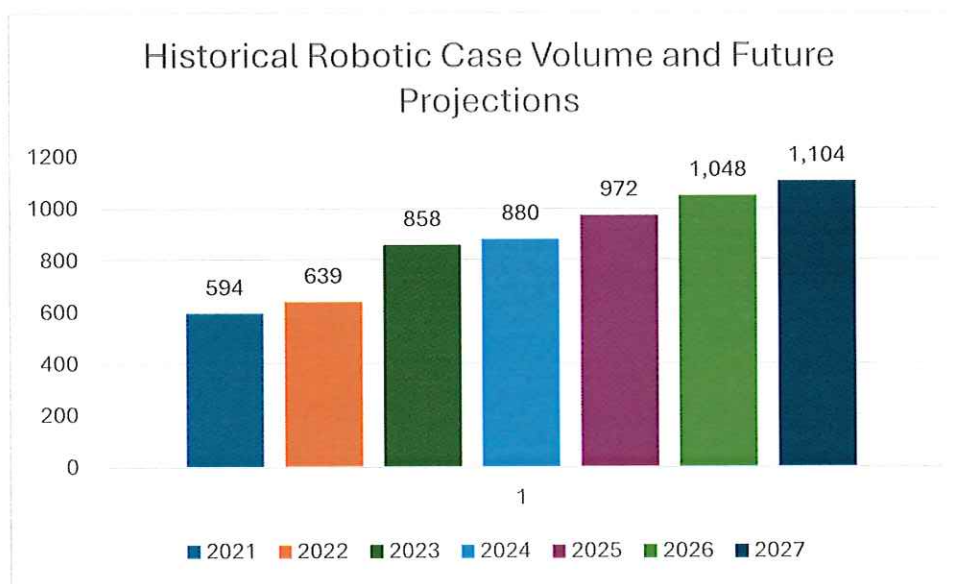
#### 5) Provide other statistics to document the size and validity of any user-defined geographic service area.

Our inpatient admissions for 2023 at Boone Health were 12,839 and our outpatient encounters were 256,476.

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

Additional robotic platforms will allow for greater access for the catchment we serve. Our providers will have adequate access to provide the safest and most efficient care possible. Our current systems are at capacity, affecting the timeframe for care or the modality.

**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.**

Total utilization based on historical volume, additional time robot time requested by existing surgeons, and estimated volume increase due to the addition of new surgeons starting this year.



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

Boone Health posted on its website a public notice conveying a letter of indent was submitted to the state of Missouri to secure additional DaVinci surgical robots.

Boone Health Surgical Robots

June 12, 2024

Boone Health proposes to obtain two additional surgical robots to be located at Boone Hospital Center. Letters of intent were filed with the Missouri Health Facilities review committee. For questions or comments, contact Sara Rush at 1600 E Broadway, Columbia MO 65201, or email at sr00114@boone.health.

Posted in *Uncategorized*

My Boone Health Magazine

Read the latest issue of My Boone Health Magazine

Get a free subscription

Recent Posts

- Boone Health Surgical Robots
- Memorial Day Closures

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

See attached letters of support.

Brady Dubois Chief Executive Officer/President of Boone Health

Chris H Jones Chief Operation Officer

Edward Clayton Chief Financial Officer

Dr. Robin Blount Chief Medical Officer

Drew Wilkinson Vice President of Provider and Ambulatory Services

**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 paper.**

The below notice was posted in the Columbia Daily Tribune from June 20<sup>th</sup>- June 27<sup>th</sup>.

# Classifieds

To Advertise, visit our website: [Classifieds.columbiatribune.com](https://classifieds.columbiatribune.com)  
 Public Notices/Legals email: [Legalads@columbiatribune.com](mailto:Legalads@columbiatribune.com)  
 Business & Services email: [ColumbiaTribBusServ@gannett.com](mailto:ColumbiaTribBusServ@gannett.com)  
 To post job openings, visit: [ColumbiaTribune.com/jobs](https://ColumbiaTribune.com/jobs)

**TO ADVERTISE**

Visit Our Website:

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All classified ads are subject to the applicable rate card, copies and which are available from our Advertising Dept. All ads are subject to approval before publication. The Columbia Daily Tribune reserves the right to edit, refuse, reject, classify or cancel any ad at any time. Errors must be reported in the first day of publication. The Columbia Daily Tribune shall not be liable for any loss or expense that results from an error in or omission of an advertisement. No refunds for early cancellation of orders.

<p><b>Adopt Me</b> Pets at your facies.</p> <p><b>Domestic Pets</b></p> <p>Jack Russell Terriers - 9 wks old. Show parents, show, vaccinated, microchipped, vet checked, home raised. \$125-225 or \$150-200</p> <p><b>Garage sales Market</b> register books.</p> <p><b>Garage Sales</b></p>	<p><b>Professional Service</b> at your needs.</p> <p><b>Professional Service</b></p> <p>Gutters</p> <p><b>Business Gutters</b></p> <ul style="list-style-type: none"> <li>• Fully 573-619-9818</li> <li>• Family Owned Since 1984</li> <li>• Financing Available</li> <li>• Free Estimates</li> </ul> <p><b>Rite-Way Handyman Services, LLC</b> Complete home / business care, incl light testing, windows, painting, carpets, maintenance &amp; cleaning. No Job Too Small. Call Reggie, 273-212-3122</p> <p><b>Your Source Public Notices</b> for the latest.</p>	<p><b>Real Estate/Sale</b></p> <p>described real estate, described in said Deed of Trust, and situated in Boone County, State of Missouri, to wit: LOT ONE (1) OF CALLAHAN MEADOWS, AS SHOWN BY PLAT OF SAID SUBDIVISION, RECORDED IN PLAT BOOK 33, PAGE 3, BOONE COUNTY RECORDS. COUNTY TO Satisfy said debt and cost.</p> <p>MILLSAP &amp; SINGER, P.C., Successor Trustee 412 Spirit Drive St. Louis, MO 63105 (314) 517-0112 File No: 20193 07024 445378 FC</p> <p><b>NOTICE</b></p> <p>Pursuant to the Fair Debt Collection Practices Act, 15 U.S.C. §1692(b), no information concerning the collection of this debt may be given without the prior consent of the consumer given directly to the debt collector or the express permission of a court of competent jurisdiction. The debt collector is attempting to collect a debt and any information obtained will be used for that purpose.</p>	<p><b>Govt Public Notices</b></p> <p>The project will incorporate the removal and upgrade of 99-pound rail where identified and replace it with industry standard 115 pound rail, remove defective ties and install new, add ballast and provide tamping and other surface upgrades where needed. Additionally, one culvert will be replaced. The project will be located at 16 scattered locations along the COLT rail line in Boone County. The rail improvements will begin west of 4501 Paris Rd, Columbia, MO 65202 (approximate coordinates: 38.997312, -92.292763), and end east of the intersection of North Joy Joy and East Greenfield Road (approximate coordinates: 38.188598, -92.144110). The project sites are located at the following mile markers: 128.75 to 129.22, 127.13 to 128.14, 128.4 to 128.85, 129.2 to 129.4, 131.0 to 131.6, 132.83 to 133.44, 133.85 to 134.2, 135.2 to 135.55, 135.75 to 136.34, 139.11 to 140.69, 139.65 to 139.72, and</p>	<p><b>Govt Public Notices</b></p> <p>140.93 to 142.2. The City of Columbia owns the property surrounding the railroad. All of the improvements will be constructed in the right-of-way on City-owned property. Project information is available for review at Andrew Swait, Grant Administrator, City Hall, 701 E Broadway, Columbia, MO 65205, grant@com.gov, and 573-472-3487. If you have any information regarding potential impacts environmental resources or historic properties associated with this proposed project, please provide it in writing to: EDA Regional Environmental Officer Subject Line: COLT Railroad Operations Resilience and Connectivity Project SRO-REC@edago.gov or call 202-343-6093. Comments received by the EDA Regional Environmental Officer by 5:00 pm</p>	<p><b>Govt Public Notices</b></p> <p>PST on July 5, 2024 will be considered. A copy of the NEPA/NHPA decisional document will be available upon request by the above EDA Regional Environmental Officer. June 11, 19, 29 2024 LCLM011647</p> <p><b>Public Notices</b></p> <p>Boone Health Surgical Robots Boone Health proposes to obtain two additional surgical robots to be located at Boone Hospital Center. Letters of intent were filed with the Missouri Health Facilities review committee. For questions or comments, contact Sara Rush at 1650 E Broadway, Columbia MO 65201, or email of sr0114@boonehealth.com. June 20, 21, 25, 26, 28, 29, 30, 27 2024 LCLM0117650</p>
			<p><b>Autos Wanted</b></p>	<p><b>Autos Wanted</b></p>	<p><b>Autos Wanted</b></p>

**12) Document that providers of all affected facilities in the proposed service area were addressed.**

See attached letters.

## **Divider Three | Service Specific Criteria and Standards:**

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

Boone Health currently owns two DaVinci Robots. Based on the utilization demonstrated on the utilization and projection graph and the service specific revenues and expenditures form, Boone had a utilization of 300 per unit in 2021, 306 per unit in 2022, and 389.5 per unit in 2023. This volume meets the standard. Along with the growth in utilization, Boone surgeons are utilizing one hundred percent of the available block time for robotic surgery. Boone Health offers robotic surgery in the following surgical specialties in the communities we serve: colorectal, general, gyn benign, gyn oncology, urology, and cardiovascular. Our existing surgeons are requesting additional robotic, and we have a new colorectal, general, and urologist joining Boone Health.



June 11<sup>th</sup>, 2024

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

Dear Ms. Dorge:

Boone Health is actively pursuing the ability to secure and install additional DaVinci surgical systems through the Certificate of Need application. I understand that the DaVinci robotic system is not new technology and has been in use since 2000 with the latest platform approved by the FDA in 2024. The acquisition and installation of additional DaVinci robotic systems will allow us to expand our current robotic fleet to serve more of our surgical patients' needs. Boone Health will ensure patients in need of robotic surgery will be afforded the appropriate care in a timely fashion.

I support Boone Health Certificate of Need application for securing additional Davinci robotic systems.

Sincerely,

A handwritten signature in black ink, appearing to read "Brady Dubois".

Brady Dubois  
CEO/President





June 11<sup>th</sup>, 2024

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

Dear Ms. Dorge:

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I support Boone Health Certificate of Need application for securing additional Davinci robotic systems.

Sincerely,

A handwritten signature in blue ink, appearing to read "C. Jones".

Christian H. Jones  
Chief Operating Officer



June 11<sup>th</sup>, 2024

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

Dear Ms. Dorge:

Boone Health is actively pursuing the ability to secure and install additional DaVinci surgical systems through the Certificate of Need application. I understand that the DaVinci robotic system is not new technology and has been in use since 2000 with the latest platform approved by the FDA in 2024. The acquisition and installation of additional DaVinci robotic systems will allow us to expand our current robotic fleet to serve more of our surgical patients' needs. Boone Health will ensure patients in need of robotic surgery will be afforded the appropriate care in a timely fashion.

I support Boone Health Certificate of Need application for securing additional Davinci robotic systems.

Sincerely,

A handwritten signature in black ink, appearing to read "Edward Clayton".

Edward Clayton  
Chief Financial Officer



June 11<sup>th</sup>, 2024

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

Dear Ms. Dorge:

Boone Health is actively pursuing the ability to secure and install additional DaVinci surgical systems through the Certificate of Need application. I understand that the DaVinci robotic system is not new technology and has been in use since 2000 with the latest platform approved by the FDA in 2024. The acquisition and installation of additional DaVinci robotic systems will allow us to expand our current robotic fleet to serve more of our surgical patients' needs. Boone Health will ensure patients in need of robotic surgery will be afforded the appropriate care in a timely fashion.

I support Boone Health Certificate of Need application for securing additional Davinci robotic systems.

Sincerely,

A handwritten signature in blue ink, appearing to read "R. Blount", written over a light blue horizontal line.

Dr. Robin Blount  
Chief Medical Officer



**Boone Health**

1600 E. Broadway  
Columbia, MO 65201  
[www.boone.health](http://www.boone.health)  
Phone: 573.815.8000

June 11<sup>th</sup>, 2024

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

Dear Ms. Dorge:

Boone Health is actively pursuing the ability to secure and install additional DaVinci surgical systems through the Certificate of Need application. I understand that the DaVinci robotic system is not new technology and has been in use since 2000 with the latest platform approved by the FDA in 2024. The acquisition and installation of additional DaVinci robotic systems will allow us to expand our current robotic fleet to serve more of our surgical patients' needs. Boone Health will ensure patients in need of robotic surgery will be afforded the appropriate care in a timely fashion.

I support Boone Health Certificate of Need application for securing additional Davinci robotic systems.

Sincerely,

A handwritten signature in black ink, appearing to read "Drew Wilkinson", with a long horizontal flourish extending to the right.

Drew Wilkinson  
VP, Provider & Ambulatory Services



**Boone Health**

1600 E. Broadway  
Columbia, MO 65201  
[www.boone.health](http://www.boone.health)  
Phone: 573.815.8000

June 19, 2024

Angy Littrell, CEO  
Fitzgibbon Hospital  
2305 South Hwy 65S  
Mashall, MO 65340

Dear Angy,

Boone Health is actively pursuing the ability to secure and install additional DaVinci surgical systems through the Certificate of Need application. The acquisition and installation of additional DaVinci robotic systems will allow us to expand our current robotic fleet to serve more of our surgical patients' needs. A new regulation specifies that hospitals in the area be notified directly.

If you have any questions or concerns about implementation of the project, please contact [sara.rush@boonehealth.com](mailto:sara.rush@boonehealth.com).

Thank you,

A handwritten signature in black ink, appearing to read "Brady Dubois".

Brady Dubois  
President & CEO



**Boone Health**

1600 E. Broadway  
Columbia, MO 65201  
[www.boone.health](http://www.boone.health)  
Phone: 573.815.8000

June 19, 2024

Ric Ransom  
MU Health Care  
1 Hospital Drive  
Columbia, MO 65201

Dear Ric,

Boone Health is actively pursuing the ability to secure and install additional DaVinci surgical systems through the Certificate of Need application. The acquisition and installation of additional DaVinci robotic systems will allow us to expand our current robotic fleet to serve more of our surgical patients' needs. A new regulation specifies that hospitals in the area be notified directly.

If you have any questions or concerns about implementation of the project, please contact [sara.rush@boone.health](mailto:sara.rush@boone.health).

Thank you,

A handwritten signature in black ink, appearing to read "Brady Dubois".

Brady Dubois  
President & CEO



**Boone Health**

1600 E. Broadway  
Columbia, MO 65201  
[www.boone.health](http://www.boone.health)  
Phone: 573.815.8000

June 19, 2024

Karla Clubine, CEO  
Pershing Hospital  
130 E Lockling  
Brookfield, MO 64628

Dear Karla,

Boone Health is actively pursuing the ability to secure and install additional DaVinci surgical systems through the Certificate of Need application. The acquisition and installation of additional DaVinci robotic systems will allow us to expand our current robotic fleet to serve more of our surgical patients' needs. A new regulation specifies that hospitals in the area be notified directly.

If you have any questions or concerns about implementation of the project, please contact [sara.rush@boone.health](mailto:sara.rush@boone.health).

Thank you,

A handwritten signature in black ink, appearing to read "Brady Dubois".

Brady Dubois  
President & CEO



**Boone Health**

1600 E. Broadway  
Columbia, MO 65201  
[www.boone.health](http://www.boone.health)  
Phone: 573.815.8000

June 19, 2024

Christopher Mayhaver  
VA Memorial Hospital  
800 Hospital Drive  
Columbia, MO 65201

Dear Christopher,

Boone Health is actively pursuing the ability to secure and install additional DaVinci surgical systems through the Certificate of Need application. The acquisition and installation of additional DaVinci robotic systems will allow us to expand our current robotic fleet to serve more of our surgical patients' needs. A new regulation specifies that hospitals in the area be notified directly.

If you have any questions or concerns about implementation of the project, please contact [sara.rush@boone.health](mailto:sara.rush@boone.health).

Thank you,

A handwritten signature in black ink, appearing to read "Brady Dubois".

Brady Dubois  
President & CEO





**Boone Health**

1600 E. Broadway  
Columbia, MO 65201  
[www.boone.health](http://www.boone.health)  
Phone: 573.815.8000

June 19, 2024

Jill Williams, CEO  
Samaritan Hospital  
1205 N Missouri Street  
Macon, MO 63552

Dear Jill,

Boone Health is actively pursuing the ability to secure and install additional DaVinci surgical systems through the Certificate of Need application. The acquisition and installation of additional DaVinci robotic systems will allow us to expand our current robotic fleet to serve more of our surgical patients' needs. A new regulation specifies that hospitals in the area be notified directly.

If you have any questions or concerns about implementation of the project, please contact [sara.rush@boone.health](mailto:sara.rush@boone.health).

Thank you,

A handwritten signature in black ink, appearing to read "Brady Dubois".

Brady Dubois  
President & CEO

## **Divider Four | Financial Feasibility Review Criteria and Standards:**

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

Please see the attached letter from Central Trust Company

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

See Service Specific Revenues and Expense form attached

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

Policy for patient charges is attached

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

### FY23 Community Benefit

---

Medicare, Medicaid, and Uninsured Subsidies	\$ 67,453 00
Community Outreach Services	\$733,890 00

 **Central Trust Company**  
A Division of The Central Trust Bank

June 24, 2024

Ms. Alison Dorge, Program Coordinator  
Missouri Certificate of Need Program  
PO BOX 570  
Jefferson City, MO 65102

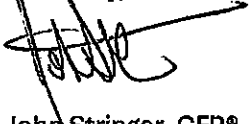
RE: Boone Hospital, Certificate of Need

Dear Ms. Dorge

The purpose of this communication is to advise you that Boone Hospital has maintained an investment relationship with Central Trust Company for many years and has consistently maintained liquidity and capital reserves sufficient to support a capital and construction expenditure of \$5.1 million dollars.

Please do not hesitate to give me a call at 573-874-8523 if you have any questions or I can be of additional assistance.

Sincerely,



John Stringer, CFP®  
Vice President  
Interim Market Executive

CC: Ed Clayton, CFO Boone Hospital  
Brian Winn, Controller, Boone Hospital.



Certificate of Need Program

**SERVICE-SPECIFIC REVENUES AND EXPENSES**

**Project Title:** Boone Health Robotic Expansion

**Project #:** 6101 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.

	<b>Year</b>		
	<u>2021</u>	<u>2022</u>	<u>2023</u>
<b>Amount of Utilization:*</b>	<u>640</u>	<u>670</u>	<u>858</u>
<b>Revenue:</b>			
Average Charge**	<u>\$32,855</u>	<u>\$31,813</u>	<u>\$35,387</u>
Gross Revenue	<u>\$21,027,200</u>	<u>\$21,314,710</u>	<u>\$30,362,046</u>
Revenue Deductions	<u>14,820,070</u>	<u>14,696,577</u>	<u>21,480,852</u>
Operating Revenue	<u>6,207,130</u>	<u>6,618,133</u>	<u>8,881,194</u>
Other Revenue	<u>0</u>	<u>0</u>	<u>0</u>
<b>TOTAL REVENUE</b>	<u><b>\$6,207,130</b></u>	<u><b>\$6,618,133</b></u>	<u><b>\$8,881,194</b></u>
<b>Expenses:</b>			
Direct Expenses			
Salaries	<u>1,387,406</u>	<u>1,541,482</u>	<u>1,841,851</u>
Fees	<u>0</u>	<u>0</u>	<u>0</u>
Supplies	<u>2,365,382</u>	<u>2,286,615</u>	<u>2,872,410</u>
Other	<u>930,156</u>	<u>1,126,502</u>	<u>1,320,922</u>
<b>TOTAL DIRECT</b>	<u><b>\$4,682,944</b></u>	<u><b>\$4,954,599</b></u>	<u><b>\$6,035,183</b></u>
Indirect Expenses			
Depreciation	<u>559,420</u>	<u>559,190</u>	<u>667,810</u>
Interest***	<u>0</u>	<u>0</u>	<u>0</u>
Rent/Lease	<u>0</u>	<u>0</u>	<u>0</u>
Overhead****	<u>1,300,831</u>	<u>1,942,919</u>	<u>2,341,509</u>
<b>TOTAL INDIRECT</b>	<u><b>\$1,860,251</b></u>	<u><b>\$2,502,109</b></u>	<u><b>\$3,009,319</b></u>
<b>TOTAL EXPENSES</b>	<u><b>\$6,543,195</b></u>	<u><b>\$7,456,708</b></u>	<u><b>\$9,044,502</b></u>
<b>NET INCOME (LOSS):</b>	<u><b>-\$336,065</b></u>	<u><b>-\$838,575</b></u>	<u><b>-\$163,308</b></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.



Certificate of Need Program

**SERVICE-SPECIFIC REVENUES AND EXPENSES**

**Project Title:** Boone Health Robotic Expansion

**Project #:** 6101 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.

	<b>Year</b>		
	<u>2025</u>	<u>2026</u>	<u>2027</u>
<b>Amount of Utilization:*</b>	972	1,048	1,104
<b>Revenue:</b>			
Average Charge**	\$43,063	\$45,217	\$47,447
Gross Revenue	\$41,857,236	\$47,387,416	\$52,381,488
Revenue Deductions	29,063,474	32,276,004	35,020,696
Operating Revenue	12,793,762	15,111,412	17,360,792
Other Revenue	0	0	0
<b>TOTAL REVENUE</b>	<b>\$12,793,762</b>	<b>\$15,111,412</b>	<b>\$17,360,792</b>
<b>Expenses:</b>			
Direct Expenses			
Salaries	2,090,725	2,389,449	2,668,158
Fees	0	0	0
Supplies	5,668,718	6,173,070	6,567,958
Other	3,823,098	6,670,635	9,475,368
<b>TOTAL DIRECT</b>	<b>\$11,582,541</b>	<b>\$15,233,154</b>	<b>\$18,711,484</b>
Indirect Expenses			
Depreciation	151,645	154,496	153,787
Interest***	0	0	0
Rent/Lease	0	0	0
Overhead****	3,268,489	3,911,813	4,574,271
<b>TOTAL INDIRECT</b>	<b>\$3,420,134</b>	<b>\$4,066,309</b>	<b>\$4,728,058</b>
<b>TOTAL EXPENSES</b>	<b>\$15,002,675</b>	<b>\$19,299,463</b>	<b>\$23,439,542</b>
<b>NET INCOME (LOSS):</b>	<b>-\$2,208,913</b>	<b>-\$4,188,051</b>	<b>-\$6,078,750</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.

**1. Purpose:**

- A. To establish a consistent and accurate methodology for billing/charging of surgical procedures provided in Boone Operating Rooms (OR) including cancelled surgical procedures
- B. Bill appropriately and consistently for all surgical procedures provided in the facilities OR including appropriate charges for canceled surgical procedures
- C. This policy applies to Boone and all of its wholly owned or wholly controlled affiliates

**2. Definitions:**

- A. Inpatient: A patient who has been formally admitted to the facility as an inpatient (e.g. a physician's order for inpatient services). The patient's status is determined by the physician's order, not the patient's location in the hospital and/or whether the patient is placed in an inpatient bed
- B. Supplies: Supply items with a cost >\$2.00 are billable. A charge mark-up will be applied as directed by the hospital finance department on an annual schedule. Supplies must be directly identifiable to an individual patient, medically necessary (reasonable and necessary for the treatment of an acute illness or injury or replacement of malformed or malfunctioning body parts), furnished at the direction of a physician and not re-usable
- C. Outpatient: A patient who has been formally admitted to the facility as an outpatient (e.g. a physician's order for outpatient services)
- D. Routine Services: Items that are generally made available to patients receiving service in a particular setting or are ordinarily furnished in the course of a billable procedure. Routine item costs are either included in the cost of the room where the service is being delivered or as part of the procedure. Routine items are not separately billable items but are reimbursed as part of the overall room/procedure costs
- E. Time In: The time the patient enters the OR Room as documented in the patient's medical record
- F. Time Out: The time the patient leaves the OR Room as documented in the patient's medical record

**3. Policy:**

- A. All OR patients will be billed an OR Level charge with incremental time for time spent in the OR in accordance with this guideline
- B. Routine Services (not separately billable) will be considered when establishing the OR Level prices The established OR Level charge is intended to cover all Routine Services
- C. Separately bill all Non-routine Services that are identifiable to the individual patient, medically necessary, documented in the medical record and furnished at the direction of a physician
- D. Medicare billing guidelines are used for all payers unless otherwise noted in a commercial payer contract

**4. OR Levels**

- A. Level I
  - 1 Simple procedures or examinations with or without anesthesia
  - 2 Regular clinical/scrub staff
  - 3 Few, if any, supplemental instruments, or equipment Example Exam under anesthesia
- B. Level II
  - 1 Exams, procedures
  - 2 Two (2) clinical staff
  - 3 Single, non-specialty instrument tray Minimal draping (towelings only) Example ingrown toenail excision
- C. Level III
  - 1 Noncomplex procedures
  - 2 Two (2) clinical staff
  - 3 Basic setup includes instruments, cautery, suction, basic draping materials Example cysto, direct vision endoscopy (e.g. laryngoscope), simple biopsy
- D. Level IV
  - 1 Single table, routine setup
  - 2 Two (2) to three (3) clinical staff
  - 3 Major instrument set, cautery, suction
  - 4 Routine draping
  - 5 Basic or specialty equipment or instruments Examples laparoscopic tubal, open laparotomy for cholecystectomy, nasal endoscopy
- E. Level V
  - 1 Major setup with extensive instrumentation

- 2 May use three (3) or more clinical staff
- 3 Specialty equipment (microscope, drill, vitrectomy, endoscopic procedures with supplemental equipment such as microscopes, cameras with video) Examples laparoscopic GB, Nissen fundoplication, most intra-abdominal surgery, radical dissections, most chest cases

**5. Incremental/Time Based Charge (Each Additional 30 Minutes)**

- A. OR Time will be charged in incremental time for each additional 30 minutes
- B. The Time Based/Incremental Charge is determined by the Time In and Time Out of the OR Room minus the first ½ hour the patient is in the OR Room. The first ½ hour in the OR Room is included in the initial OR Level charge
- C. Time In and Time Out of the OR Room is documented in the medical record by the OR Circulating Nurse and is included in the clinical documentation system for documentation and billing purposes
- D. The total units billed equal the total time spent in the OR Room summed in minutes minus thirty (30) and divided by thirty (30)
- E. For example, a patient in the OR Room for 95 minutes for a procedure categorized in OR Level II will result in the following charges

Description	Unit
OR Level II	1
OR Level II Each Additional 30 Minutes	3

**6. Procedure for Billing OR Services**

- A. All OR patients will be charged an OR Level and any incremental time in accordance with the OR Level System
- B. All separately billable or pass through/reportable devices will be billed in accordance with Medicare billing guidelines unless a specific payor contract provides otherwise
- C. If an OR patient has multiple procedures during a single surgical session, the highest OR Level charge will be billed to the patient's account including any non-routine supplies used (as appropriate) for each procedure



- D. If the new procedure cannot be assigned based on other similar procedure assignments, the request for procedure assignment will be forward to for a determination**



**STATEMENT OF PURPOSE** This policy establishes CH Allied Services, Inc. dba Boone, Boone's Visiting Nurses, Inc. dba Boone Home Care and Hospice, Boone Physician Services, LLC dba Boone Medical Group and CHAS Physician Services, LLC (collectively referred to herein as "Boone") guidelines for free or discounted services, based on specific income criteria, as defined by the Federal Poverty Guidelines.

**SCOPE** This policy applies uniformly to both inpatient and outpatient services provided by Boone to those patients that are uninsured or underinsured.

**POLICY/PROGRAM DESCRIPTION** The core mission is to serve the healthcare needs of all people in our community 24 hours a day, 7 days a week, regardless of their ability to pay. Furthermore, Boone does not discriminate against, race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity. For further detail please refer to Patients' Rights and Responsibilities literature. Boone provides care based on the following principles:

- Treat all patients fairly, with dignity, respect and compassion.
- Serve the emergent healthcare needs of everyone.
- Assist patients who cannot pay for all or part of their care.

## PROCEDURE

### A) Eligibility Requirements

1. At the time of service, the patient is residing in the State of Missouri. Emergent treatment for non-state residents may be considered under this policy.
2. At the time of service, the patient is:
  - The patient's household, if applicable, income is at or below the current Federal Poverty Income Guidelines
  - Family– Based on patient, patient's spouse, and all the patient's children under the age of 18 living in the household.
  - Income: Total salaries, wages, and cash receipts before taxes.
3. Applications for Hospital Financial Assistance will be accepted for a period of 240 days from the first follow-up notice for payment sent to the patient and will be effective retroactively for all open dates of service.

### B) Effectiveness of Eligibility Determination

1. Applies to basic, medically necessary hospital inpatient, outpatient, and emergency department services
2. Boone will request that patients who may be Medicaid-eligible apply for Medicaid. In order to receive Hospital Financial Assistance, the patient must comply with the Medicaid application process to full determination. If the patient doesn't apply, complete the Medicaid application process, or provide requested verifications to determine Medicaid eligibility, the patient is not eligible for Boone's financial assistance.

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3. The patient's household, income is at or below 200% of the current Federal Poverty Income Guidelines qualify for a 100% discount. See definitions of family and income above for further guidance on how to calculate.
4. The patient's household, income is 201%-300% of the current Federal Poverty Income Guidelines qualify for 80% Hospital Financial assistance. See definitions of family and income above for further guidance on how to calculate.
5. Outpatient Services. Eligibility determination is effective for 180-calendar days from the initial service date, during which time a new eligibility determination need not be completed. Effective dates for outpatient eligibility are to be documented on account, under system notes.
- 6 Inpatient Services. For Hospital financial assistance, eligibility determination is effective for 180-calendar days from the initially approved date of service, during which time a new eligibility determination need not be completed. Patient may be asked to confirm that there has been no change to circumstances since initial application.
- 7 Catastrophic Situations. Patients, who's patient responsibility after all eligible discounts is greater than 25% of the gross annual family income, may be eligible for Catastrophic financial assistance and awarded 100% on open balances not currently in bad debt.
8. Presumptive Eligibility. Presumptive eligibility for financial assistance may be granted at the discretion of Boone for the following unique circumstances:
  - Patient's income is below 200% Federal Poverty Guidelines and considered self-pay,
  - Patient discharged to a SNF;
  - Patient is deceased with no known estate and below 200% Federal Poverty Guidelines;
  - State-funded prescription programs;
  - Homeless or received care from a homeless clinic;
  - Participation in Women, Infants and Children programs (WIC);
  - Food stamp eligibility;
  - Subsidized school lunch program eligibility;
  - Eligibility for other state or local assistance programs that are unfunded (e.g., Medicaid spend-down);
  - Patients that are referred through a National Association of Free Clinics;
  - Patient is a recipient of a Non-contracted Medicaid HMO, or OOS Medicaid, or incurs charges not covered by their plan

### UNINSURED PATIENTS

For those uninsured patients who do not qualify for any financial assistance discounts described in this policy. Boone extends an automatic (self-pay) discount to their hospital bills. The self-pay discount is not means-tested, and therefore is not subject to the section 501(r) AGB requirement, and is not reported by Boone as financial assistance on form 990, Schedule H

### CHARGE LIMITATIONS

1. Financial Assistance Policy eligible individuals may not be charged more than Average Generally Billed (AGB) for medically necessary care.
- 2 For patients who are determined to be eligible for a Financial Assistance Program, AHS will not hold the patient responsible for more than AGB. The AGB percentage is calculated using the

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"Look-Back" method, as defined in federal regulations. Boone calculates its AGB percentage based on all claims allowed by Medicare and private health insurers over a 12-month period, divided by the applicable hospital's associated gross charges for those claims.

- 3 Boone adjusts charges annually at the beginning of the calendar year based on a variety of factors including costs, market conditions, government regulations, and insurance contract requirements. Once the charges are determined for the year, the current year AGB is calculated utilizing the aforementioned methodology.

Note This discount is not applicable when patient services are covered under Workers Compensation, auto insurance / motor vehicle accidents, and third-party injuries.

### NOTIFICATION OF FINANCIAL ASSISTANCE

Information and materials are available at each registration location, the emergency rooms and all admission areas. Interpretive services can be arranged if the patient/guarantor does not speak English. Also, all billing statements include a plain language summary and information on how to obtain a financial assistance application.

Required patient documentation to demonstrate eligibility for Charity Care Form of financial assistance may include IRS W-2 forms and/or 1099 forms, paycheck stubs, a valid government issued identification, and/or documentation of sources of other income, including disability payments. Other than at the time of service, required patient documentation submission is a requirement as proof of eligibility. However, Boone may accept other evidence of eligibility, or Boone may allow the applicant to self-attest to their eligibility. Financial assistance may be denied for non-compliance with requests for required patient documentation.

Application Process for Financial Assistance Patients with a financial need are encouraged to call customer service line at 888-538-1535 . A Boone Representative will guide you through the financial assistance application process, and all inquiries are confidential. Individuals may request a Financial Aid Policy (FAP), a plain language summary, or financial aid application via mail from Patient Business Services, by calling 888-538-1535 . Hours of operation are 8am-4:30pm M-F; location is Boone 1600 E. Broadway, Columbia, MO 65201.

### NON-PAYMENT ACTIONS

In the event of non-payment of services (discounted or full rate) Boone may take extraordinary actions to pursue collections, including but not limited to; referring the account to outside collections agencies, adverse credit reporting, and/or legal action, pursuant to Boone's Billing and Collections Policy. A free copy of the Billing and Collections Policy is available by request from Patient Business Services 888-538-1535.